

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here.	☐	
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
	☐ special extension (enter description)		

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>03/01/1991</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>YOUNG'S MARKET COMPANY, LLC</u> <u>14402 FRANKLIN AVENUE</u> <u>TUSTIN, CA 92780</u>	2b	Employer Identification Number (EIN) <u>33-0780329</u>
		2c	Plan Sponsor's telephone number <u>714-368-4615</u>
		2d	Business code (see instructions) <u>424800</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	JOHN INCAMPO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2169
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 1669 6a(2) 1713 6b 10 6c 556 6d 2279 6e 0 6f 2279 6g 2269 6h 235
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 15	RECORDKEEPER	142067	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY SMITH BARNEY HOLDING

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	53750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINDES INC

111 W OCEAN BLVD 22ND FL
LONG BEACH, CA 90802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	17500	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)

HLBA CERTIFIED PUBLIC ACCOUNTANTS I

19600 FAIRCHILD STE 320
IRVINE, CA 92612

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTRISC CIT II-METLIFE GRP ANNUITY</u>			
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES CO CIT</u>			
c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11677566</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2045 TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>32-6199848-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4367256</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2010 TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>32-6199795-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>961960</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM S AND P 500 INDEX CLASS M</u>			
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>04-2884233-201</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20144443</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2015 TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>35-6941654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>489239</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2020 TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5045068</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2050 TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>30-6303214-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11829532</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2030 TRUST

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

c EIN-PN 38-7010946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13193121
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035 TRUST

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

c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5153729
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040 TRUST

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

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17775360
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT BALANCED A

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

c EIN-PN 38-7011316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 499916
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2025 TRUST

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

c EIN-PN 37-6495447-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3051624
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055 TRUST

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

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2324449
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM BOND INDEX FUND

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

c EIN-PN 04-3449009-203	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193383
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan YOUNG'S MARKET COMPANY, LLC AND AFFILIATES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	117199	308129
(2) Participant contributions	1b(2)	241002	257742
(3) Other.....	1b(3)	1155619	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	3391166	3335028
(9) Value of interest in common/collective trusts	1c(9)	36058098	96706646
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	130010076	54615362
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	170973160	155222907

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	170973160	155222907
---	-----------	-----------	-----------

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)	5275976	
(B) Participants	2a(1)(B)	10385158	
(C) Others (including rollovers)	2a(1)(C)	1002885	
(2) Noncash contributions	2a(2)	0	16664019
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	159738	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		159738
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	4550685
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4550685	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4550685
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-7303049
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-7665215
c Other income.....	2c		150246
d Total income. Add all income amounts in column (b) and enter total	2d		6556424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21023593	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		21023593
f Corrective distributions (see instructions)	2f		398
g Certain deemed distributions of participant loans (see instructions)	2g		156632
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	213817	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		213817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21394440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-14838016
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		912237

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: WINDES, INC.

(2) EIN: 95-3001179

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SUPPLEMENTAL INCOME 401(K) PLAN	94-2554388	002

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

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

Part I	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	<u>0</u>
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): <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



401(K) SAVINGS PLAN

**FINANCIAL STATEMENTS
DECEMBER 31, 2018**

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Young's Market Company, LLC and Affiliates 401(k) Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 Great-West Trust Company, LLC and Principal Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Great-West Trust Company, LLC, holds the Plan's investment assets and executes investment transactions as of December 31, 2018 and 2017 and for the year ended December 31, 2018, and that Principal Trust Company, held certain of the Plan's investment assets and executed investment transactions as of December 31, 2017. The plan administrator has obtained certifications from the trustees as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2018 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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



Long Beach, California
October 8, 2019

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2018	2017
ASSETS		
Investments at fair value	\$ 151,322,008	\$ 166,068,174
Receivables:		
Employer contributions	308,129	117,199
Participant contributions	257,742	241,002
Notes receivable from participants	3,335,028	3,391,166
Receivable for investments sold	-	1,155,619
	<u>3,900,899</u>	<u>4,904,986</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 155,222,907</u></u>	<u><u>\$ 170,973,160</u></u>

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

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2018

ADDITIONS:

Additions to net assets attributed to:

Investment income (loss):

Net realized and unrealized depreciation
of investments

\$ (14,818,018)

Dividend income

4,550,685

Total investment loss

(10,267,333)

Interest income on notes receivable from participants

159,738

Contributions:

Employer

5,275,976

Participants

10,385,158

Rollovers

1,002,885

16,664,019

Total Additions

6,556,424

DEDUCTIONS:

Deductions from net assets attributed to:

Distributions to participants

21,180,623

Administrative expenses

213,817

Total Deductions

21,394,440

NET DECREASE

(14,838,016)

TRANSFERS FROM THIS PLAN (NOTE 1)

912,237

NET ASSETS AVAILABLE FOR BENEFITS:

BEGINNING OF YEAR

170,973,160

END OF YEAR

\$ 155,222,907

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

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 1 – Description of the Plan

The following description of the Young's Market Company, LLC and Affiliates 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution multiple employer plan and is designed to provide eligible employees of Young's Market Company, LLC, and its affiliates that have adopted the Plan (collectively referred to as the Company, Employer, or Plan Sponsor) with benefits upon retirement, disability, death, or termination of employment. Eligible employees are common law employees of the Company who have reached age 21 and have completed 90 days of service, unless (a) the individual is a union employee whose employment and retirement benefits are governed by a collective bargaining agreement that does not provide for participation in the Plan or (b) the individual is classified by the Company as an independent contractor or any type of worker other than a common law employee. Through March 25, 2018, eligible employees also included Union Local 104-Member Employees, who were employees regularly scheduled to work at or in the area serviced by the Employer's facility in Maricopa County, Arizona, and were covered by a collective bargaining agreement between Young's Market Company of Arizona, LLC and International Brotherhood of Teamsters, Local Union No.104, General Teamsters (excluding mailers), State of Arizona. A Union Local 104-member employee who had attained age 18 was eligible to participate in the Plan following six months of service.

On August 31, 2018, Young's Market Company, LLC (Young's Market) and Teamsters Local No. 104 (Union) entered into a 401(k) Transfer Agreement. This required Young's Market, as fiduciary of the Plan, to transfer the Plan's accounts, including notes receivable from participants, of all Plan participants that were in the Union collective bargaining unit from the Plan to the Supplemental Income 401(k) Plan (Supplemental Plan). The transfer, totaling \$912,237, was completed on or about November 19, 2018. Young's Market Union participants received credit for their years of service with Young's Market under the Supplemental Plan and was 100% vested in the assets transferred from the Plan to the Supplemental Plan. The Supplemental Plan assumed full and complete responsibility for the outstanding loans of each former Young's Market Union participant account.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 1 – Description of the Plan (Continued)

General (Continued)

The affiliates who have adopted the Plan are Infinium Spirits, Inc., Wilson Daniels, LLC, Wilson Daniels Wholesale, LLC, Young's Market Company of Arizona, LLC, Young's Holdings, Inc., and effective January 1, 2018, GWG Gold, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute pre-tax annual wages, as defined by the Plan, subject to Internal Revenue Code (IRC) limitations. In addition, participants may elect to make after-tax (Roth 401(k)) contributions and in-plan Roth transfers to the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other defined benefit or defined contribution plans. Eligible participants who are not Union Local 104-Member Employees may defer up to 100% of their compensation. Union Local 104-Member Employees may defer up to 15% of their compensation. Pursuant to an amendment effective March 25, 2018, Union Local 104-Member Employees are no longer eligible to participate in the Plan.

Participants may change their salary deferral percentages at any time. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for automatic contributions at a 5% contribution rate for all covered employees, absent an affirmative election to not participate. A covered employee includes any eligible employee hired or re-hired on or after January 1, 2016, with the exception of Union Local 104-Member Employees. The Plan also provides for an automatic increase of 1% to voluntary and automatic elections, up to a maximum of 10%, annually on the first pay period that begins on or after April 1. With respect to participants other than Union Local 104-Member Employees, the Company matches 100% of the participant's contribution of the first 3% of base compensation and 50% of the next 2% of base compensation. The Company contributions are nondiscretionary employer contributions. Additional amounts may be contributed at the option of the Company.

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018

NOTE 1 – Description of the Plan (Continued)

Participant Accounts

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

Vesting

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

Union Local 104-member employee participants were immediately vested in their contributions. Vesting of the nondiscretionary employer contribution portion of their account is based on years of continuous service, with vesting beginning at 20% after the first year of credited service to full vesting after six or more years of credited service. Vesting in a participant's additional contribution account is based on years of continuous service, with vesting beginning at 20% after the second year of credited service to full vesting after six or more years of credited service.

There were no discretionary employer contributions during 2018 and 2017.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 1 – Description of the Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of (i) \$50,000 or, if the participant had a loan during the past year, \$50,000 minus the highest outstanding balance of the prior loan during the last 12 months; or (ii) 50% of the participant's vested account balance. Any loan or loans to the participant must provide for a specific period of repayment which generally cannot be longer than five years. However, a loan used to acquire a participant's principal residence may provide for a repayment period of up to 15 years if appropriate documentation of the purchase was provided. The loans are secured by the vested balance in the participant's account and bear interest at 1% over the prime rate published in the Wall Street Journal. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

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

In-Service Withdrawals

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

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

Forfeited and ERISA Accounts

At December 31, 2018 and 2017, forfeited non-vested accounts and ERISA account totaled approximately \$64,000 and \$243,000, respectively. These accounts will be used to pay administrative expenses, to reduce future company contributions or to be reallocated to participant accounts. In 2018, employer contributions were reduced by approximately \$3,000 and administrative fees of approximately \$38,000 were paid from forfeited non-vested accounts. During 2018, approximately \$199,000 was reallocated out of the ERISA account to participants based on their respective account balance.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 2 – Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities therein, and disclosure of contingent assets and liabilities. 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 Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 or 2017.

Payment of Benefits

Benefits are recorded when paid.

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 2 – Significant Accounting Policies (Continued)

Expenses

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

Subsequent Events

Pursuant to an amendment, effective January 1, 2019, Young's Market Company of Washington, LLC, and Young's Market Company of Oregon, LLC adopted the Plan. Employees of these companies are eligible to participate in the Plan upon attainment of age 21 and have completed 90 days of service.

The Plan has evaluated subsequent events through October 8, 2019, the date these financial statements were available to be issued.

NOTE 3 – Certified Investments

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

- Investments at fair value
- Notes receivable from participants
- Net realized and unrealized depreciation in fair value of investments
- Dividend and interest income
- Schedule of assets held at end of year

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

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018

NOTE 4 – Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

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

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018

NOTE 4 – Fair Value Measurements (Continued)

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

Stable value collective trust fund: A stable value fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it was determined to be probable that the fund would sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily and the fund has no unfunded commitments. Subject to certain restrictions, withdrawal from the stable value fund are generally permitted daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 60 days notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value measurements at December 31, 2018 and 2017.

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 54,615,362	\$ -	\$ -	\$ 54,615,362
Collective trust funds	-	85,029,080	-	85,029,080
Total assets in the fair value hierarchy	54,615,362	85,029,080	-	139,644,442
Investment measured at net asset value ^(a)	-	-	-	11,677,566
Investments at fair value	\$ 54,615,362	\$ 85,029,080	\$ -	\$ 151,322,008

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018

NOTE 4 – Fair Value Measurements (Continued)

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

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

NOTE 5 – Receivable from Investments Sold

On December 31, 2017, the Company redeemed the traditional investment contract with Principal Trust Company and transferred the resulting cash proceeds of \$1,155,619 from Principal Trust Company to Great-West Trust Company, LLC. At December 31, 2017, this amount was reported as receivable for investments sold on the accompanying statement of net assets available for benefits. Great-West Trust Company, LLC received the funds on January 2, 2018.

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

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018

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

Certain plan investments are managed by Great-West Trust Company, LLC. Great-West Trust Company, LLC is the trustee 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 depreciation 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 of approximately \$193,000 for the year ending December 31, 2018, which was not covered by revenue sharing. The plan sponsor pays directly any other fees related to the Plan's operations.

NOTE 7 – Plan Termination

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

NOTE 8 – Tax Status

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

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

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

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2018**

NOTE 9 – Risks and Uncertainties

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

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

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2018
EMPLOYER I.D. 33-0780329
PLAN 002

Identity of Issuer	Description of Investment	Current Value
American Funds Europacific Gr R5	Mutual Fund	\$ 3,629,856
Columbia Mid Cap Index Instl 2	Mutual Fund	7,581,167
Columbia Small Cap Index Instl 2	Mutual Fund	5,763,646
Dreyfus Natural Resources I	Mutual Fund	344,482
JPMorgan Core Bond I	Mutual Fund	2,859,537
John Hancock Disciplined Value Mid Cap I	Mutual Fund	7,538,411
MFS International New Discovery R3	Mutual Fund	2,926,425
Invesco Oppenheimer Developing Markets Y	Mutual Fund	891,716
Pioneer Fundamental Growth Fund Class Y	Mutual Fund	5,172,843
* Putnam Equity Income Fund Class Y	Mutual Fund	2,845,678
Undiscovered Mgrs Behavioral Value I	Mutual Fund	2,910,501
Vanguard Inflation-Protected Secs Adm	Mutual Fund	2,316,856
Eaton Vance Income Fund of Boston Class A	Mutual Fund	592,551
Templeton Global Bond Fund Class R6	Mutual Fund	351,596
Franklin Small Cap Growth Fund Class R6	Mutual Fund	2,536,885
Hartford Midcap Fund Class Y	Mutual Fund	1,454,425
Metropolitan West Total Return Bond Fund Admin Class	Mutual Fund	2,233,841
Neuberger Berman Real Estate Fund Class A	Mutual Fund	2,664,946
		54,615,362

See Independent Auditors' Report

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

SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2018
EMPLOYER I.D. 33-0780329
PLAN 002
(Continued)

Identity of Issuer	Description of Investment	Current Value
* Putnam Bond Index Fund	Collective Trust Fund	193,383
* Putnam S&P 500 Index Fund Class M	Collective Trust Fund	20,144,443
T. Rowe Price Retirement 2010 Trust	Collective Trust Fund	961,960
T. Rowe Price Retirement 2015 Trust	Collective Trust Fund	489,239
T. Rowe Price Retirement 2020 Trust	Collective Trust Fund	5,045,068
T. Rowe Price Retirement 2025 Trust	Collective Trust Fund	3,051,624
T. Rowe Price Retirement 2030 Trust	Collective Trust Fund	13,193,121
T. Rowe Price Retirement 2035 Trust	Collective Trust Fund	5,153,729
T. Rowe Price Retirement 2040 Trust	Collective Trust Fund	17,775,360
T. Rowe Price Retirement 2045 Trust	Collective Trust Fund	4,367,256
T. Rowe Price Retirement 2050 Trust	Collective Trust Fund	11,829,532
T. Rowe Price Retirement 2055 Trust	Collective Trust Fund	2,324,449
T. Rowe Price Retirement Balanced A	Collective Trust Fund	499,916
		<u>85,029,080</u>
Metlife Stable Value GAC 25554 Class K	Stable Value Fund	<u>11,677,566</u>
* Notes receivable from participants	4.25% - 6.25%	<u>3,335,028</u>
		<u>\$ 154,657,036</u>
* Party-in-interest		

See Independent Auditors' Report

Multiple Employer Plan Participating Employer Information

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

EIN: 33-0780329

PN: 002

PLAN YEAR END: 12/31/2018

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
(a) Young's Market Company, LLC	(b) EIN 33-0780329	(c) 75.11%
(a) Young's Market Company of Arizona, LLC	(b) EIN 45-2501820	(c) 11.07%
(a) Infinium Spirits Inc.	(b) EIN 94-2584561	(c) 5.35%
(a) Wilson Daniels LLC	(b) EIN 46-5399103	(c) 4.14%
(a) Wilson Daniels Wholesale LLC	(b) EIN 47-4158923	(c) 2.36%
(a) Galaxy Wines	(b) EIN 93-1272426	(c) .33%
(a) Young's Holdings, Inc.	(b) EIN 95-4275261	(c) 1.64%

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-18 to 31-DEC-18

15-JAN-19 00:12:33

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRPRBA			506,499.75	482,941.68
1TR10AT			873,468.88	829,428.41
1TR15AT			488,573.64	460,693.60
1TR20AT			4,580,824.30	4,261,551.67
1TR25AT			3,028,676.61	2,800,345.21
1TR30AT			12,489,099.06	11,403,935.45
1TR35AT			4,566,412.73	4,146,631.06
1TR40AT			17,306,366.41	15,573,753.56
1TR45AT			4,122,649.25	3,720,196.09
1TR50AT			12,018,755.14	10,776,661.47
1TR55AT			2,449,903.01	2,208,247.38
1RERFX			3,748,584.69	3,465,775.21
1MIDHX			3,320,941.60	2,793,961.90
1ODVYX			859,151.90	866,722.56
1DLDRX			338,562.11	315,955.50
1NREAX			2,931,886.99	2,638,740.91
1CXXRX			6,334,853.23	5,684,396.03
1FSMLX			3,023,858.42	2,398,040.95
1UBVSX			2,957,214.24	2,698,419.24
1CPXRX			8,260,831.87	7,365,771.76
1HMDYX			1,526,326.76	1,276,124.89
1JVMIX			7,797,958.32	7,170,966.15
1PEIYX			3,192,046.79	2,743,973.07
1PTMSP5			20,010,159.58	18,806,209.62
1FUNYX			4,985,707.86	4,616,533.79
1PTYBDI			185,630.89	189,692.39
1EVIBX			509,239.39	487,281.22
1WOBDX			2,924,625.28	2,818,786.54
1MWTNX			2,228,671.14	2,182,513.82
1FBNRX			363,563.71	347,989.75
1VAIPX			1,911,976.68	1,818,091.38
1MTSVFK			10,023,398.52	10,750,811.90
			149,866,418.75	138,101,144.16
PARTICIPANT LOANS	VARIOUS	4.250-11.500	2,858,244.81	2,867,192.54
FORFEITURES			51,518.95	52,982.10

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan
01-JAN-18 to 31-DEC-18

15-JAN-19 00:12:33

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

INVESTMENT OPTION:

ITRPRBA T. Rowe Price Retirement Balanced A
 ITR15AT T. Rowe Price Retirement 2015 Trust
 ITR25AT T. Rowe Price Retirement 2025 Trust
 ITR35AT T. Rowe Price Retirement 2035 Trust
 ITR45AT T. Rowe Price Retirement 2045 Trust
 ITR55AT T. Rowe Price Retirement 2055 Trust
 IMIDHX MFS International New Discovery R3
 1DLDRX Dreyfus Natural Resources I
 1CXXRX Columbia Small Cap Index Instl 2
 1UBVSX Undiscovered Mgrs Behavioral Value I
 1HMDYX Hartford MidCap Y
 1PEIYX Putnam Equity Income Y
 1FUNYX Pioneer Fundamental Growth Y
 1EVIBX Eaton Vance Income Fund of Boston A
 1MWTNX Metropolitan West Total Re Bd Admin Cl
 1VAIPX Vanguard Inflation-Protected Secs Adm

ITR10AT T. Rowe Price Retirement 2010 Trust
 ITR20AT T. Rowe Price Retirement 2020 Trust
 ITR30AT T. Rowe Price Retirement 2030 Trust
 ITR40AT T. Rowe Price Retirement 2040 Trust
 ITR50AT T. Rowe Price Retirement 2050 Trust
 1RERFX American Funds EuroPacific Gr R5
 1ODVYX Oppenheimer Developing Markets Y
 1NREAX Neuberger Berman Real Estate A
 1FSMLX Franklin Small Cap Growth R6
 1CPXRX Columbia Mid Cap Index Instl 2
 1JVMIX JHancock Disciplined Value Mid Cap I
 1PTMSP5 Putnam S & P 500 Index Fund Class M
 1PTYBDI Putnam Bond Index Fund
 1WOBDX J P Morgan Core Bond I
 1FBNRX Templeton Global Bond R6
 1MTSVFK MetLife Stable Value GAC 25554 Class K

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

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-18 to 31-DEC-18

12-JAN-19 15:58:04

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1TRPRBA			17,753.09	16,974.39
1TR10AT			135,815.92	132,531.92
1TR15AT			30,051.52	28,545.01
1TR20AT			841,850.06	783,516.80
1TR25AT			266,464.10	251,279.22
1TR30AT			1,959,235.78	1,789,185.11
1TR35AT			1,111,116.39	1,007,097.53
1TR40AT			2,447,917.29	2,201,606.48
1TR45AT			709,712.40	647,059.94
1TR50AT			1,174,887.32	1,052,870.21
1TR55AT			128,398.13	116,201.99
1RERFX			178,292.02	164,080.92
1MIDHX			157,205.86	132,463.09
1ODVYX			26,997.52	24,993.35
1DLDRX			33,873.25	28,527.16
1NREAX			29,110.42	26,204.74
1CXXRX			90,334.97	79,250.66
1FSMLX			172,976.09	138,844.38
1UBVSX			252,533.74	212,081.49
1CPXRX			242,448.31	215,395.26
1HMDYX			215,896.99	178,300.48
1JVMIX			408,870.67	367,444.58
1PEIYX			118,114.92	101,704.64
1PTMSP5			1,422,741.14	1,338,233.16
1FUNYX			602,135.46	556,309.07
1PTYBDI			3,658.25	3,690.73
1EVIBX			110,213.34	105,269.89
1WOBDX			42,203.65	40,750.52
1MWTNX			52,460.63	51,327.19
1FBNRX			3,815.29	3,606.23
1VAIPX			509,881.74	498,764.28
1MTSVFK			717,160.92	767,932.65
			14,214,127.18	13,062,043.07
PARTICIPANT LOANS	VARIOUS	4.250-6.250	466,763.66	467,835.35
FORFEITURES			11,102.91	11,336.10

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Young's Market Company, LLC and Affiliates 401(k) Savings Plan -02
01-JAN-18 to 31-DEC-18

12-JAN-19 15:58:04

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

INVESTMENT OPTION:

1TRPRBA	T. Rowe Price Retirement Balanced A	1TR10AT	T. Rowe Price Retirement 2010 Trust
1TR15AT	T. Rowe Price Retirement 2015 Trust	1TR20AT	T. Rowe Price Retirement 2020 Trust
1TR25AT	T. Rowe Price Retirement 2025 Trust	1TR30AT	T. Rowe Price Retirement 2030 Trust
1TR35AT	T. Rowe Price Retirement 2035 Trust	1TR40AT	T. Rowe Price Retirement 2040 Trust
1TR45AT	T. Rowe Price Retirement 2045 Trust	1TR50AT	T. Rowe Price Retirement 2050 Trust
1TR55AT	T. Rowe Price Retirement 2055 Trust	1RERFX	American Funds EuroPacific Gr R5
1MIDHX	MFS International New Discovery R3	1ODVYX	Oppenheimer Developing Markets Y
1DLDRX	Dreyfus Natural Resources I	1NREAX	Neuberger Berman Real Estate A
1CXXRX	Columbia Small Cap Index Instl 2	1FSMLX	Franklin Small Cap Growth R6
1UBVSX	Undiscovered Mgrs Behavioral Value I	1CPXRX	Columbia Mid Cap Index Instl 2
1HMDYX	Hartford MidCap Y	1JVMIX	JHancock Disciplined Value Mid Cap I
1PEIYX	Putnam Equity Income Y	1PTMSP5	Putnam S & P 500 Index Fund Class M
1FUNYX	Pioneer Fundamental Growth Y	1PTYBDI	Putnam Bond Index Fund
1EVIBX	Eaton Vance Income Fund of Boston A	1WOBDX	J P Morgan Core Bond I
1MWTNX	Metropolitan West Total Re Bd Admin Cl	1FBNRX	Templeton Global Bond R6
1VAIPX	Vanguard Inflation-Protected Secs Adm	1MTSVFK	MetLife Stable Value GAC 25554 Class K

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

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

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MTSVFK			86,619.61	94,490.16
			86,619.61	94,490.16
FORFEITURES			12.80	12.83

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

LEGEND

INVESTMENT OPTION:
1MTSVFK MetLife Stable Value GAC 25554 Class K

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