

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1942</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>33-0780329</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>404-472-2040</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>424800</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/1942</u>		2b Employer Identification Number (EIN) <u>33-0780329</u>		2c Plan Sponsor's telephone number <u>404-472-2040</u>		2d Business code (see instructions) <u>424800</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>12/01/1942</u>											
2b Employer Identification Number (EIN) <u>33-0780329</u>											
2c Plan Sponsor's telephone number <u>404-472-2040</u>											
2d Business code (see instructions) <u>424800</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>4300 WILDWOOD PARKWAY</u> <u>ATLANTA, GA 30339</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2022	DENNIS BASHUK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2022	DENNIS BASHUK
	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	1018
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)	186
a(2) Total number of active participants at the end of the plan year		6a(2)	177
b Retired or separated participants receiving benefits.....		6b	278
c Other retired or separated participants entitled to future benefits		6c	330
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	785
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	51
f Total. Add lines 6d and 6e		6f	836
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) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 <u>RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>71781151</u>
b Actuarial value	2b <u>68013886</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>474</u> (2) Vested Funding Target <u>48592775</u> (3) Total Funding Target <u>48592775</u>
b For terminated vested participants.....	<u>365</u> <u>17281894</u> <u>17281894</u>
c For active participants	<u>186</u> <u>7267486</u> <u>7369674</u>
d Total.....	<u>1025</u> <u>73142155</u> <u>73244343</u>
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 <u>5.52</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>820000</u>
c Total (line 6a + line 6b)	6c <u>820000</u>

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		<u>09/27/2022</u>
Signature of actuary		Date
<u>LAUREN MEYER</u>		<u>20-08606</u>
Type or print name of actuary		Most recent enrollment number
<u>AGILIS</u>		<u>781-373-6900</u>
Firm name		Telephone number (including area code)
<u>130 TURNER ST., BLDG. 3, STE. 510</u> <u>WALTHAM, MA 02453</u>		
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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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 <u>8.79</u> %	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)		4601
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 <u>5.31</u> %		244
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4845
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	92.85 %
15 Adjusted funding target attainment percentage	15	92.85 %
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	87.51 %
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
04/14/2021	585353				
07/14/2021	585353				
10/14/2021	585353				
01/14/2022	500000				
Totals ▶			18(b)	2256059	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	2179577

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ 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 6c) **31a** 820000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 5230457 487696**b** Waiver amortization installment**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** 1307696

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement **35** 0**36** Additional cash requirement (line 34 minus line 35) **36** 1307696**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 2179577**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 871881**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**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

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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 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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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)

RIVER AND MERCANTILE LLC

04-3513306

(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	149384	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	105039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	63943	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)

LCG ASSOCIATES, INC.

75-1680350

(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	50000	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	32956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WINDES, INC.

95-3001179

(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	18500	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
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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
(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:	ERIC DUPONT	b EIN:	13-2834414
c Position:	ENROLLED ACTUARY		
d Address:	MERCER 17901 VON KARMAN AVENUE, SUITE 1100 IRVINE, CA 92614	e Telephone:	949-222-1300

Explanation: CHANGE OF ACTUARIAL FIRM

a Name:	SAMANTHA GRABOFF	b EIN:	95-3001179
c Position:	PARTNER		
d Address:	WINDES, INC. 2050 MAIN STREET, SUITE 1300 IRVINE, CA 92614	e Telephone:	949-272-2620

Explanation: CHANGE IN AUDITOR DUE TO ACQUISITION OF THE PLAN SPONSOR

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) <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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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 YOUNG'S 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	10131	108
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	771331	500000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	678682	1848457
(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)	70314011	67181785
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	15341	48948

		(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	71789496 69579298
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	106187 141500
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	106187 141500
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	71683309 69437798

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2256059
	(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)	2256059
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	815
	(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)	815
(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)	1225028
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1225028
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27810984
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	27810984
	(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)		6724238
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10206140
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5005379	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	6311114	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11316493
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)	212727	
(2) Contract administrator fees.....	2i(2)	22708	
(3) Investment advisory and management fees.....	2i(3)	219699	
(4) Other.....	2i(4)	680024	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1135158
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12451651
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2245511
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WINDHAM BRANNON, LLC

(2) EIN: 58-1763439

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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?	X		10000000
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?			
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.)	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.			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 435234 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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 YOUNG'S MARKET COMPANY, LLC		D Employer Identification Number (EIN) 33-0780329
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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) 2021 v. 201209		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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: 57 % Investment-Grade Debt: 33 % High-Yield Debt: 1 % Real Estate: 2 % Other: 7 %

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):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Financial Statements

December 31, 2021 and 2020

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

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INDEPENDENT AUDITOR'S REPORT

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the financial statements of the Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) which comprise the statement of net assets available for benefits and of accumulated plan benefits as of December 31, 2021, 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 (the 2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of the report,

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2021 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is responsible for maintaining a current Plan instrument, including all Plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2021 Supplemental Schedules Required by ERISA

The 2021 supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the 2021 financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion,

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Report on the 2020 Financial Statements

The 2020 financial statements of the Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by the qualified institution. Their report dated October 11, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, they did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements and supplemental schedules other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Windham Brannon, LLC

September 27, 2022

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	2021	2020
Assets		
Non-interest bearing cash	\$ 108	\$ 10,131
Investments, at fair value	69,079,190	71,008,034
Employer contribution receivable	500,000	771,331
Total assets	69,579,298	71,789,496
Liabilities		
Accounts payable and accrued expenses	141,500	106,187
Net assets available for benefits	\$ 69,437,798	\$ 71,683,309

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, 2021

Additions	
Net change in fair value of investments	\$ 6,724,238
Dividends and interest income	1,225,843
Total investment income	7,950,081
Employer contributions	2,256,059
Total additions	10,206,140
Deductions	
Benefits paid to participants or beneficiaries	11,316,493
Administrative expenses	1,135,158
Total deductions	12,451,651
Net decrease	(2,245,511)
Net assets available for benefits	
Beginning of year	71,683,309
End of year	\$ 69,437,798

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Statements of Accumulated Plan Benefits December 31, 2021 and 2020

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 39,715,527	\$ 45,987,097
Active participants	6,566,843	6,998,378
Other vested benefits	17,397,998	16,560,527
	63,680,368	69,546,002
Nonvested benefits	77,326	90,721
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 63,757,694	\$ 69,636,723

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, 2021

Actuarial Present Value of Accumulated Plan	
Benefits at Beginning of Year	\$ 69,636,723
<hr/>	
Increase (decrease) during the year attributable to:	
Increase in interest due to decrease in discount period	4,006,003
Changes in actuarial assumptions	162,538
Benefits accumulated	1,268,923
Benefits paid	(11,316,493)
<hr/>	
Net decrease	(5,879,029)
<hr/>	
Actuarial Present Value of Accumulated Plan	
Benefits at End of Year	\$ 63,757,694
<hr/>	

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

1. Description of Plan

The following description of the Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC (the Plan) provides only general information. Participants should refer to the Plan document, copies of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan covering nonbargaining unit employees of Young's Market Company, LLC and its subsidiaries and affiliates (collectively, the Company) who completed at least one year of service prior to December 31, 2002, the date the Plan was frozen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2002 (Freeze Date), the Plan was amended to cease benefit accruals and close the Plan to new participants. All participants who were active participants on December 31, 2002, are fully vested. 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).

In December 2021, the Plan paid \$6,351,996 to CFMG Life Insurance Company to purchase annuity contracts to provide benefits to approximately 180 retirees currently receiving benefits. The amount is included within benefits paid to participants or beneficiaries in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.

Contributions

All contributions to the Plan are accounted for on the accrual basis and are made by the Plan Sponsor based on actuarially determined annual funding requirements of the Plan. As of December 31, 2021 and 2020, the Plan has met the current minimum funding contribution requirements of ERISA.

Benefits

For participants who had at least 15 years of service, had attained age 55, and had a combined total of age and years of service of at least 75 years (Grandfathered Participants) who have not earned a vested benefit under another defined benefit pension plan to which the Company contributed, normal retirement benefits are the sum of (i) 2.33% of final average monthly compensation, multiplied by years of service determined on December 31, 2001, but not to exceed 15 years of service, (ii) 1.50% of final average monthly compensation, multiplied by years of service determined on December 31, 2001, in excess of 15, but not to exceed 35 years of

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

service, and (iii) 1.00% of final average monthly compensation, multiplied by a full or partial year of service earned in 2002. Since the Plan was frozen on December 31, 2002, the participants will not earn years of service on or after December 31, 2002, and any compensation that is paid to the participants on or after December 31, 2002, will not be taken into account for purposes of calculating the final average monthly compensation.

For participants who are not a Grandfathered Participant and have not earned a vested benefit under another defined benefit pension plan to which the Company contributed, normal retirement benefits are the sum of (i) 2.33% of final average monthly compensation, multiplied by years of service determined on December 31, 1996, but not to exceed 15 years of service, (ii) 1.50% of final average monthly compensation, multiplied by years of service determined on December 31, 1996, in excess of 15, but not to exceed 35 years of service, and (iii) 1.00% of final average monthly compensation, multiplied by years of service earned from 1997 to 2002.

For participants who have earned a vested benefit under another defined benefit pension plan to which the Company contributed, different formulas are used to adjust the benefit earned under the Plan based on years of service while the participant was an active participant in the Plan or by reducing the benefit amount calculated under the Plan by the vested accrued benefit earned under other Company-sponsored plans.

Early retirement benefits are available to vested participants who have attained age 55.

Death Benefits

Death benefits are provided to participant's designated beneficiaries upon death of a participant in accordance with plan provisions, which may vary depending upon if death is prior to participant's retirement or after termination of employment and before pension payments commence. Forms of death benefit payments and amounts may vary, depending upon plan provisions. Amounts of death benefits may vary according to certain conditions noted above, but will be based on frozen accrued benefit calculated as of December 31, 2002.

Funding Policy

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.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

Administrative Expenses

The Plan pays the custodian fees, actuarial, audit, legal, and Pension Benefit Guaranty Corporation (PBGC) fees. Payments made to service providers of the Plan qualify as party-in-interest transactions. Investment-related expenses are included in the net change in fair value of investments.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

The Plan's investments are stated 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. See Note 5 for a 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 change in fair value of investments 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 future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. 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 under the Plan are based on participants' final average monthly compensation, as defined, and the number of years of credited service and in effect at

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered through December 31, 2002.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 27, 2022, which is the date the financial statements were available to be issued.

3. Information Certified by the Qualified Institution

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2021 and 2020, and net change in fair value of investments, and interest and dividend income for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Plan's qualified institution, Wells Fargo Bank, N.A.

4. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary and is the amount that results in applying actuarial assumptions to adjust the accumulated plan benefits 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.

Assumption changes include changes in the interest rate, changes in the mortality tables, and changes in the retirement and withdrawal rates for active participants.

The significant assumptions used in the actuarial computations as of December 31, 2021 are as follows:

Interest rate	6.00%
Mortality basis	Pri-2012 mortality table for employees, retirees, and contingent survivors projected generationally with Scale MP-2021. The contingent survivor table is assumed only after retiree death.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue in existence. If the Plan were to terminate, different actuarial assumptions and other factors might be applied in determining the actuarial present value of accumulated plan benefits. Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumption 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.

The Plan's Adjusted Funding Target Attainment Percentage (AFTAP), calculated under provisions of the IRC, was 98.15% and 92.85% at December 31, 2021 and 2020, respectively. There were no restrictions on benefit payments during 2021 or through the date of this report.

5. Investments and Fair Value Measurements

Investments are exposed to various risks, such as market, currency, interest rate, and credit risks. Market risks include U.S. and global events which could impact the value of Plan investments. Such events would include healthcare crises, such as a pandemic, international conflicts, supply chain disruptions, global monetary policy decisions, significant exogenous economic influences, and significant cybersecurity attacks, among others. It is at least reasonably possible that changes in their fair value will occur in the near term and that such changes could materially affect the funded status of the Plan and the amounts reported in the statement of net assets available for benefits.

The Financial Accounting Standards Board established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 – unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access

Level 2 – other significant observable inputs, including quoted prices in active markets for similar securities (ratings, interest rates, maturity, etc.) and quoted prices for identical securities in inactive markets

Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

Observable inputs are those based on market data obtained from sources independent of the Plan, and unobservable inputs reflect the Plan's own assumptions based on the best information available. The input levels are not necessarily an indication of the risk or liquidity associated with financial instruments at that level but rather the degree of judgment used in determining those values.

Following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Cash equivalents include short term money market funds which are stated at quoted market prices for the identical security in an active market (Level 1). The plan administrator's policy is to classify cash and cash equivalents held for investment purposes as investments in the accompanying statements of net assets available for benefits.

Investments in mutual funds are 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 (Level 1).

The investments at December 31, 2021 and 2020 are comprised of the following:

	Level 1	
	2021	2020
Cash equivalent	\$ 1,848,565	\$ 678,719
Mutual funds	67,230,625	70,329,315
Total	\$ 69,079,190	\$ 71,008,034

There has been significant volatility in the investment markets both nationally and globally since December 31, 2021, which has resulted in a substantial decline in the value of the Plan's investment portfolio. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

6. Income Tax Status

The Internal Revenue Service has determined and informed the Company, by letter dated March 7, 2016, that the Plan and related trust are designed in accordance with the 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 operated in compliance with the applicable requirements of the IRC and has no income

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2021 and 2020

subject to unrelated business income tax. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

7. Plan Termination

Although the Plan was frozen at December 31, 2002, the Company has not expressed any intent to terminate the Plan. However, the Plan may be discontinued at the option of the Company, subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations governing the priority order of participants' rights to the net assets of the Plan. To the extent unfunded benefits may exist, ERISA provides that such benefits, subject to certain limits, are eligible for payment by the PBGC, a federal corporation created by ERISA.

In general, the PBGC will guarantee the payment of most vested normal retirement age benefits and early retirement age benefits that employees were receiving or were entitled to receive as of the date the Plan terminated. Such benefits, however, are only guaranteed to the extent of the actuarial value of the vested benefits as of the date the Plan terminated, payable in the form of a straight-life annuity commencing at age 65. Additionally, the total amount of such guaranteed benefits is subject to an overall ceiling that is adjusted periodically by PBGC.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

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

EIN: 33-0780329 Plan Number: 001
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
	Europacific Growth Fund Class R6	Mutual Fund	\$ 7,212,388	\$ 6,835,518
	Invesco Oppenheimer Developing Markets Fund Class R6	Mutual Fund	3,354,547	3,328,995
	iShares iBoxx \$ Investment	Mutual Fund	6,181,688	6,925,363
	Vanguard Total Bond Market ETF	Mutual Fund	15,105,339	15,473,316
	iShares Select Dividend ETF	Mutual Fund	4,571,975	6,887,719
	SPDR S&P 500 ETF Trust	Mutual Fund	10,369,698	14,224,497
	Vanguard Midcap Viper	Mutual Fund	3,884,897	6,825,543
	Vanguard Small Cap Viper	Mutual Fund	4,208,506	6,729,674
			54,889,038	67,230,625
	* Wells Fargo/Blackrock Short Term Investment Fund	Cash Equivalent	1,848,457	1,848,565
			\$ 56,737,495	\$ 69,079,190

* Indicates a party-in-interest to the Plan.

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2021

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
BEGINNING MARKET VALUE			71,018,165.21			
COMPARATIVE VALUE (5%)			3,550,908.26			

**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
05/07/21 B	6,697,323	1.000	0	6,697,323-*	6,697,323	
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
05/10/21 S	6,648,289	1.000	0	6,648,289 *	6,648,289	0
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
05/12/21 B	4,151,416	1.000	0	4,151,416-*	4,151,416	
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
05/13/21 S	4,141,085	1.000	0	4,141,085 *	4,141,085	0
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
05/17/21 B	4,944,555	1.000	0	4,944,555-*	4,944,555	
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
05/18/21 S	4,940,398	1.000	0	4,940,398 *	4,940,398	0
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
12/03/21 B	5,402,600	1.000	0	5,402,600-*	5,402,600	
**	ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1					
12/07/21 S	6,351,747	1.000	0	6,351,747 *	6,351,747	0
	ISSUE: 298706821 - AMER FNDS EUROPAC GROW-R6 #2616					
05/07/21 B	93,000	72.250	0	6,719,250-*	6,719,250	
	ISSUE: 464287309 - ISHARES S&P 500 GROWTH ETF					
05/14/21 S	87,136	67.774	1,773	5,903,739 *	3,040,660	2,863,079
	ISSUE: 78462F103 - SPDR S & P 500 ETF TRUST ETF					
05/14/21 B	24,550	415.890	491	10,210,603-*	10,210,603	
	ISSUE: 921937835 - VANGUARD TOTAL BOND MARKET ETF					
05/11/21 B	63,650	85.021	1,273	5,412,841-*	5,412,841	
GRAND TOTAL			3,537	71,523,846	68,660,767	2,863,079

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

** Indicates a party-in-interest to the Plan.

See Independent Auditor's Report

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2021

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY ISSUE		UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE				71,018,165.21			
	COMPARATIVE VALUE (5%)				3,550,908.26			

** ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1								
01/05/21 B	10,131	1.000	0			10,131-	10,131	
01/19/21 B	442,518	1.000	0			442,518-	442,518	
01/29/21 B	15,304	1.000	0			15,304-	15,304	
02/02/21 B	10,131	1.000	0			10,131-	10,131	
02/04/21 B	19,905	1.000	0			19,905-	19,905	
02/05/21 B	13,967	1.000	0			13,967-	13,967	
03/01/21 B	31,467	1.000	0			31,467-	31,467	
03/02/21 B	9,151	1.000	0			9,151-	9,151	
03/04/21 B	18,357	1.000	0			18,357-	18,357	
03/05/21 B	14,068	1.000	0			14,068-	14,068	
03/30/21 B	1,149,939	1.000	0			1,149,939-	1,149,939	
03/31/21 B	84,529	1.000	0			84,529-	84,529	
04/05/21 B	8,833	1.000	0			8,833-	8,833	
04/07/21 B	30,095	1.000	0			30,095-	30,095	
04/08/21 B	13,270	1.000	0			13,270-	13,270	
04/14/21 B	585,353	1.000	0			585,353-	585,353	
04/30/21 B	12,377	1.000	0			12,377-	12,377	
05/03/21 B	229	1.000	0			229-	229	
05/04/21 B	8,548	1.000	0			8,548-	8,548	
05/06/21 B	18,684	1.000	0			18,684-	18,684	
05/07/21 B	6,697,323	1.000	0			6,697,323-*	6,697,323	
05/12/21 B	4,151,416	1.000	0			4,151,416-*	4,151,416	
05/14/21 B	3,419	1.000	0			3,419-	3,419	
05/17/21 B	4,944,555	1.000	0			4,944,555-*	4,944,555	
06/01/21 B	5,098	1.000	0			5,098-	5,098	
06/04/21 B	24,553	1.000	0			24,553-	24,553	
06/07/21 B	13,413	1.000	0			13,413-	13,413	
06/11/21 B	331,166	1.000	0			331,166-	331,166	
06/16/21 B	71,990	1.000	0			71,990-	71,990	
06/18/21 B	18,808	1.000	0			18,808-	18,808	
06/29/21 B	41,818	1.000	0			41,818-	41,818	
07/06/21 B	402	1.000	0			402-	402	
07/07/21 B	24,118	1.000	0			24,118-	24,118	
07/08/21 B	13,220	1.000	0			13,220-	13,220	
07/12/21 B	2,346	1.000	0			2,346-	2,346	

** Indicates a party-in-interest to the Plan.

See Independent Auditor's Report

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2021

		SERIES / BY ISSUE				
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
07/15/21 B	585,353	1.000	0	585,353-	585,353	
07/22/21 B	217	1.000	0	217-	217	
07/30/21 B	47,104	1.000	0	47,104-	47,104	
08/05/21 B	24,848	1.000	0	24,848-	24,848	
08/06/21 B	6,647	1.000	0	6,647-	6,647	
09/07/21 B	24,653	1.000	0	24,653-	24,653	
09/08/21 B	12,232	1.000	0	12,232-	12,232	
09/10/21 B	3,060	1.000	0	3,060-	3,060	
09/14/21 B	2,248	1.000	0	2,248-	2,248	
09/24/21 B	290	1.000	0	290-	290	
09/27/21 B	2,129	1.000	0	2,129-	2,129	
09/29/21 B	40,491	1.000	0	40,491-	40,491	
09/30/21 B	74,822	1.000	0	74,822-	74,822	
10/06/21 B	23,772	1.000	0	23,772-	23,772	
10/07/21 B	13,349	1.000	0	13,349-	13,349	
10/08/21 B	1,003,805	1.000	0	1,003,805-	1,003,805	
10/12/21 B	1,002,503	1.000	0	1,002,503-	1,002,503	
10/13/21 B	17	1.000	0	17-	17	
10/15/21 B	585,353	1.000	0	585,353-	585,353	
10/29/21 B	48,893	1.000	0	48,893-	48,893	
11/04/21 B	24,470	1.000	0	24,470-	24,470	
11/05/21 B	13,710	1.000	0	13,710-	13,710	
11/29/21 B	2,129	1.000	0	2,129-	2,129	
12/02/21 B	943,871	1.000	0	943,871-	943,871	
12/03/21 B	5,402,600	1.000	0	5,402,600-*	5,402,600	
12/06/21 B	24,634	1.000	0	24,634-	24,634	
12/06/21 B	1,924	1.000	0	1,924-	1,924	
12/07/21 B	12,488	1.000	0	12,488-	12,488	
12/15/21 B	324	1.000	0	324-	324	
12/17/21 B	47,045	1.000	0	47,045-	47,045	
12/17/21 B	40,882	1.000	0	40,882-	40,882	
12/22/21 B	13,400	1.000	0	13,400-	13,400	
12/23/21 B	4,411	1.000	0	4,411-	4,411	
12/29/21 B	49,451	1.000	0	49,451-	49,451	
12/30/21 B	57,135	1.000	0	57,135-	57,135	
SUB-TOTAL OF BUYS # 70			0	28,980,761	28,980,761	
01/04/21 S	406,335	1.000	0	406,335	406,335	0
01/08/21 S	0	1.000	0	0	0	0
01/13/21 S	132,444	1.000	0	132,444	132,444	0
01/21/21 S	1,916	1.000	0	1,916	1,916	0
01/22/21 S	437	1.000	0	437	437	0
01/27/21 S	76,443	1.000	0	76,443	76,443	0

** Indicates a party-in-interest to the Plan.

See Independent Auditor's Report

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2021

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
02/01/21 S	414,742	1.000	0	414,742	414,742	0
02/10/21 S	13,000	1.000	0	13,000	13,000	0
02/11/21 S	0	1.000	0	0	0	0
03/11/21 S	639	1.000	0	639	639	0
03/25/21 S	10,744	1.000	0	10,744	10,744	0
04/01/21 S	414,365	1.000	0	414,365	414,365	0
04/06/21 S	99	1.000	0	99	99	0
04/08/21 S	45,293	1.000	0	45,293	45,293	0
04/15/21 S	10,248	1.000	0	10,248	10,248	0
05/03/21 S	409,972	1.000	0	409,972	409,972	0
05/10/21 S	6,648,289	1.000	0	6,648,289 *	6,648,289	0
05/13/21 S	4,141,085	1.000	0	4,141,085 *	4,141,085	0
05/18/21 S	4,940,398	1.000	0	4,940,398 *	4,940,398	0
05/24/21 S	44,743	1.000	0	44,743	44,743	0
06/01/21 S	409,710	1.000	0	409,710	409,710	0
06/21/21 S	2,531	1.000	0	2,531	2,531	0
06/24/21 S	1,987	1.000	0	1,987	1,987	0
07/01/21 S	404,731	1.000	0	404,731	404,731	0
07/02/21 S	12,500	1.000	0	12,500	12,500	0
07/08/21 S	15,500	1.000	0	15,500	15,500	0
07/13/21 S	11,344	1.000	0	11,344	11,344	0
07/14/21 S	2,346	1.000	0	2,346	2,346	0
07/23/21 S	3,618	1.000	0	3,618	3,618	0
07/26/21 S	217	1.000	0	217	217	0
07/27/21 S	27,050	1.000	0	27,050	27,050	0
08/02/21 S	406,119	1.000	0	406,119	406,119	0
08/17/21 S	3,759	1.000	0	3,759	3,759	0
08/17/21 S	22,250	1.000	0	22,250	22,250	0
08/23/21 S	302	1.000	0	302	302	0
08/26/21 S	63,734	1.000	0	63,734	63,734	0
09/01/21 S	405,268	1.000	0	405,268	405,268	0
09/02/21 S	353	1.000	0	353	353	0
09/16/21 S	2,248	1.000	0	2,248	2,248	0
09/23/21 S	20,850	1.000	0	20,850	20,850	0
09/28/21 S	290	1.000	0	290	290	0
10/01/21 S	403,989	1.000	0	403,989	403,989	0
10/04/21 S	12,500	1.000	0	12,500	12,500	0
10/12/21 S	680,024	1.000	0	680,024	680,024	0
10/22/21 S	392	1.000	0	392	392	0
11/01/21 S	402,067	1.000	0	402,067	402,067	0
11/02/21 S	2,570	1.000	0	2,570	2,570	0
11/16/21 S	18,500	1.000	0	18,500	18,500	0
11/17/21 S	5,304	1.000	0	5,304	5,304	0
12/01/21 S	402,511	1.000	0	402,511	402,511	0

** Indicates a party-in-interest to the Plan.

See Independent Auditor's Report

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2021

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/01/21 S	2,129	1.000	0	2,129	2,129	0
12/07/21 S	6,351,747	1.000	0	6,351,747 *	6,351,747	0
12/08/21 S	1,176	1.000	0	1,176	1,176	0
12/28/21 S	174	1.000	0	174	174	0
SUB-TOTAL OF SALES # 54			0	27,810,982	27,810,982	0
SUB-TOTAL			0	56,791,743	56,791,743	0
ISSUE: 298706821 - AMER FND\$ EUROPAC GROW-R6 #2616						
06/01/21 R	5,343	71.830	0	383,804-	383,804	
12/16/21 R	5,536	63.020	0	348,894-	348,894	
SUB-TOTAL OF REINVS # 2			0	732,698	732,698	
05/07/21 B	93,000	72.250	0	6,719,250-*	6,719,250	
SUB-TOTAL OF BUYS # 1			0	6,719,250	6,719,250	
10/07/21 S	14,550	68.990	0	1,003,805	997,997	5,807
12/01/21 S	14,210	66.460	0	944,397	974,676	-30,280
SUB-TOTAL OF SALES # 2			0	1,948,202	1,972,673	-24,473
SUB-TOTAL			0	9,400,150	9,424,621	-24,473
ISSUE: 464287309 - ISHARES S&P 500 GROWTH ETF						
02/25/21 S	6,900	64.693	140	446,239	240,779	205,460
05/14/21 S	87,136	67.774	1,773	5,903,739 *	3,040,660	2,863,079
SUB-TOTAL OF SALES # 2			1,913	6,349,978	3,281,439	3,068,539
SUB-TOTAL			1,913	6,349,978	3,281,439	3,068,539
ISSUE: 78462F103 - SPDR S & P 500 ETF TRUST ETF						
05/14/21 B	24,550	415.890	491	10,210,603-*	10,210,603	

** Indicates a party-in-interest to the Plan.

See Independent Auditor's Report

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2021

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY ISSUE	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
		SUB-TOTAL OF BUYS # 1		491	10,210,603	10,210,603	
12/01/21 S	4,390		457.621	98	2,008,857	1,525,262	483,595
		SUB-TOTAL OF SALES # 1		98	2,008,857	1,525,262	483,595
		SUB-TOTAL		589	12,219,460	11,735,865	483,595
		ISSUE: 921937835 - VANGUARD TOTAL BOND MARKET ETF					
05/11/21 B	63,650		85.021	1,273	5,412,841-*	5,412,841	
		SUB-TOTAL OF BUYS # 1		1,273	5,412,841	5,412,841	
		SUB-TOTAL		1,273	5,412,841	5,412,841	0
		GRAND TOTAL		3,775	90,174,172	86,646,509	3,527,661

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE

B = BUY TRANSACTION

S = SELL TRANSACTION

R = REINVESTMENT TRANSACTION

** Indicates a party-in-interest to the Plan.

See Independent Auditor's Report

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

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

(1)	(2)	(3)	(4)	(5)
Age	Population	Rates of Retirements	(2) * (3) Actual Retirements	(1) * (4) Age Weight
55	100.00	5%	5.00	275.00
56	95.00	5%	4.75	266.00
57	90.25	5%	4.51	257.21
58	85.74	5%	4.29	248.64
59	81.45	5%	4.07	240.28
60	77.38	5%	3.87	232.13
61	73.51	5%	3.68	224.20
62	69.83	15%	10.48	649.45
63	59.36	10%	5.94	373.96
64	53.42	10%	5.34	341.91
65	48.08	50%	24.04	1562.62
66	24.04	30%	7.21	476.00
67	16.83	50%	8.41	563.74
68	8.41	30%	2.52	171.65
69	5.89	30%	1.77	121.92
70	4.12	100%	4.12	288.60
Sum of Age Weight / 100:				62.93
Round to Nearest Age:				63

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Line 25 – Change in Methods

There was a change in actuary, consulting firm, and valuation software made beginning with the 2021 plan year. This change in funding method receives automatic approval under Revenue Procedure 2017-56.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Line 26 – Schedule of Active Participant Data

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age											
Under 25											0
25 to 29											0
30 to 34											0
35 to 39											0
40 to 44		5	1								6
45 to 49		19	9								28
50 to 54		22	18	6							46
55 to 59	1	14	19	24	7				1		66
60 to 64	1	9	8	8	6	3					35
65 to 69			2	1			1				4
70 & up			1								1
Total	2	69	58	39	13	3	1	0	1	0	186

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Year Established</u>	<u>Remaining Period (Years)</u>	<u>Outstanding balance</u>	<u>2021 Installment</u>
Shortfall	2021	15	\$5,230,457	\$487,696
Total			\$5,230,457	\$487,696

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Actuarial Methods

The actuarial methods described in this section are either required by IRC Section 430 or were selected from the methods permitted by IRC Section 430.

Funding Method

The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

The Projected Unit Credit method is used solely for development of maximum deductible contribution.

Asset Valuation Method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over a two-year period on an annual basis. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions receivable, if any, are included in the Valuation Assets. This is known as an actuarial value of assets and is in compliance with the Pension Protection Act of 2006. As a result of applying these smoothing techniques, the valuation assets will generally fluctuate less than the market value of assets.

Measurement Date

January 1, 2021

Valuation Date

First day of the plan year.

Benefits Not Valued

We are not aware of any benefits required to be valued that were not. To the best of our knowledge, we have reflected all material provisions of the Plan.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Economic Assumptions

Interest Rates

Maximum Deductible

September 2020 IRS Segment Rates:

First Segment	2.22%
Second Segment	3.38%
Third Segment	3.92%
Single Effective Rate	3.50%

Minimum Funding

September 2020 IRS Segment Rates (reflecting segment rate stabilization as amended under the American Rescue Plan Act of 2021):

First Segment	4.75%
Second Segment	5.36%
Third Segment	6.11%
Single Effective Rate	5.52%

Expected Return on Assets

6.50% (for the 2020 plan year)

**Future Increases in
Maximum Pay and
Benefits**

Pay and benefits limitations set by IRC 401(a)(17) and 415(b) are not assumed to increase in the future.

Plan-related Expenses

\$820,000 was added to the Target Normal Cost to represent plan-related expenses, including PBGC premiums, anticipated to be paid from the Plan's assets for the plan year.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Demographic Assumptions																			
Healthy Mortality	2021 IRS prescribed mortality with separate rates for annuitants and non-annuitants and static mortality projection.																		
Disability Incidence	None																		
Retirement	Rates of retirement from active status vary by age: <table> <tr> <th>Age</th><th>Percentage</th></tr> <tr> <td>55-61</td><td>5%</td></tr> <tr> <td>62</td><td>15%</td></tr> <tr> <td>63-64</td><td>10%</td></tr> <tr> <td>65</td><td>50%</td></tr> <tr> <td>66</td><td>30%</td></tr> <tr> <td>67</td><td>50%</td></tr> <tr> <td>68-69</td><td>30%</td></tr> <tr> <td>70+</td><td>100%</td></tr> </table>	Age	Percentage	55-61	5%	62	15%	63-64	10%	65	50%	66	30%	67	50%	68-69	30%	70+	100%
Age	Percentage																		
55-61	5%																		
62	15%																		
63-64	10%																		
65	50%																		
66	30%																		
67	50%																		
68-69	30%																		
70+	100%																		
Termination	75% of the Society of Actuaries' Small Plan Turnover. Sample rates of termination from active employment are illustrated below: <table> <tr> <th>Age</th><th>Rate</th></tr> <tr> <td>40</td><td>7.050%</td></tr> <tr> <td>45</td><td>5.475%</td></tr> <tr> <td>50</td><td>4.200%</td></tr> <tr> <td>55</td><td>3.150%</td></tr> <tr> <td>60</td><td>2.250%</td></tr> <tr> <td>65</td><td>1.425%</td></tr> </table>	Age	Rate	40	7.050%	45	5.475%	50	4.200%	55	3.150%	60	2.250%	65	1.425%				
Age	Rate																		
40	7.050%																		
45	5.475%																		
50	4.200%																		
55	3.150%																		
60	2.250%																		
65	1.425%																		
Decrement Timing	Beginning of year decrements.																		
Commencement Date for Deferred Vested Benefits	Age 65.																		
Commencement Date for Pre-retirement Death Benefits	Later of death of participant or age 65.																		

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Demographic Assumptions (cont.)

Marriage	60% of male participants and 50% of female participants are assumed to be married. Female participants are assumed to be 3 years younger than their spouse. Male participants are assumed to be 3 years older than their spouse. Actual beneficiary birth date is used for in-payment participants.
Form of Payment	65% of participants are assumed to elect a life annuity and 35% are assumed to elect a 75% joint and survivor annuity.
New Employees	No new or rehired employees are assumed.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Rationale for Significant Actuarial Assumptions	
Interest Rate	The lookback basis was selected from the methods permitted by IRC §430. The underlying rates are based on historical market data and are published periodically by the IRS.
Plan-related Expenses	As required IRC §430, we have estimated plan-related expenses anticipated to be paid from the Plan's assets for the coming plan year. This may include, but is not limited to, anticipated PBGC premiums, trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust.
Assumed Rate of Return on Assets for Purposes of Calculating Actuarial Value of Assets	The assumed rate of return of 6.50% for the 2020 plan year, which was used in calculating the Actuarial Value of Assets as of January 1, 2021, is the assumed rate of return on assets for the 2020 plan year for the US GAAP valuation. This rate was then compared to the 3rd segment rate applicable for the plan year and limited if necessary.
Mortality	The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC §430. Updates are published periodically by the IRS.
Termination and Retirement	The termination and retirement rates are based on an experience study that was performed by the prior actuary in 2018. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Commencement Dates for Terminated Vested Participants	The commencement dates for terminated vested participants are based on the plan sponsor's expectations of future experience. Early commencement factors for deferred vested benefits are subsidized for Terminated Vested participants with at least 15 years of service; however, based on an experience study that was performed by the prior actuary in 2018, participants generally did not commence benefits prior to age 65. Therefore, participants are assumed to commence at age 65. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Form of Payment	Assumed form of payment at commencement is based on an experience study that was performed by the prior actuary in 2018. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Marriage Assumptions	The percentage married and spousal age difference assumptions are based on the plan sponsor's expectations of their population.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions	
Effective Date	December 1, 1942. Most recent restatement effective January 1, 2015. Most recent amendment effective January 1, 2020.
Plan Year	Calendar year
Plan Status	Benefit accruals and Plan participation were frozen on December 31, 2002.
Eligibility	Any Employee of the company, excluding those covered by a collective bargaining agreement with pension benefits, an independent contractor, or leased employee.
Participation	First day of the month following one year of service. Participation and accrued benefit were frozen effective December 31, 2002.
Credited Service	Elapsed time from date of hire to date of termination. Credited Service was frozen effective December 31, 2002.
Vesting Service	Elapsed time from date of hire to date of termination.
Vesting Percentage	100% upon completion of 5 years of Vesting Service or attainment of age 65, or if the participant was actively employed on December 31, 2002, and 0% otherwise.
Grandfathered Participant	A participant who attained age 55 as of January 1, 1997 and whose age and Credited Service total at least 75 years with at least 15 years of Credited Service.
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	Average of the Pensionable Earnings received for the 120 latest calendar months (or all calendar months, if less than 120). Frozen as of December 31, 2002.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (continued)

Plan Provisions

Normal Retirement

- Eligibility* The later of: 1) age 65 and 2) the earlier of five years of Vesting Service and five years from the first day of the Plan Year in which Plan membership occurs.
- Annual Benefit* Sum of (a), (b), and (c):
- (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 Participants), in excess of 15 years, not to exceed 20 years (i.e., 35 total years for formula parts (a) and (b))
 - (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).
- For participants with a vested benefit from another defined benefit plan affiliated with the plan sponsor (e.g., Union), the Accrued Benefit is the greater of:
- (1) Amount calculated by the above formula using only non-union service and compensation.
 - (2) Amount calculated by the above formula using all service and compensation (Union and Non-Union) minus the vested accrued benefit earned through December 31, 2002 payable from the Union plan.

Early Retirement

- Eligibility* Age 55 and 5 years of Vesting Service.
- Annual Benefit* Normal Retirement Benefit reduced by the following:
- Less than 15 years of Vesting Service: $\frac{1}{2}$ of 1% for each month benefit commencement precedes Normal Retirement Date.
 - At least 15 years of Vesting Service: $\frac{1}{2}$ of 1% for each month benefit commencement precedes age 62.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (continued)

Plan Provisions

Deferred Retirement

Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the Accrued Benefit as of the Late Retirement Date, and (B) Accrued Benefit as of Normal Retirement Date actuarially increased to the Late Retirement Date.

Actuarial increases are not provided if a Suspension of Benefits Notice is issued, except as required by law.

Deferred Vested

Eligibility

Termination for any reason other than death or retirement.

Annual 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.

Pre-Retirement Death Benefit

Eligibility

Vested at death

Annual Benefit

Surviving Spouse Benefit:

The greater of:

- (a) 50% of the amount that would have been payable to the member as if the member had terminated on the earlier of his/her actual employment termination date or date of death, survived to his/her earliest retirement age, and had elected the 50% joint and survivor option provided the member had been married at least one year. Benefit commences no earlier than the first day of the month the member could have retired, but not later than the member's Required Beginning Date.
- (b) The actuarially equivalent benefit payable to other beneficiaries.

Benefit to All Other Beneficiaries:

If the participant does not have a qualified spouse or waives the spousal death benefit, 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 earlier of his/her actual termination date or the day before his/her death, retired with a 50% Joint and Survivor option, then died the following day.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2021 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (continued)

Plan Provisions	
In-Service Distribution	Participants at or beyond their Normal Retirement Date may elect to receive their retirement benefit while still actively employed.
Normal Form of Payment	Unmarried participants: Life annuity Married participants: Reduced 50% Joint and Survivor annuity
Optional Forms of Payment	Life annuity; Life annuity with 120 months guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; mandatory lump sum if value is under \$5,000
Optional Form Conversion Basis	Non-lump sum optional forms are calculated as the actuarial equivalent of the normal form, using the 1971 Group Annuity Mortality Table male rates with a six-year setback for beneficiaries and 7.0% interest.
Lump Sum Conversion Basis	Lump sums are calculated based on the normal form using the published IRS 417(e) Applicable Mortality and either the 417(e) interest rates for the applicable plan year or the 30-year Treasury rate, both using a 2-month interest lookback (November rates) from the start of each plan year, whichever provides the larger benefit.
Employee Contributions	None
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The Plan is administered in compliance with these limits and increase them automatically as published by the IRS.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Young's Market Company, LLC		D Employer Identification Number (EIN) 33-0780329
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	71,781,151	
b Actuarial value	2b	68,013,886	
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	474	48,592,775	48,592,775
b For terminated vested participants	365	17,281,894	17,281,894
c For active participants	186	7,267,486	7,369,674
d Total	1,025	73,142,155	73,244,343
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	5.52 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	820,000	
c Total (line 6a + line 6b)	6c	820,000	

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	Lauren Meyer 	9/27/2022
Signature of actuary		Date
Lauren Meyer		20-08606
Type or print name of actuary		Most recent enrollment number
Agilis		(781) 373-6900
Firm name		Telephone number (including area code)
130 Turner St., Bldg. 3, Ste. 510		
Waltham MA 02453		
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 <u>8.79</u> %	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)		4601
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 <u>5.31</u> %		244
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4845
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	92.85%
15 Adjusted funding target attainment percentage	15	92.85%
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	87.51%
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
04/14/2021	585,353				
07/14/2021	585,353				
10/14/2021	585,353				
01/14/2022	500,000				
Totals ▶			18(b)	2,256,059	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	2,179,577

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ 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 6c) **31a** 820,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

5,230,457

487,696

b Waiver amortization installment**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** 1,307,696

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35) **36** 1,307,696**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

2,179,577

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 871,881**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**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