Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AFC 401K RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ADVANCED FRESH CONCEPTS CORP.

19205 S LAUREL PARK ROAD
RANCHO DOMINGUEZ, CA 90220

2b Employer Identification Number (EIN)
33-0194011

2c Sponsor's telephone number
310-604-3200

2d Business code (see instructions)
722300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	AKEMI UEDA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	RYUJI ISHII
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ADVANCED FRESH CONCEPTS CORP.

19205 S LAUREL PARK ROAD
RANCHO DOMINGUEZ, CA 90220

3b Administrator's EIN
33-0194011

3c Administrator's telephone number
310-604-3200

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	189
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	144
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	157
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	157
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	60
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	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)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AFC 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED FRESH CONCEPTS CORP.

D Employer Identification Number (EIN)
33-0194011

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

ADP

22-1467904

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

DWS SCUDDER

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

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

OPPENHEIMER FUNDS INC.

13-2527171

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

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

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

ADP BROKER-DEALER

22-3319984

(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?
60 99 63	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

STATE STREET CORPORATION

04-1867445

(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?
25 64 52	DIRECTED TRUSTEE/CUSTODIA	0	Yes [X] No [ ]	Yes [X] No [ ]	4041	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 99	0

(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.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(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.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(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.
FIDELITY DISTRIBUTORS CORP. 500 SALEM STREET MAIL ZONE O3N SMITHFIELD, RI 02917	ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.

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
ADP BROKER-DEALER	60 63	0

(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.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60	0

(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.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	0

(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.
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

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
ADP BROKER-DEALER	60 63	0

(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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99	0

(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.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.0062 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0068 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0078 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0087 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STATE STREET CORPORATION	64 52	4041

(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.
ADP 22-1467904	PERFORM A YEAR-END ALLOCATION BASED ON TOTAL $ / TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AFC 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ADVANCED FRESH CONCEPTS CORP.

D Employer Identification Number (EIN)
33-0194011

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS INC & GR

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-053	C	19418

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS BALANCE GR

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-055	C	68455

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS GROWTH

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-056	C	32042

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-065	C	143559

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-084	C	10632

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-089	C	175086

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AFC 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED FRESH CONCEPTS CORP.

D Employer Identification Number (EIN)
33-0194011

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	210042	262203
(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)	23062	9874
(9) Value of interest in common/collective trusts	1c(9)	307157	449192
(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)	439564	707462
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	979825	1428731
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	979825	1428731

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	29653	
	(B) Participants	2a(1)(B)	183942	
	(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)		213595
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	1458	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1458
	(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)	10888	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10888
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		93575
(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)		153257
c Other income	2c		3609
d Total income. Add all **income** amounts in column (b) and enter total	2d		476382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27476	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		27476
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27476
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		448906
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FUJIMURA ACCOUNTACY CORP. (2) EIN: 95-4665476

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		98000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AFC 401K RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED FRESH CONCEPTS CORP.

D Employer Identification Number (EIN)
33-0194011

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): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

AFC 401(k) RETIREMENT PLAN

Financial Statements

December 31, 2009 (audited) and 2008 (unaudited)

(With Auditors' Report Thereon)

FUJIMURA ACCOUNTANCY CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS
16500 S. WESTERN AVENUE, SUITE 102
GARDENA, CALIFORNIA 90247
(310) 324-7169

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
AFC 401(k) Retirement Plan
Rancho Dominguez, California

We were engaged to audit the accompanying statements of net assets available for plan benefits of AFC 401(k) Retirement Plan as of December 31, 2009, and the related statement of changes in net assets available for plan benefits for the year then ended, and the supplemental schedules of assets held at end of year and acquired and disposed of within the year. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank & Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



October 7, 2010

AFC 401(k) RETIREMENT PLAN

Statements of Net Assets Available For Plan Benefits

December 31, 2009 (Audited) and 2008 (Unaudited)

ASSETS

	2009	2008
Investments, at fair value (note 3):		
Mutual funds	$ 707,462	439,564
Interest bearing cash account	262,203	210,042
Common collective trust	449,192	307,157
	1,418,857	956,763
Loans to participants	10,183	23,371
Total assets	1,429,040	980,134

LIABILITIES

Liabilities	-	-
Net assets available for plan benefits at fair value	$ 1,429,040	980,134

See accompanying notes to financial statements.

AFC 401(k) RETIREMENT PLAN

Statements of Changes in Net Assets Available For Plan Benefits

Years Ended December 31, 2009 (Audited) and 2008 (Unaudited)

	2009	2008
Additions to net assets attributed to:		
Investments income (note 3):		
Net income (depreciation) in investments	$ 246,831	(553,470)
Interest and dividend income	12,346	21,611
Other income	3,610	1,507
Total investment income (loss)	262,787	(530,352)
Contributions		
Participants	183,942	220,957
Employer	29,653	32,821
Total contributions	213,595	253,778
Total additions (loss)	476,382	(276,574)
Deductions to net assets attributed to:		
Benefits paid to participants	(27,476)	(262,565)
Total deductions	(27,476)	(262,565)
Net increase (decrease) in net assets available for plan benefits	448,906	(539,139)
Net assets available for plan benefits:		
Begninning of year	980,134	1,519,273
End of year	$ 1,429,040	980,134

See accompanying notes to financial statements.

AFC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 (audited) and 2008 (unaudited)

(1) Description of the Plan

The following brief description of the AFC 401(k) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the provisions.

General - The Plan, effective January 1, 2000, is a defined contribution plan which covers all eligible employees of Advanced Fresh Concepts Corp. (the "Company") excluding those temporary employees hired for a limited period of time. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The custodian of the Plan assets is State Street Bank & Trust Company ("State Street"), while record keeping for the individual participants' accounts is furnished by Automatic Data Processing Inc. ("ADP").

Eligibility – All employees who have completed three months of service. Employees will receive credit for one month of service for each month in which they complete one hour of service. Employees are eligible to participate in the Plan on the first day of the following month after completion of the eligibility requirements.

Contributions – Participants may elect to defer the receipt of a portion of their compensation to be contributed to the Plan as a pre-tax deferral. Section 401(k) of the Internal Revenue Code ("Code") and the Plan limit the amount certain highly compensated individuals may contribute, based on amounts contributed by lower compensated individuals. All employees were limited to a maximum contribution of $16,500 in 2009 and $15,500 in 2008 by Code Section 402(g) of the Code. If any participant's compensation deferrals for a year exceed the maximum allowable for that year, the excess amount may be returned to the Company and then paid to the participant as taxable compensation.

The Plan provides that participants who are projected to be age 50 or older by the end of the calendar year and who are making deferred contributions to the Plan may also make a catch-up contribution of up to $5,500 in 2009 ($5,000 in 2008).

The Company will make matching contributions in an amount equal to 25% on the first 6% of the employee contributions, subject to a maximum of 1.5% of eligible employee compensation contributed to the Plan. In some Plan years, the employer may, in its discretion, make an additional matching contribution. Matching contributions paid or accrued totaled $29,653 and $32,821 in 2009 and 2008, respectively.

Participant Accounts – Each participant's account is maintained separately and is credited monthly with the participant's contribution along with the Company's matching contribution. Forfeitures of terminated participant's nonvested portion of their employer account are used by the plan administrator to reduce future contribution by the Company and are deducted accordingly. The allocation of the income, expenses, gains and losses of the Plan are adjusted monthly based on each remaining participants' pro rata share of deferrals at the beginning of each month of the Plan year.

(1) Description of the Plan (Continued)

Vesting - Participants in the Plan are fully vested in their deferral accounts. Participants become fully vested in the Company's matching contribution upon attainment of age 65, the Plan's Normal Retirement Age or age 59 ½, which is the Early Retirement Age under the terms of the Plan, in the event of death, or becoming total and permanent disabled while employed by the Company. Otherwise, participants vest in their matching account according to the following schedule:

Years of Participation	Vested Percentage
Less than 2 years	0%
At least 2 years, but less than 3	20%
At least 3 years, but less than 4	40%
At least 4 years, but less than 5	60%
At least 5 years, but less than 6	80%
Over 6 years	100%

Investment Options – The Automatic Data Processing Prototype 401 (k) Plan ("ADP Prototype Plan") offers a program to participating employee benefit plan sponsors, for whom ADP provides payroll services, which features twenty one investment options valued daily (the "Options"). Plan sponsors are currently offered the Options upon adopting the ADP Prototype Plan. Six of the twenty one Options are under the ADP/State Street Collective Trust ("Trust") and the remaining fourteen are outside of the Trust. The remaining account offered by State Street is an interest bearing cash account. State Street serves as the custodian and trustee for the Options. Each option seeks to achieve its objective by investing in an underlying fund with similar investment objectives. The investment objectives (according to the respective prospectus or trust documents) of the funds in which the Options invests are as follows:

a. **State Street Global Advisors Government Money Market Fund** (SSGA Government Money Market Fund) - Invests in State Street Bank and Trust Company Government Short Term Investment Fund which seeks to provide the safety of principal and current income offered by short-term U.S. Government securities. The State Street Bank and Trust Company Government Short Term Investment Fund invests primarily in direct obligations of the U.S. Treasury, U.S. Government agencies, repurchase agreements and interest bearing money market instruments with maturities of one year or less.

b. **State Street Global Advisors Life Solutions Income & Growth Fund** (SSGA Life Solutions Income & Growth Fund) - Invests in the State Street Bank and Trust Company Life Solutions Income & Growth Index (I) Securities Lending Fund which seeks to provide income and modest capital growth. The State Street Bank and Trust Company Life Solutions Income & Growth Index (I) Securities Lending Fund invests in a predetermined portfolio of commingled stock and bond funds.

(1) Description of the Plan (Continued)

c. **State Street Global Advisors Life Solutions Balanced Growth Fund** (SSGA Life Solutions Balanced Growth Fund) - Invests in the State Street Bank and Trust Company Life Solutions Balanced Growth Index (I) Securities Lending Fund which seeks to provide opportunities for growth moderated by exposure to less volatile fixed income investments. The State Street Bank and Trust Company Life Solutions Balanced Growth Index (I) Securities Lending Fund invests in a pre-determined portfolio of commingled stock and bond funds.

d. **State Street Global Advisors Life Solutions Growth Fund** (SSGA Life Solutions Growth Fund) - Invests in the State Street Bank and Trust Company Life Solutions Growth Index (I) Securities Lending Fund which seeks to provide opportunities for capital growth. The State Street Bank and Trust Company Life Solutions Growth Index (I) Securities Lending Fund invests in a predetermined portfolio of commingled stock and bond funds.

e. **State Street Global Advisors S&P 500 Index Fund** (SSGA S&P Index Fund) - Invests in the State Street Bank and Trust Company S&P 500 Flagship Fund Series A which seeks to replicate the investment performance of the S&P 500 Index. The State Street Bank and Trust Company S&P 500 Index Flagship Series A, invests in a commingled fund which invests in individual common stocks in proportion to their weighting in the S&P 500 Index.

f. **State Street Global Advisors Russell Small Cap Index Fund** (SSGA Russell Small Cap Index Fund) - Invests in the State Street Bank and Trust Company Russell 2000 Index Securities Lending Fund, Series A which seeks to replicate the returns and characteristics of the Russell 2000 index. The State Street Bank and Trust Company Russell 2000 Index Securities Lending Fund, Series A, employs a replication approach to closely track the return of the Russell 2000 Index.

g. **State Street Global Advisors S&P Mid-Cap Index Fund** (SSGA S&P Mid-Cap Index Fund) - Invests in the State Street Bank and Trust Company S&P Mid-Cap Index which seeks to replicate the returns and characteristics of the S&P Mid-cap 400 index of companies with medium market capitalization.. The State Street Bank and Trust Company S&P Mid-Cap Index Fund, Series C, employs a replication approach to closely track the return of the S&P Mid-Cap 400 Index.

h. **Fidelity Advisor Equity Growth Fund** - Invests in the Fidelity Advisor Equity Growth Fund which seeks capital long-term capital appreciation. The Fidelity Equity Growth Fund invests in at least 80% in stocks of companies it believes with above-average growth potential in both domestic and foreign markets.

i. **Janus Overseas Fund** - Invests in Janus Overseas Fund which seeks growth in overseas companies based on their individual growth performance instead of their geographical location or industry sector.

(1) Description of the Plan (Continued)

j. **Janus Adviser International Growth Fund** - Invests in the Janus Adviser International Growth Fund which seeks long-term capital growth by investing in companies on a worldwide basis. The Janus Adviser International Growth Fund invests at least 80% of its total assets in securities of issuers from several different countries, excluding the United States. The fund may at times invest in U.S. issuers, and it may at times invest all of its assets in a single country.

k. **Alliance Bernstein Growth and Income Fund** - Invests in the Alliance Growth and Income Fund which seeks to provide income and capital appreciation. The Alliance Growth and Income Fund primarily invests in dividend paying common stocks of large, well-established, "blue chip" companies and may also invest in fixed-income convertible and foreign securities.

l. **Oppenheimer Capital Appreciation Fund** - Invests in the Oppenheimer Capital Appreciation Fund which seeks to achieve capital appreciation. The Oppenheimer Capital Appreciation Fund primarily invests in stocks of growth companies.

m. **PIMCO Total Return Fund** – Invests in the PIMCO Total Return Fund which seeks to achieve maximum total return. The PIMCO Total Return Fund primarily invests in intermediate term investment grade bonds with an average duration of three to six years.

n. **DWS High Income Plus Fund (Formerly Scudder High Income Plus Fund)** – Seeks high current income and, as a secondary objective, capital appreciation by investing primarily in high-yield bonds of domestic and foreign issuers.

o. **DWS Large Cap Value Fund (Formerly Scudder Large Cap Value Fund)** – Seeks long-term capital appreciation, with current income as its secondary objective, by investing primarily in undervalued stocks of companies with sound finances.

p. **Allianz NJF Small Cap Value Fund** – Seeks long-term growth of capital and income.

q. **Franklin Rising Dividend Fund** – The Fund's investment goal is long-term capital appreciation. Preservation of capital, while not a goal, is also an important consideration.

r. **Alger Mid-Cap Growth Institutional Fund** - The Fund's investment goal is long-term capital appreciation focusing on mid-size companies. The Algers Mid-Cap Growth Institutional Fund invests at least 80% of its assets in the equity securities of medium-capitalized companies. Medium-capitalized companies has a market capitalization within the range of companies in the Russell Mid-cap Growth Index or the S&P Mid-Cap 400 Index.

(1) Description of the Plan (Continued)

s. **Alger Small-Cap Growth Institutional Fund** - The Fund's investment goal is long-term capital appreciation focusing on fast growing companies that offer innovative products, services, or technologies to a rapidly expanding marketplace. Algers Small-Cap Growth Institutional Fund invests in the equity securities of small-capitalized companies. Small-capitalized companies has a market capitalization within the range of companies in the Russell 2000 Growth Index.

t. **Neuberger Berman Partners Fund** - The Fund's investment goal is growth and appreciation of capital through investments mainly in common stocks of mid-size to large-size capitalized companies. The Neuberger Berman Partners Fund seeks to reduce risk by diversifying among many companies and industries.

u. **Templeton Growth Fund** – The Fund's investment goal is long-term capital appreciation investing primarily in equity securities of companies located anywhere in the world, including emerging markets. Depending upon current market conditions, the Fund may invest up to 25% of its total assets in debt securities of companies and governments located anywhere in the world. The Fund may use various derivative strategies seeking to protect its assets, implement cash or tax management strategy or enhance returns. No more than 5% of the Fund's total assets may be invested in, or exposed to, options and swap agreements.

Loans – Loans are available in the Plan. The minimum loan amount is $500. The maximum amount is the lesser of one half of one's vested account balance or $50,000, reduced by the highest outstanding loan balance in the account during the prior twelve-month period. The interest rate for a loan will be the rate in effect in the month the loan becomes effective. The interest rate is the prime rate as published in The Wall Street Journal on the 14th of each month, plus two percentage points. This interest rate is effective for any loan processed as of the 16th day of the month. Loan payments are made through payroll deductions over a period of five years (30 years if for a principal residence).

Distributions and Withdrawals – Upon termination of service due to death, disability or retirement, vested benefits due to the participants or their beneficiaries will be paid in a lump sum or in installments. The Plan also allows for hardship withdrawals of part or all of a participant's deferral account, from which participants must first obtain maximum available loan amount under the Plan. Effective on July 1, 2002, participants would not be required to take maximum available loan before receiving a hardship withdrawal upon certification of Plan's administrator.

In January 2008, the Plan was notified by their trustee of changes in rules to withdrawn and terminated participants effective in 2008. The changes required the plan to notify and contact these participants to explain their options to their account. Account balances with less than $1,000 were required to be either distributed or rollover into the withdrawn or teminated participant individual retirement account. If they did not establish an individual retirement account, ADP would assist in establishing one for them. Participant with with account balances over $5,000 were allowed to continue to maintain their account with the Plan.

1) Description of the Plan (Continued)

Plan Termination – Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate, discontinue making contributions to, amend, or modify the Plan at any time. In the event of a termination of the Plan, all interests of participants become fully vested and the Company will arrange for distribution of all participants' accounts to the participants or their designated beneficiaries in accordance with the Plan.

Forfeitures - Upon termination of employment, the non-vested portion of the employer account will be forfeited. The forfeiture will occur in the plan year that a vested distribution is received or when a distribution is not received after five consecutive one year breaks in service. Forfeitures are retained in the Plan and used for reduction of future employer contributions.

(2) Summary of Significant Accounting Policies

Basis of Accounting - The Plan's financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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

Valuation of Investments – The Plan's investments in the shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. The fair value of the investments in the common/collective trust is determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end. The participant loans are valued at the outstanding principal balances which the Plan administrator has estimated approximates fair value.

Fair Value Measurements – On January 1, 2008, the Plan adopted Statement of Financial Accounting Standards No. 157 ("SFAS 157"), "Fair Value Measurements". SFAS 157 establishes a framework for measuring fair value, expands on disclosures regarding certain fair value measurements and utilizes a valuation hierarchy which prioritizes the inputs used in measuring fair value. The adoption of SFAS 157 did not have a material effect on the Plan's net assets available for benefits.

Income Recognition – 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.

2) Summary of Significant Accounting Policies (Continued)

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses - The Company pays for all administrative expenses, with the exception of asset management fees charged to participants in the variable funds.

(3) Investments Certified by Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedules, that was prepared by State, and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

The fair value of investments at December 31, 2009 and 2008 as reported by the trustee is summarized as follows:

	2009	2008
Participant directed investments:		
Mutual funds, at fair value:		
Fidelity Advisor Equity Growth	$ 53,802	35,700
Janus Overseas Fund	41,702	-
Janus Adviser International Growth Fund	-	19,993
Alliance Bernstein Growth and Income Fund	36,805	31,207
Oppenheimer Capital Appreciation Fund	86,427*	53,881*
PIMCO Total Return Fund	101,221*	68,936*
DWS High Income Plus Fund	16,019	12,392
DWS Large Cap Value Fund	14,912	9,204
Allianz NJF Small Cap Value Fund	20,147	13,437
Franklin Rising Dividend Fund	8,041	4,277
Algers Mid-Cap Growth Institutional Fund	15,972	5,356
Algers Small-Cap Growth Institutional Fund	10,857	7,008
Neuberger Berman Partners	100,169*	51,309*
Templeton Growth Fund	201,388*	126,864*
Common collective trust, at fair value:		
SSGA Life Solutions Income & Growth Fund	19,418	18,448
SSGA Life Solutions Balanced Growth Fund	68,455	50,467*
SSGA Life Solutions Growth Fund	32,042	22,618
SSGA S&P 500 Index Fund	143,559*	100,132*
SSGA Russell Small Cap Index Fund	10,632	6,809
SSGA S&P Mid-Cap Index Fund	175,086*	108,683*
Interest bearing cash account, at fair value:		
SSGA Government Money Market Fund	262,203*	210,042*
	1,418,857	956,763

(3) Investments Certified by Trustee (Unaudited) (Continued)

	2009	2008
Loan to participants, at estimated fair value	$ 10,183	23,371
	$ 1,429,040	980,134

* Represents 5% or more of the Plan's net assets

The following table presents income from investment activities for the years ended December 31, 2009 and 2008 as certified by State Street Bank & Trust Company:

	2009	2008
Participant directed investments:		
Investment income:		
Net income (depreciation) in investments	$ 246,831	(553,470)
Interest and dividend income	12,346	21,611
Other income	3,610	1,507
Total investment income (loss)	$ 262,787	(530,352)

Supplemental schedules:

Schedule of Assets Held at End of the Year

Schedule of Assets Both Acquired and Disposed of Within Year.

(4) Income Tax Status

The ADP Prototype Plan obtained its latest determination letter on November 6, 2001, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has not been amended since receiving the determination letter. Therefore, no provision for income taxes has been included in the plan's financial statements.

(5) Related Party Transactions

State Street, which manages all plan investments, is the trustee as defined by the Plan, and ADP, which provides a payroll service, is defined as the record keeper for the Plan. Therefore, transactions related to those companies qualify as party-in-interest. While State Street charges no fee to the Company, payments for ADP are deducted out of the Company's main checking account. Therefore, service fees of approximately $6,647 and $6,814 paid to ADP in the year 2009 and 2008 are not reflected in the Statement of Changes in the Net Assets Available for Plan Benefits.

(5) Fair Value Measurements

As noted above, SFAS 157 utilizes a valuation hierarchy which prioritizes the inputs used in measuring fair value. The fair value valuation hierarchy consists of the following three levels:

Level 1: Quoted market prices in active markets for identical assets or liabilities

Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data

Level 3: Unobservable inputs that are not corroborated by market data

The following summarizes the financial assets and liabilities that are measured at fair value on a recurring basis at December 31, 2009:

	Carrying Value	Level 1	Level 2	Level 3
Investments in:				
Mutual funds	$ 707,462	$ 707,462	$ -	$ -
Common collective trust	449,192	449,192	-	-
Loans to participants	10,183	-	-	10,183
	$ 1,166,837	$ 1,156,654	$ -	$ 10,183

The changes in investments measured at fair value for which Level 3 inputs have been used to determine fair value are as follows:

Balance at December 31, 2008	$ 23,371
Loan withdrawal	7,736
Loan principal repayment	(20,924)
Balance at December 31, 2008	$ 10,183

(6) Subsequent Events

The Plan is currently undecided if they will continue with the present arrangement with ADP. If the Plan decides to use a different payroll service, the Plan will determine if a change will be required with the trustee State Street Bank and Trust Company.

SUPPLEMENTAL SCHEDULES PROVIDED PURSUANT TO THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS

AFC 401(k) RETIREMENT PLAN
Employer Identification Number: 33-0194011
Three-digit Plan Number: 001

AFC 401(k) RETIREMENT PLAN

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

December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Units	(e) Current Value
		Mutual Funds:		
*	State Street Bank & Trust	Fidelity Advisor Equity Growth Fund**	1,234.5470	$ 53,802
*	State Street Bank & Trust	Janus Overseas Fund**	981.6856	41,702
*	State Street Bank & Trust	Alliance Bernstein Growth & Income Fund**	15,006.3879	36,805
*	State Street Bank & Trust	Oppenheimer Capital Appreciation Fund**	2,164.4699	86,427
*	State Street Bank & Trust	PIMCO Total Return Fund**	9,372.3409	101,221
*	State Street Bank & Trust	DWS High Income Plus Fund**	2,449.4126	16,019
*	State Street Bank & Trust	DWS Large Cap Value Fund**	927.9274	14,912
*	State Street Bank & Trust	Allianz NJF Small Cap Value Fund**	868.7715	20,147
*	State Street Bank & Trust	Franklin Rising Dividend Fund**	288.0932	8,041
*	State Street Bank & Trust	Alger Midcap Growth Institutional Fund**	1,338.8407	15,972
*	State Street Bank & Trust	Alger Smallcap Growth Institutional Fund**	489.9194	10,857
*	State Street Bank & Trust	Neuberger Berman Partners Fund**	6,311.8426	100,169
*	State Street Bank & Trust	Templeton Growth Fund**	12,080.8712	201,388
		Common collective trust:		
*	State Street Bank & Trust	SSGA Life Solutions Income & Growth Fund**	2,125.4250	19,418
*	State Street Bank & Trust	SSGA Life Solutions Balance Growth Fund**	3,856.5248	68,455
*	State Street Bank & Trust	SSGA Life Solutions Growth Fund**	1,268.0886	32,042
*	State Street Bank & Trust	SSGA S&P 500 Index Fund**	4,492.8136	143,559
*	State Street Bank & Trust	SSGA Russell Small Cap Index Fund**	633.8693	10,632
*	State Street Bank & Trust	SSGA S&P Midcap Index Fund**	16,734.2516	175,086
		Interest bearing cash account:		
*	State Street Bank & Trust	SSGA Government Money Market Fund**	262,202.7505	262,203
				1,418,857
*	Participants loans secured by participant account	Participant loans with annual interest rates of 5.25% to 10.25% and varying maturity dates		10,183
	Total assets held for investment			$ 1,429,040

* Party-in-interest

** Historical cost information is not required for participant directed investment funds

See accompanying notes to financial statements.

AFC 401(k) RETIREMENT PLAN

Schedule H, line 4i - Schedule of Assets (Both Acquired and Disposed of Within Year)

Year Ended December 31, 2009

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost of Acquisitions	Proceeds of Dispositions

*** In accordance with specific instructions, acquisitions and dispositions of certain types of assets need not be reported. These include funds of Common/Collective Trusts and registered investment companies ***

See accompanying notes to financial statements.

RUN DATE: 05/21/2010

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

AS OF: 12/31/2009

Plan Name: AFC 401K RETIREMENT PLAN

Employer EIN: 33-0194011

Plan Number: 001

Run Date: 05/21/2010

(a)	(b)Identity of Issue, Borrower, Lessor or Similar Party	(c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(d)Cost	(e)Current Value
	SSGA GOVERNMENT MONEY MARKET	Interest-Bearing Cash 262,202.7505	n/a	262,202.75
	SSGA LIFE SOLUTIONS BALANCE GR	Common / Collective Trust 3,856.5248	n/a	68,455.34
	SSGA LIFE SOLUTIONS GROWTH	Common / Collective Trust 1,268.0886	n/a	32,042.00
	SSGA LIFE SOLUTIONS INC & GR	Common / Collective Trust 2,125.4250	n/a	19,417.56
	SSGA RUSSELL SMALL CAP INDEX	Common / Collective Trust 633.8693	n/a	10,632.02
	SSGA S&P 500 INDEX FUND	Common / Collective Trust 4,492.8136	n/a	143,558.75
	SSGA S&P MIDCAP INDEX	Common / Collective Trust 16,734.2516	n/a	175,086.48
	ALLIANCEBER GROWTH AND INC - A	Registered Investment Company 12,518.8510	n/a	36,805.42
	ALGER SMALL CAP GROWTH INSTL-I	Registered Investment Company 489.9194	n/a	10,856.62
	DWS LARGE CAP VALUE FUND-A	Registered Investment Company 927.9274	n/a	14,911.79
	FIDELITY ADV EQUITY GROWTH - T	Registered Investment Company 1,234.5470	n/a	53,801.56
	ALGER MID CAP GROWTH INSTL - I	Registered Investment Company 1,338.8407	n/a	15,972.37
	OPPENHEIMER CAPITAL APPREC - A	Registered Investment Company 2,164.4699	n/a	86,427.28
	PIMCO TOTAL RETURN FUND - A	Registered Investment Company 9,372.3409	n/a	101,221.29
	ALLIANZ NFJ SMALL-CAP VALUE -A	Registered Investment Company 868.7715	n/a	20,146.81
	NEUBERGER BERMAN PARTNERS -ADV	Registered Investment Company 6,311.8426	n/a	100,168.94
	FRANKLIN RISING DIVIDENDS - A	Registered Investment Company 288.0932	n/a	8,040.69
	TEMPLETON GROWTH - R	Registered Investment Company 12,080.8712	n/a	201,388.12
	JANUS OVERSEAS FUND - S	Registered Investment Company 981.6856	n/a	41,702.00
	DWS HIGH INCOME PLUS FUND-S	Registered Investment Company 2,449.4126	n/a	16,019.15
	Participant Loans	Interest Rates (5.25% to 10.25%)	n/a	10,183.40
		TOTAL		1,429,040.34

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) PAGE 1

Period: 01/01/2009 through 12/31/2009

Plan Name: AFC 401K RETIREMENT PLAN Employer EIN: 33-0194011

Plan Number: 001 Run Date: 05/21/2010

(a)Identity of Issue, Borrower, or Similar Party	(b)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c)Cost of Acquisitions	(d)Proceeds of Dispositions

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE TRUSTS AND REGISTERED INVESTMENT COMPANIES.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
ADVANCED FRESH CONCEPTS CORP.
Number, street, and room or suite no. (If a P.O. box, see instructions)
19205 S. LAUREL PARK ROAD
City or town, state, and ZIP code
RANCHO DOMINGUEZ, CA 90220

B Filer's identifying number (see instructions).
☑ Employer identification number (EIN).
33 : 0194011
☐ Social security number (SSN)

COPY

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1 AFC 401K RETIREMENT PLAN	0 0 1	12	31	2009
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ___/___/___ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► a

b Enter the payment amount attached . . . . . ► b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► Akemi F. Uechi **Date** ► 7-22-2010

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
ADVANCED FRESH CONCEPTS CORP.
Number, street, and room or suite no. (If a P.O. box, see instructions)
19205 S. LAUREL PARK ROAD
City or town, state, and ZIP code
RANCHO DOMINGUEZ, CA 90220

B Filer's identifying number (see instructions).
☑ Employer identification number (EIN).
33 : 0194011
☐ Social security number (SSN)

COPY

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1 AFC 401K RETIREMENT PLAN	0 0 1	12	31	2009
2				
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ___ / ___ / ___ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Akemi F. Uechi Date ▶ 7-22-2010

Form **5558** (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
ADVANCED FRESH CONCEPTS CORP.

Number, street, and room or suite no. (If a P.O. box, see instructions)
19205 S. LAUREL PARK ROAD

City or town, state, and ZIP code
RANCHO DOMINGUEZ, CA 90220

B Filer's identifying number (see instructions).
☑ Employer identification number (EIN).
33 0194011
☐ Social security number (SSN)

C	Plan name	Plan number	Plan year ending— MM	DD	YYYY
1	AFC 401K RETIREMENT PLAN	0 0 1	12	31	2009
2					
3					

COPY

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ___/___/___ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ Akemi L. Uedn **Date** ▶ 7-22-2010