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).

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1942

2a Plan sponsor's name (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)

YOUNGS MARKET COMPANY, LLC

JOE VACOVSKY
14402 FRANKLIN AVENUE
TUSTIN, CA 92780-7013

2b Employer Identification Number (EIN)
33-0780329

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

2d Business code (see instructions)
424800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	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

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

JOHN INCAMPO

14402 FRANKLIN AVE
TUSTIN, CA 92780

3b Administrator's EIN
33-0780329

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

4 If the name and/or EIN of the plan sponsor 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**	1047
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	300
a(2) Total number of active participants at the end of the plan year	**6a(2)**	275
b Retired or separated participants receiving benefits	**6b**	380
c Other retired or separated participants entitled to future benefits	**6c**	341
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	996
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	47
f Total. Add lines **6d** and **6e**.	**6f**	1043
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	☒		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0780329

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	61855183
b Actuarial value	**2b**	63062604

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	402	39480269	39480269
b For terminated vested participants	365	17505058	17505058
c For active participants	286	12147482	12645115
d Total	1053	69132809	69630442

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.85 %
6 Target normal cost	**6**	200000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/08/2018
Date

ERIC DUPONT
Type or print name of actuary

17-06639
Most recent enrollment number

MERCER
Firm name

949-222-1300
Telephone number (including area code)

17901 VON KARMAN AVENUE, SUITE 1100
IRVINE, CA 92614
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.93 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.06%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.56%
15	Adjusted funding target attainment percentage	15	90.56%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.31%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2017	190534	0			
07/14/2017	190534	0			
10/13/2017	190534	0			
01/12/2018	190534	0			
09/14/2018	1884960	0			
			Totals ► 18(b)	2647096	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2445495

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.16%	2nd segment: 5.72%	3rd segment: 6.48%	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	63

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

Part VI Miscellaneous Items

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	200000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6567838	1115228
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1315228

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

36 Additional cash requirement (line 34 minus line 35)	**36**	1315228
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2445495
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1130267
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0780329

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 GLOBAL BANK

26-4310632

(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?
51	NONE	156038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	94053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK

41-6257133

(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?
21	NONE	38301	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)

HBLA, CERTIFIED PUBLIC ACCOUNTANTS

33-0155525

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	26045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVIS, WRIGHT & TERAMAINE

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6553	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

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(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, CPA	**b** EIN:	33-0155525
c	Position: ACCOUNTANT		
d	Address: 19600 FAIRCHILD, SUIT 320 IRVINE, CA 92612	**e** Telephone:	949-833-2815

Explanation: PLAN SPONSOR CHOSE A NEW SERVICE PROVIDER TO BETTER MEET THEIR NEEDS.

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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0780329

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	842511	2075494
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1490821	471614
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	59526327	64741546
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	29713	28044

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	61889372	67316698
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	38109	43492
k	Total liabilities (add all amounts in lines 1g through1j)	1k	38109	43492
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	61851263	67273206

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)	2647096	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2647096
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6399	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6399
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1642942	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1642942
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4690724	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4690724	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5709221
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10005658
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4255683	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		4255683
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	171994	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	156038	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		328032
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4583715
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5421943
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: 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:

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ 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 4084619. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0780329

Part I Distributions

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

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

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

EIN(s): _____ _____

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 | 1

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

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): _____

---

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: 48.5 % Investment-Grade Debt: 36.0 % High-Yield Debt: 1.6 % Real Estate: 0.0 % Other: 13.9 %

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):

RETIREMENT INCOME PLAN
FOR NONBARGAINING UNIT EMPLOYEES

FINANCIAL STATEMENTS
DECEMBER 31, 2017

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INDEPENDENT AUDITORS' REPORT

To the Benefits Committee of
Retirement Income Plan for Nonbargaining Unit Employees
of Young's Market Company, LLC

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC (the Plan), which comprise the statement of net assets available for benefits and of accumulated plan benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits and of changes in accumulated plan 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 Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

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

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 Wells Fargo Bank, N.A., the trustee 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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Windes, Inc.

Long Beach, California
September 21, 2018

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2017	**2016**
ASSETS		
Investments at fair value	$ 65,241,204	$ 61,046,861
Employer contribution receivable	2,075,494	842,511
Total Assets	67,316,698	61,889,372
LIABILITIES		
Accounts payable and accrued expenses	43,492	38,109
NET ASSETS AVAILABLE FOR BENEFITS	$ 67,273,206	$ 61,851,263

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

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

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 appreciation in fair value of investments	$ 5,709,221
Dividends and interest income	1,649,341
Net investment income	7,358,562
Contributions:	
Employer	2,647,096
Total Additions	10,005,658
DEDUCTIONS:	
Deductions from net assets attributed to:	
Benefits paid to participants	4,255,683
Administrative expenses	328,032
Total Deductions	4,583,715
NET INCREASE	5,421,943
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	61,851,263
END OF YEAR	$ 67,273,206

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

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

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	December 31,	
	2017	2016
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants receiving benefits	$ 40,419,781	$ 37,277,852
Other participants	27,411,778	27,260,101
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 67,831,559	$ 64,537,953

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

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

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2017

Actuarial present value of accumulated plan benefits at beginning of year	$ 64,537,953
Increase (decrease) during the year attributable to:	
Benefits accumulated	462,304
Changes in actuarial assumptions	2,730,689
Increase for interest due to decrease in discount period	4,356,296
Benefits paid	(4,255,683)
Net increase	3,293,606
Actuarial present value of accumulated plan benefits at end of year	$ 67,831,559

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

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2017

NOTE 1 – Description of the Plan

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

For participants who first became participants in the Plan on or after January 1, 1997, benefits are calculated as 1% of an employee's average compensation based on years of service not to exceed 65% of average earnings. Different formulas were used to calculate benefits relating to periods prior to January 1, 1997. Early retirement benefits are available to vested participants who have attained age 55.

Pursuant to an amendment dated August 10, 2016, effective January 1, 2016, the Plan permitted a limited lump sum window option that allowed certain terminated participants and beneficiaries to commence benefits (a single lump sum payment or annuity calculated using prescribed actuarial equivalent factors) during a limited time period. The special lump sum window option allows certain participants to receive payment of their vested accrued benefits regardless of whether such participants are eligible for immediate commencement.

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

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

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are 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 changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair 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 Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee, and insurance company. See Note 5 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.

Actuarial Present Value of Accumulated Plan Benefits

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

NOTE 2 – Summary of Significant Accounting Policies (Continued)

***Actuarial Present Value of Accumulated Plan Benefits* (Continued)**

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

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

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2017, are as follows:

Mortality	RP-2014 (annuitant and non-annuitant no collar) Mortality Table, projected generationally with scale MP-2017
Discount Rate	6.50% Annual return

The foregoing actuarial assumptions are based on the presumption that the Plan will continue as a frozen plan. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments are recorded when paid.

Expenses

All administrative expenses are paid by the Plan, except for audit fees and legal fees related to the contract with the plan administrator, which are paid by the Company and reimbursed by the Plan. Investment-related expenses are included in net appreciation of fair value investments.

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Subsequent Events

The $2,075,494 contribution receivable reported in the statements of net assets is the minimum funding requirement for 2017. The Company will complete a Pension Benefit Guaranty Corporation 4010 filing for the Plan.

Management has evaluated subsequent events through September 21, 2018, the date the 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, Wells Fargo Bank, N.A. (Wells Fargo), the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

- Investments at fair value
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of assets held at end of year
- Schedule of reportable transactions

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 schedules.

NOTE 4 – Plan Termination

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

NOTE 4 - Plan Termination (Continued)

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

NOTE 5 - 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 under Topic 820 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.

NOTE 5 – Fair Value Measurements (Continued)

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 and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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
Cash and cash equivalents	$ 471,948	$ -	$ -	$ 471,948
Mutual funds	64,769,256	-	-	64,769,256
Total investments at fair value	$ 65,241,204	$	$ -	$ 65,241,204

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1,491,555	$ -	$ -	$ 1,491,555
Mutual funds	59,555,306	-	-	59,555,306
Total investments at fair value	$ 61,046,861	$	$ -	$ 61,046,861

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

Certain plan investments are managed by Wells Fargo and Morgan Stanley Global Bank (Morgan Stanley). Wells Fargo is the trustee and Morgan Stanley is the investment advisor 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 trustee and investment advisor of $194,824, which was not covered by revenue sharing. The plan sponsor pays directly any other fees related to the Plan's operations.

NOTE 7 – Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated March 7, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator 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.

NOTE 8 – 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.

NOTE 8 – Risks and Uncertainties (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

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

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017
EMPLOYER I.D. 33-0780329
PLAN 001

Identity of Issuer	Description of Investment	Cost	Current Value
Center Coast MLP Focus Fund Class I	Mutual Fund	$ 1,719,921	$ 1,207,827
iShares iBoxx $ Investment Grade Corporate Bond	Mutual Fund	6,151,115	6,325,253
iShares Select Dividend ETF	Mutual Fund	3,984,570	5,335,053
iShares MSCI Japan ETF	Mutual Fund	1,856,152	2,403,613
iShares Gold Trust	Mutual Fund	2,303,686	1,911,953
iShares S&P 500 Growth ETF	Mutual Fund	4,980,295	5,450,834
SPDR S&P 500 ETF Trust	Mutual Fund	3,593,622	5,499,941
SPDR DJ Wilshire International Real Estate ETF	Mutual Fund	2,778,453	2,561,924
SPDR Euro Stoxx 50 ETF	Mutual Fund	1,900,703	2,247,436
Templeton Global Bond Fund	Mutual Fund	3,415,226	3,118,039
Eaton Vance Income Fund of Boston	Mutual Fund	1,921,642	1,911,830
Tortoise MLP & Pipeline Fund Class-Ins	Mutual Fund	2,582,184	1,948,793
Vanguard Total Bond Market ETF	Mutual Fund	7,551,381	7,518,633
Vanguard Long-Term Bond ETF	Mutual Fund	2,438,414	2,560,409
Vanguard Midcap Viper	Mutual Fund	2,932,335	4,022,113
Vanguard Small Cap Viper	Mutual Fund	3,043,320	4,042,034
Vanguard FTSE Emerging Markets ETF	Mutual Fund	1,930,273	2,088,400
* Wells Fargo/Blackrock Short-Term Investment Fund	Cash Equivalent	471,948	471,948
Wisdomtree Europe Hedged Equity Fund	Mutual Fund	2,001,177	2,125,684
Wisdomtree Japan Hedged Equity Fund	Mutual Fund	2,184,933	2,489,487
		$ 59,741,350	$ 65,241,204

* Party-in-interest

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

SCHEDULE H, PART IV, ITEM 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2017
EMPLOYER I.D. 33-0780329
PLAN 001

Identity of Party Involved	Description of Asset (include interest rate and maturity in case of loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transacton Date	Net Gain or (Loss)
Category (i) - single transactions in excess of 5% of plan assets:						
Morgan Stanley	iShares S&P 500 Growth ETF	$ 3,745,586		$ 3,745,586	$ 3,745,586	
Morgan Stanley	SPDR S&P Dividend ETF		$ 4,330,760	$ 3,585,460	$ 4,330,760	$ 745,300
Category (iii) - series of transactions in excess of 5% of plan assets:						
Wells Fargo Trust Company	Wells Fargo/Blackrock Short Term Investment Fund					
	Purchases: 57	$ 3,671,519		$ 3,671,519	$ 3,671,519	
	Sales: 49		$ 4,690,727	$ 4,690,727	$ 4,690,727	$ -
Morgan Stanley	iShares S&P 500 Growth ETF					
	Purchases: 2	$ 4,980,295		$ 4,980,295	$ 4,980,295	
Morgan Stanley	SPDR S&P Dividend ETF					
	Sales: 1		$ 4,330,760	$ 3,585,460	$ 4,330,760	$ 745,300

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

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF VESTING SERVICE										
	UNDER 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & UP	TOTAL
Under 25											
25–29											
30–34											
35–39				1	4						5
40–44				1	23	7					31
45–49			1	2	25	15	6				49
50–54				3	23	27	29	4			86
55–59				1	15	13	21	6	5		61
60–64			2		5	8	10	7	6	3	41
65–69				1	4	3	2		1		11
70 & up						1	1				2
Total			3	9	99	74	69	17	12	3	286

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS FOR JANUARY 1, 2017

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.16%	1.52%
• Next 15 years	5.72%	3.80%
• Over 20 years	6.48%	4.79%
MORTALITY SPONSOR ELECTIONS		
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.	
OTHER ECONOMIC ASSUMPTIONS		
• Salary increases	Not Applicable	
• Inflation	Not Applicable	
• Expected investment return	7.00% per year for years 2015 through 2017	
• Administrative Expenses	$200,000 added to current year normal cost	
DEMOGRAPHIC ASSUMPTIONS		
• Withdrawal	See table of sample rates.	
• Disability incidence	None Assumed	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Retirement age	**ATTAINED AGE**	**PERCENTAGE**
	55	5%
	56	5%
	57	5%
	58	5%
	59	5%
	60	5%
	61	5%
	62	25%
	63	10%
	64	10%
	65	40%
	66	30%
	67	30%
	68	30%
	70 and above	100%
• Benefit commencement age for		
– Future vested deferred	Age 65	
– Current vested deferred	Age 65	
• Spouse assumptions	**MALE PARTICIPANTS**	**FEMALE PARTICIPANTS**
– Percentage married	80%	50%
– Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

FORM OF PAYMENT	SINGLE LIFE	50% J&S
• Active retirements	65%	35%
• Future vested deferred	65%	35%
• Future disabilities	N/A	N/A
• Future deaths	0%	100%
• Current vested deferred	65%	35%
UNPREDICTABLE CONTINGENT EVENT ASSUMPTIONS	Not applicable	

Table of Sample Rates

ATTAINED AGE	PERCENTAGE WITHDRAWAL	
	MALE	FEMALE
20	15.00%	18.00%
25	15.00%	18.00%
30	12.00%	13.50%
35	9.50%	12.00%
40	8.00%	10.00%
45	5.00%	7.00%
50	0.00%	0.00%
55	0.00%	0.00%
60	0.00%	0.00%
65	0.00%	0.00%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

RATIONALE FOR SIGNIFICANT ECONOMIC ASSUMPTIONS:

- **Funding expected investment return -** The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix, net of an adjustment of minus 20 basis points for expenses assumed to be paid from plan assets.

- **Administrative Expenses –** Plan expenses are based on an expectation of payments to be made from the trust in the upcoming year. Prior year's administrative expenses are reviewed. If no changes in administrative expenses are expected to occur in the upcoming year, then the current year assumption would equal the prior year amount. If administrative expenses are expected to increase or decrease from the prior year, then the assumption is adjusted accordingly.

RATIONALE FOR SIGNIFICANT DEMOGRAPHIC ASSUMPTIONS:

- **Retirement rates –** Rates of retirement were assessed when the plan was taken over by the current actuary. Age at retirement was determined for all retirees at the time of takeover and analyzed on a year-by-year basis. That analysis, along with the actuary's knowledge of retirement patterns of similarly situated clients was used in developing retirement rates.

- **Turnover rates –** Turnover rates are based on rates that have been historically used to develop the Plan's actuarial valuations. Annual review of experience has shown that these rates have produced a reasonable approximation of the Plan's termination experience.

- **Form of payment –** Form of payment chosen at retirement was assessed when the plan was taken by the current actuary. A review of the payment options elected by both active and terminated vested participants was performed. That information, along with the actuary's knowledge of similar clients forms the basis of the assumption.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL METHODS

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant’s benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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

SCHEDULE H, PART IV, ITEM 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2017
EMPLOYER I.D. 33-0780329
PLAN 001

Identity of Party Involved	Description of Asset (include interest rate and maturity in case of loan)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transacton Date	Net Gain or (Loss)
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Morgan Stanley	SPDR S&P Dividend ETF		$ 4,330,760	$ 3,585,460	$ 4,330,760	$ 745,300
Category (iii) - series of transactions in excess of 5% of plan assets:						
Wells Fargo Trust Company	Wells Fargo/Blackrock Short Term Investment Fund					
	Purchases: 57	$ 3,671,519		$ 3,671,519	$ 3,671,519	
	Sales: 49		$ 4,690,727	$ 4,690,727	$ 4,690,727	$ -
Morgan Stanley	iShares S&P 500 Growth ETF					
	Purchases: 2	$ 4,980,295		$ 4,980,295	$ 4,980,295	
Morgan Stanley	SPDR S&P Dividend ETF					
	Sales: 1		$ 4,330,760	$ 3,585,460	$ 4,330,760	$ 745,300

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0780329

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	61,855,183
b Actuarial value	**2b**	63,062,604

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	402	39,480,269	39,480,269
b For terminated vested participants	365	17,505,058	17,505,058
c For active participants	286	12,147,482	12,645,115
d Total	1,053	69,132,809	69,630,442

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.85%
6 Target normal cost	**6**	200,000

Statement by Enrolled Actuary

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

SIGN HERE

Eric DuPont / E.D.
Signature of actuary

10/8/2018
Date

ERIC DUPONT
Type or print name of actuary

1706639
Most recent enrollment number

MERCER
Firm name

949-222-1300
Telephone number (including area code)

17901 VON KARMAN AVENUE, SUITE 1100
IRVINE CA 92614
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.93%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.06%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.56%
15	Adjusted funding target attainment percentage	15	90.56%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.31%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2017	190,534	0			
07/14/2017	190,534	0			
10/13/2017	190,534	0			
01/12/2018	190,534	0			
09/14/2018	1,884,960	0			
			Totals ► 18(b)	2,647,096	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,445,495

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72 %	6.48%	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	31a	200,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6,567,838	1,115,228
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,315,228

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

36 Additional cash requirement (line 34 minus line 35)	36	1,315,228
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,445,495
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	1,130,267
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	5.0%	9,025	451	25,721
58	5.0%	8,574	429	24,864
59	5.0%	8,145	407	24,028
60	5.0%	7,738	387	23,213
61	5.0%	7,351	368	22,420
62	25.0%	6,983	1,746	108,242
63	10.0%	5,238	524	32,996
64	10.0%	4,714	471	30,168
65	40.0%	4,242	1,697	110,302
66	30.0%	2,545	764	50,400
67	30.0%	1,782	535	35,814
68	30.0%	1,247	374	25,444
69	30.0%	873	262	18,073
70 & above	100.0%	611	611	42,781
Total			10,000	628,568
Average				62.86

Schedule SB, Part V — Summary of Plan Provisions

SUMMARY OF MAJOR PLAN PROVISIONS

Effective date and plan year	Original plan: December 1, 1942 Restated plan: January 1, 2015 Plan year: January 1, 2016
Status of the plan	Benefit accruals and plan participation are frozen on December 31, 2002.
Significant events that occurred during the year	None
DEFINITIONS	
• Covered employees	Any employee of the company, excluding those covered by a collective bargaining agreement, an independent contractor, or leased employee.
• Participation	First day of the month coincident with or next following the completion of one year of service from date of hire. No employee can begin or resume active plan participation after December 31, 2002.
• Employee contributions	None.
• Vesting service	Service from date of hire, expressed as years and fractional parts of a year on the basis that 365 days equal one year. Service is rounded to two decimal places.
• Credited service	Service from date of participation, expressed as years and fractional parts of a year on the basis that 365 days equal one year. Service is rounded to two decimal places. Credited service is frozen as of December 31, 2002.
• Grandfathered participant	A participant whose age and Credited Service total at least 75 years, who has at least 15 years of Credited Service, and attains age 55 as of January 1, 1997.
• Vesting percentage	100% if the participant has completed five years of Vesting Service or has attained Normal Retirement Age as of the date of termination, or was actively employed on December 31, 2002; and 0% otherwise
• Pensionable earnings	Total earnings, including wages, differential wage payments and earned income, but excluding car and expense allowance and severance payments. Earnings after December 31, 2002 are excluded.
• Final average earnings	The monthly average of Pensionable Earnings received for the 120 latest calendar months (or all calendar months, if less than 120). Final average earnings are frozen as of December 31, 2002.

Schedule SB, Part V — Summary of Plan Provisions

• Accrued benefit	Sum of (a), (b) and (c), reduced by (d): a) 2.33% of Final Average Earnings multiplied by Credited Service up to December 31, 1996 (December 31, 2001 for a Grandfathered Participant), not to exceed 15 years. b) 1.50% of Final Average Earnings multiplied by Credited Service up to December 31, 1996 (December 31, 2001 for a Grandfathered Participant), in excess of 15 years, not to exceed 35 years. c) 1.00% of Final Average Earnings multiplied by Credited Service earned on or after January 1, 1997 (January 1, 2002 for a Grandfathered Participant). d) Benefits accrued under any other defined benefit plan affiliated with the plan sponsor, excluding Credited Service earned after December 31, 2002. For participants whose pensionable earnings exceed the limits under Code Section 401(a)(17) as of December 31, 1993, their accrued benefit shall not be less than (a)+(b), below. a) Accrued benefit determined as of the earlier of termination or December 31, 1993 and b) Accrued benefit earned on and after January 1, 1994, excluding Credited Service prior to January 1, 1994. Limits on Credited Service will be adjusted by Credited Service prior to January 1994. The accrued benefit shall not be less than the amount accrued as of December 31, 1996. For any participant who participated before January 1, 1997, who transferred from a bargaining unit before December 31, 1988 and was not entitled to an accrued benefit from a pension plan maintained by that unit, and who has 15 years of Vesting Service, the accrued benefit will not be less than 35% of Final Average Earnings. For any participant who is not a Grandfathered Participant, the accrued benefit will not be more than 65% of Final Average Earnings. For participants with a vested benefit in the Western Conference of Teamsters Pension Trust, the accrued benefit will not be less than the benefit determined without regard to service and earnings while an active member of the Teamsters plan. Accrued benefits are frozen effective December 31, 2002.
NORMAL RETIREMENT	
• Eligibility	Age 65, or if later, the earlier of five years of Vesting Service or five years after the first day of the Plan Year in which the participant entered the plan.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued Benefit as of the Normal Retirement Date. Participants at or beyond their Normal Retirement Date may elect to receive their retirement benefit while still actively employed.
EARLY RETIREMENT	
• Eligibility	Age 55 and five years of Vesting Service.
• Benefit	For participants with less than 15 years of vesting service, the Accrued Benefit as of the Early Retirement Date, reduced by 0.5% for each month the Early Retirement Date precedes the Normal Retirement Date. For participants with at least 15 years of vesting service, the Accrued Benefit as of the Early Retirement Date, reduced by 0.5% for each month the Early Retirement Date precedes age 62.
LATE RETIREMENT	
• Eligibility	Retirement after Normal Retirement.
• Benefit	The greater of Accrued Benefit as of the Late Retirement Date, or the Accrued Benefit as of April 1 following the calendar year in which the participant attains age 70 ½ adjusted actuarially to the Late Retirement Date. Actuarial increases are not provided if a Suspension of Benefits Notice is issued.
DEFERRED VESTED	
• Eligibility	Termination for any reason other than death or retirement.
• Benefit	Accrued Benefit as of the date of termination multiplied by the Vesting Percentage. The benefit is payable at any age after Early Retirement Age. If benefits commence before Normal Retirement Age, the benefit will be reduced based on the reduction factors described in the Early Retirement Benefit section.

Schedule SB, Part V — Summary of Plan Provisions

• Deferred Vested Cash Out	The plan was amended effective July 1, 2015 to allow certain terminated vested participants to elect to receive a one-time lump sum payment if the lump sum value of the participant's benefit was between $5,000 and $50,000. In lieu of a lump sum, participants could elect to begin receiving annuity payments from the plan. Payment for those with lump sum values between $5,000 and $35,000 occurred in October 2015. Payment for those with lump sum values between $35,000 and $50,000 occurred in December 2015. The plan was also amended effective January 1, 2016 to allow certain terminated vested participants to elect a one-time lump sum payment to be paid in October, 2016 if the lump sum value of the participant's benefit was between $5,000 and $150,000 and such participant was not eligible for the one-time lump sum offered in 2015. In lieu of a lump sum, participants could elect to begin receiving annuity payments from the plan.
PRE-RETIREMENT DEATH	
• Eligibility	Vesting Percentage is greater than zero.
• Benefit to qualified spouse	If the participant was married continuously during the one year period ending on the date of death, a monthly benefit is payable to the surviving spouse at the participant's earliest retirement date. The benefit is paid as a lifetime annuity to the spouse. The benefit amount is the greater of (a) and (b): a) The amount payable to the spouse as if the participant terminated employment on the date of death, survived to his/her earliest retirement age, retired with a 50% Joint and Survivor option, then died the following day. b) The actuarially equivalent benefit payable to other beneficiaries.
• Benefit to all other beneficiaries	If the participant does not have a qualified spouse, a monthly benefit is payable to the surviving beneficiary immediately following the participant's date of death. The benefit is paid for ten years only. The benefit amount is the amount payable to the beneficiary as if the participant terminated employment on the day before his/her death, retired with a 50% Joint and Survivor option, then died the following day.
FORM OF BENEFITS	
• Automatic form for unmarried participants	Life annuity payable monthly
• Automatic form for married participants	50% Joint and Survivor (actuarially reduced)

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	• Life annuity • Ten-year certain and life annuity • 50% Joint and Survivor • 75% Joint and Survivor • 100% Joint and Survivor • Lump sum if value is under $5,000
• Optional form conversion factors	For lump sums under $5,000, the applicable interest rate or the 30-year Treasury rate whichever provides the larger benefit and the applicable mortality table as set forth in Code Section 417. The applicable interest rates use the month of November preceding the first day of the plan year. For all other payment forms, 7.00% interest rate, the 1971 Group Annuity Mortality table (male rates) for participants, and the 1971 Group Annuity Mortality table (male rates) with a six-year setback for beneficiaries.
MISCELLANEOUS	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017 ,the limit is $ 215,000.

Benefits Included or Excluded
Unless noted below, all benefits provided by the plan, as restated January 1, 2015, and amended through Amendment two, are included in this valuation:

- **Most recent plan amendments included:** Amendment two, effective January 1, 2016.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

Schedule SB, Part V — Summary of Plan Provisions

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

- **IRC Section 436 benefit restrictions:**

  – *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

  – *Plan amendments:* See above.

  – *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

  – *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

- Maximum benefit amounts under IRS rules were updated from 2016 to 2017.

- The plan was amended effective January 1, 2016 to allow certain terminated vested participants to elect a one-time lump sum payment if the lump sum value of the participant's benefit was between $5,000 and $150,000 and such participant was not eligible for the one-time lump sum offered in 2015. In lieu of a lump sum, participants could elect to begin receiving annuity payments from the plan.

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

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2017
EMPLOYER I.D. 33-0780329
PLAN 001

Identity of Issuer	Description of Investment	Cost	Current Value
Center Coast MLP Focus Fund Class I	Mutual Fund	$ 1,719,921	$ 1,207,827
iShares iBoxx $ Investment Grade Corporate Bond	Mutual Fund	6,151,115	6,325,253
iShares Select Dividend ETF	Mutual Fund	3,984,570	5,335,053
iShares MSCI Japan ETF	Mutual Fund	1,856,152	2,403,613
iShares Gold Trust	Mutual Fund	2,303,686	1,911,953
iShares S&P 500 Growth ETF	Mutual Fund	4,980,295	5,450,834
SPDR S&P 500 ETF Trust	Mutual Fund	3,593,622	5,499,941
SPDR DJ Wilshire International Real Estate ETF	Mutual Fund	2,778,453	2,561,924
SPDR Euro Stoxx 50 ETF	Mutual Fund	1,900,703	2,247,436
Templeton Global Bond Fund	Mutual Fund	3,415,226	3,118,039
Eaton Vance Income Fund of Boston	Mutual Fund	1,921,642	1,911,830
Tortoise MLP & Pipeline Fund Class-Ins	Mutual Fund	2,582,184	1,948,793
Vanguard Total Bond Market ETF	Mutual Fund	7,551,381	7,518,633
Vanguard Long-Term Bond ETF	Mutual Fund	2,438,414	2,560,409
Vanguard Midcap Viper	Mutual Fund	2,932,335	4,022,113
Vanguard Small Cap Viper	Mutual Fund	3,043,320	4,042,034
Vanguard FTSE Emerging Markets ETF	Mutual Fund	1,930,273	2,088,400
* Wells Fargo/Blackrock Short-Term Investment Fund	Cash Equivalent	471,948	471,948
Wisdomtree Europe Hedged Equity Fund	Mutual Fund	2,001,177	2,125,684
Wisdomtree Japan Hedged Equity Fund	Mutual Fund	2,184,933	2,489,487
		$ 59,741,350	$ 65,241,204

* Party-in-interest

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

SHORTFALL BASES					
YEAR ESTABLISHED		OUTSTANDING BALANCE	YEARS REMAINING		2017 INSTALLMENT
2016	$	1,677,256	6	$	312,137
2017		4,890,582	7		803,091
Total	$	6,567,838		$	1,115,228

Schedule SB, Line 24 — Changes in Actuarial Assumption

The administrative expense load has been reduced from $450,000 to $200,000.