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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ADVANCE BEVERAGE CO., INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1976

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ADVANCE BEVERAGE COMPANY

5200 DISTRICT BLVD.
BAKERSFIELD, CA 93313

2b Employer Identification Number (EIN)
95-2701458

2c Sponsor's telephone number
661-833-3783

2d Business code (see instructions)
484110

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.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	240
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**	158
b	Retired or separated participants receiving benefits	**6b**	33
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	245
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	246
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	214
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2A 2E 2H 2J 3D 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)	[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)	[ ]	**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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan	**B** Three-digit plan number (PN) ▶	
ADVANCE BEVERAGE CO., INC. 401(K) PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ADVANCE BEVERAGE COMPANY	95-2701458	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SENTINEL ASSET MANAGEMENT

P.O. BOX 3069
DEL MAR, CA 92014

33-0397627

(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?
28	INVESTMENT MANAGEMENT	83368	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

GREAT-WEST LIFE & ANNUITY INS. COMP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	32410	Yes [ ] No [X]	Yes [X] No [ ]		Yes [X] No [ ]

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

INDEPENDENT FINANCIAL PARTNERS

303 NORTH ROCKY POINT DR.
SUITE 700
TAMPA, FL 33607

59-3331424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	19737	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

BARBICH HOOPER KING DILL HOFFMAN

5001 EAST COMMERCE DRIVE
SUITE 350
BAKERSFIELD, CA 93309

95-3705481

(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	ACCOUNTANT	11370	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

PRB ADMINISTRATORS, INC.

1990SOUTH BUNDY DRIVE
STE. 410
LOS ANGELES, CA 90025

38-2799783

(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?
13	THIRD PARTY A DMINISTRATO	7346	Yes [X] No [ ]	Yes [ ] No [X]	2596	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
ADVANCE BEVERAGE CO., INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCE BEVERAGE COMPANY

D Employer Identification Number (EIN)
95-2701458

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	465312	488063
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	32	111
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	991991	3341415
(2) U.S. Government securities	1c(2)	1199964	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	11213461	10902364
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	6243867	6321547
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	633276	689547
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6041098	6769398
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	26789001	28512445
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	2375	11221
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	2375	11221
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26786626	28501224

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)	488063	
(B) Participants	2a(1)(B)	192639	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		680702
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	259	
(B) U.S. Government securities	2b(1)(B)	1008	
(C) Corporate debt instruments	2b(1)(C)	550819	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	58894	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		610980
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	91120	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	148429	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		239549
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2884778	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2744918	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		139860
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	875916	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		875916

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2547007
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	644854	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		644854
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		52896
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	11370	
(2) Contract administrator fees	2i(2)	7346	
(3) Investment advisory and management fees	2i(3)	115578	
(4) Other	2i(4)	365	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		134659
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		832409
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1714598
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BARBICH HOOPER KING DILL HOFFMAN **(2)** EIN: 95-3705481

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		3387
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
ADVANCE BEVERAGE CO., INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCE BEVERAGE COMPANY

D Employer Identification Number (EIN)
95-2701458

Part I Distributions

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

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

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

EIN(s): 84-0467907 95-6983379

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 (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

Advance Beverage Company, Inc.
401(k) Profit Sharing Plan

Financial Statements
September 30, 2014 and 2013

C O N T E N T S

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BARBICH HOOPER KING
DILL HOFFMAN
ACCOUNTANCY CORPORATION

Independent Auditors' Report

Advisory Committee and Trustees
Advance Beverage Company, Inc. 401(k) Profit Sharing Plan
Bakersfield, California

We have audited the accompanying financial statements of Advance Beverage Company, Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

P.O. BOX 11171 | BAKERSFIELD, CA 93389
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(661) 631-1171 OFFICE | (661) 631-0244 FAX | BHKCPAS.com

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Advance Beverage Company, Inc. 401(k) Profit Sharing Plan as of September 30, 2014 and 2013, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

BARBICH HOOPER KING
DILL HOFFMAN
Accountancy Corporation

Barbich Hooper King

Bakersfield, California
July 13, 2015

Advance Beverage Company, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
September 30, 2014 and 2013

ASSETS	***2014***	***2013***
Cash and cash equivalents	$ 3,341,415	$ 2,191,955
Investments, at fair value:		
Common stocks	6,321,547	6,243,867
Mutual funds	6,769,398	6,041,098
Corporate bonds	10,902,364	11,213,461
	23,993,309	23,498,426
Receivables:		
Notes receivable, participants	689,547	633,276
Employer contribution receivable	488,063	465,312
Other receivables	111	32
	1,177,721	1,098,620
Total assets	28,512,445	26,789,001
LIABILITIES		
Other liabilities	11,221	2,375
Net assets available for benefits	$ 28,501,224	$ 26,786,626

See Notes to Financial Statements.

Advance Beverage Company, Inc. 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2014 and 2013

	2014	2013
Additions to net assets attributed to:		
Investment income:		
Unrealized appreciation in fair value of investments	$ 892,218	$ 1,543,752
Realized gain (loss) on sale of investments	139,859	(106,280)
Interest and dividends	834,228	779,815
	1,866,305	2,217,287
Contributions:		
Employer	488,063	465,312
Employee	192,639	196,652
	680,702	661,964
Total additions	2,547,007	2,879,251
Deductions from net assets attributed to:		
Benefits paid to participants	644,854	721,983
Deemed distributions	52,896	83,740
Administrative fees	134,659	116,592
Total deductions	832,409	922,315
Increase in net assets	1,714,598	1,956,936
Net assets available for benefits:		
Beginning of year	26,786,626	24,829,690
End of year	$ 28,501,224	$ 26,786,626

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Advance Beverage Company, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information with regard to the Plan. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a 401(k) profit sharing plan covering all eligible full-time employees of Advance Beverage Company, Inc. and Laz-Trans, Inc. (the Plan Sponsor). The Plan has two provisions, one for the 401(k) portion of the Plan, and one for the profit sharing portion of the Plan. Eligibility under the 401(k) provisions begins immediately upon date of hire. To be eligible under the profit sharing provisions of the Plan, an employee must have reached the age of 21 and completed one year of service. One year of service is defined as twelve consecutive months of service in which the employee works at least 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Participating employees are allowed to make contributions of their pretax annual compensation as defined in the 401(k) portion of the Plan, pursuant to Section 401(k) of the Internal Revenue Code (IRC). The Plan Sponsor does not make a contribution under the 401(k) provision of the Plan.

The Plan Sponsor's contribution percentage under the profit sharing portion of the Plan is determined by the Board of Directors on an annual basis. At September 30, 2014 and 2013, Advance Beverage Company's profit sharing contribution was 7% and 6.33%, respectively, and Laz-Trans, Inc.'s profit sharing contribution was 0% and 5%, respectively, of eligible participant wages.

Forfeitures of terminated employees' non-vested account balances are allocated to active participants based on the respective accounts of the participants in proportion to the balances of such accounts as of the immediately preceding valuation date. The non-allocated forfeiture balances at September 30, 2014 and 2013 were $8,212 and $-0-, respectively. Forfeiture account balances allocated to participants during the years ended September 30, 2014 and 2013 were $-0- and $14,621, respectively.

Participant accounts:

Separate accounts are kept for each participant in the 401(k) provision of the Plan. Each participant account in the 401(k) provision is credited with the employees' elective deferrals, Plan earnings and Plan fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All amounts in participant accounts in the 401(k) provision of the Plan are participant-directed.

Each participant account in the profit sharing provision is credited with the allocation of the Plan Sponsor's contributions, Plan forfeitures, Plan earnings and Plan fees. All amounts in participant accounts in the profit sharing provision of the Plan are nonparticipant-directed.

Vesting:

Participants are immediately vested in their elective deferrals plus actual earnings thereon under the 401(k) portion of the Plan. Vesting in the employer contributions under the profit sharing portion of the Plan for the years ended September 30, 2014 and 2013 is as follows:

Years of Service	***Vested***
Less than 1	0%
2	20%
3	40%
4	60%
5	80%
6 and up	100%

Notes receivable, participants:

Participants can apply for one or more loans from the Plan. The total amount owed to the Plan by an individual participant cannot exceed the lesser of 50% of such participant's vested account balances or $50,000 reduced by the highest outstanding balance of all loans during the preceding twelve months. These loans are secured by the balance in the participant's account and bear interest at 5.25% and 9% for the 401(k) and profit sharing portions of the Plan, respectively.

Payment of benefits:

Upon retirement, death or termination, a participant may elect to receive a distribution equal to the vested portion of their account balance. The elections available are installment distributions, a lump sum distribution or a partial lump sum and partial installment distribution. For terminated participants whose account balance is less than $5,000, the entire balance may be distributed in the form of a lump sum payment at the election of the trustees. Distributions are paid as soon as administratively practical.

Amounts allocated to accounts of persons who, at the financial statement date, have elected to withdraw from the Plan but have not been paid was $-0- at September 30, 2014 and 2013.

Note 2. Significant Accounting Policies

Basis of accounting:

Assets and liabilities, revenue and expenses of the Plan are maintained on the accrual basis of accounting.

Investment valuation and income recognition:

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 6 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

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 change could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Notes receivable, participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Tax status:

The Plan obtained its latest determination letter on November 17, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, and related trust are in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosure. Accordingly, actual results may differ from those estimates.

Administrative expenses:

During the years ended September 30, 2014 and 2013, the Plan paid the majority of the Plan's administrative expenses.

Note 3. Plan Termination

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

Note 4. Investments

The Plan's investments consist of assets held by a custodial agent, participant loans and various other investments. These investments are managed under the direction of the Plan trustees. During the Plan years ended September 30, 2014 and 2013, certain Plan assets appreciated (depreciated) in value as follows:

	2014	*2013*
Corporate bonds	$ (201,464)	$ (263,544)
Common stocks	584,562	1,170,414
Mutual funds	509,120	636,554
Government securities	-	328
	$ 892,218	$ 1,543,752

The Plan held the following individual investments representing five or more percent of the Plan's net assets at September 30, 2014 and/or 2013:

	2014	*2013*
Short-Term Investment Fund*	$ 3,137,066	$ 842,896

*Nonparticipant-Directed

Note 5. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to nonparticipant-directed investments are as follows:

	2014	*2013*
Net Assets:		
Cash and cash equivalents	$ 3,341,415	$ 2,191,955
Corporate bonds	10,902,364	11,213,461
Common stocks	6,321,547	6,243,867
Mutual funds	3,921,430	3,412,124
Notes receivable, participants	651,633	592,962
Employer contributions receivable	488,063	465,312
Other assets (liabilities), net	(11,109)	(2,343)
	$ 25,615,343	$ 24,117,338

	2014	*2013*
Changes in Net Assets:		
Employer contributions	$ 488,063	$ 465,312
Interest and dividends	700,194	646,812
Net appreciation of investments	880,000	1,214,209
Benefits paid to participants	(467,803)	(626,299)
Administrative fees	(102,449)	(95,644)
	$ 1,498,005	$ 1,604,390

Note 6. Fair Value Disclosures

The Financial Accounting Standards Board (FASB) provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB are described as follows: Level 1- inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access; Level 2 - inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means; Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2014 and 2013:

Registered investment companies (mutual funds): Valued at the net asset value of shares held by the Plan at year end.

Common stocks, corporate bonds: Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

For the years ended September 30, 2014 and 2013, the Plan measured fair value using the following:

		Fair Value Measurements at September 30, 2014:		
	Fair Value	***Level 1***	***Level 2***	***Level 3***
Common stocks:				
Consumer durables	$ 569,825	$ 569,825	$ -	$ -
Health and medical	610,070	610,070	-	-
Finance and banking	925,477	925,477	-	-
Technology	543,150	543,150	-	-
Energy	371,945	371,945	-	-
Consumer and business services	987,340	987,340	-	-
Capital goods	423,120	423,120	-	-
Industrial commodities	217,120	217,120	-	-
Commodities transportation	148,100	148,100	-	-
Retail and wholesale	1,301,090	1,301,090	-	-
Communications	224,310	224,310	-	-
Total common stocks	6,321,547	6,321,547	-	-
Registered investment companies:				
Equity funds	6,769,398	6,769,398	-	-
Corporate bonds	10,902,364	10,902,364	-	-
Total assets at fair value	$ 23,993,309	$ 23,993,309	$ -	$ -

		Fair Value Measurements at September 30, 2013:		
	Fair Value	***Level 1***	***Level 2***	***Level 3***
Common stocks:				
Consumer durables	$ 451,975	$ 451,975	$ -	$ -
Health and medical	560,960	560,960	-	-
Finance and banking	834,720	834,720	-	-
Technology	483,220	483,220	-	-
Energy	329,500	329,500	-	-
Consumer and business services	970,680	970,680	-	-
Capital goods	374,340	374,340	-	-
Industrial commodities	196,080	196,080	-	-
Commodities transportation	145,860	145,860	-	-
Retail and wholesale	1,187,690	1,187,690	-	-
Communications	708,842	708,842	-	-
Total common stocks	6,243,867	6,243,867	-	-
Registered investment companies:				
Equity funds	6,041,098	6,041,098	-	-
Corporate bonds	11,213,461	11,213,461	-	-
Total assets at fair value	$ 23,498,426	$ 23,498,426	$ -	$ -

Note 7. Reconciliation of Financial Statements to Form 5500

Certain balances included on Schedule H, Part I, II on the Annual Return/Report of Employee Benefit Plan (Form 5500) have been reclassified for the purpose of presentation in the financial statements.

Note 8. Subsequent Events

The Plan has evaluated events and transactions subsequent to September 30, 2014 through July 13, 2015 the date of the independent auditors' report, noting no significant items requiring further disclosure.

Advance Beverage Company, Inc. 401(k) Profit Sharing Plan

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN #95-2701458 Plan #001
September 30, 2014

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Flowserve Corporation	Common Stock	$ 182,315	$ 423,120
	Apple Inc.	Common Stock	16,059	352,625
	Amazon.com Inc.	Common Stock	80,380	322,440
	Tiffany & Co.	Common Stock	214,229	288,930
	Lowe's Cos.	Common Stock	100,222	264,600
	Citigroup Inc.	Common Stock	174,300	259,100
	SEI Investments Co.	Common Stock	134,984	253,120
	Robert Half International	Common Stock	120,691	245,000
	Walgreen Co.	Common Stock	131,454	237,080
	Qualcomm Inc.	Common Stock	45,997	224,310
	Callaway Golf Co.	Common Stock	250,530	217,200
	Nucor Corporation	Common Stock	138,343	217,120
	Visa, Inc.	Common Stock	73,563	213,370
	Express Scripts Holding Co.	Common Stock	191,070	211,890
	Devon Energy Corporation	Common Stock	207,395	204,540
	Zimmer Holdings Inc.	Common Stock	143,164	201,100
	Fluor Corporation	Common Stock	150,601	200,370
	CME Group Inc.	Common Stock	155,764	199,887
	Resmed, Inc.	Common Stock	90,384	197,080
	Jacobs Engineering Co.	Common Stock	174,493	195,280
	Oracle Corporation	Common Stock	70,851	191,400
	Target Corporation	Common Stock	158,728	188,040
	Paychex, Inc.	Common Stock	104,494	176,800
	Cisco Systems Inc.	Common Stock	114,395	176,190
	EMC Corporation	Common Stock	68,310	175,560
	eBay Inc.	Common Stock	110,389	169,890
	National Oilwell Varco Inc.	Common Stock	79,558	152,200
	J.B. Hunt Transportation Svcs	Common Stock	42,395	148,100
	NOW Inc.	Common Stock	8,651	15,205
			$ 3,533,709	$ 6,321,547

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	Barclay's Bank PLC Notes	Corporate Bonds	$ 200,000	$ 224,418
	IBM Corporation MTN	Corporate Bonds	197,400	224,104
	John Deere Capital Corp MTN	Corporate Bonds	197,250	228,010
	Lowes Companies Inc. Notes	Corporate Bonds	197,170	217,838
	Consolidated Edison NY	Corporate Bonds	200,000	217,420
	Target Corporation Senior Notes	Corporate Bonds	179,028	221,020
	General Electric Capital Corp.	Corporate Bonds	200,000	220,432
	Wachovia Corp Notes	Corporate Bonds	200,000	222,778
	BT&T Corporation	Corporate Bonds	199,348	210,386
	John Hancock Life Ins. Corp.	Corporate Bonds	200,000	225,336
	Wells Fargo & Co.	Corporate Bonds	200,000	201,068
	Bank of America Notes	Corporate Bonds	200,000	232,066
	Goldman Sachs Group Notes	Corporate Bonds	210,000	217,202
	Citigroup Notes	Corporate Bonds	200,000	205,244
	Goldman Sachs Group Step-Up Notes	Corporate Bonds	196,700	194,668
	Royal Bank of Scotland Step-Up Notes	Corporate Bonds	200,000	215,860
	JP Morgan Chase & Co.	Corporate Bonds	198,000	197,604
	Morgan Stanley Step-Up Notes	Corporate Bonds	210,278	205,638
	International Lease Finance Global	Corporate Bonds	228,400	211,520
	Regions Financial Corp Sr Notes	Corporate Bonds	223,696	201,438
	Deutsche Bank Financial MTNs	Corporate Bonds	215,730	203,830
	Hartford Financial Svcs	Corporate Bonds	207,486	203,540
	NationsBank Corp Notes	Corporate Bonds	209,500	211,714
	Entergy Corp. Notes	Corporate Bonds	205,200	204,846
	Merrill Lynch & Co.	Corporate Bonds	197,000	208,968
	Compass Bank Bonds	Corporate Bonds	213,600	219,792
	Computer Science Corp	Corporate Bonds	215,200	214,000
	TransOcean Inc. Notes	Corporate Bonds	200,000	215,654
	General Electric Capital Corp.	Corporate Bonds	200,000	229,450
	Avon Products Inc.	Corporate Bonds	200,000	204,154
	Ford Motor Credit Co. Notes	Corporate Bonds	200,000	199,710
	AT&T Inc. Notes	Corporate Bonds	200,000	223,670
	Credit Suisse New York Notes	Corporate Bonds	204,186	223,086
	Xerox Corp MTNs	Corporate Bonds	233,900	217,790
	Western Union Co. Global Notes	Corporate Bonds	222,588	218,072

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September 30, 2014

(a)	*(b) Identity of Issuer*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Hillshire Brands Notes	Corporate Bonds	$ 209,000	$ 205,132
	HSBC Finance Corp	Corporate Bonds	232,900	234,456
	Alcoa Inc Global Notes	Corporate Bonds	205,524	211,796
	Safeway Inc	Corporate Bonds	201,708	201,706
	QWEST Corp. Global Notes	Corporate Bonds	229,612	208,624
	Hewlett- Packard Co. Notes	Corporate Bonds	209,460	216,632
	Whirlpool Corp.	Corporate Bonds	207,932	215,888
	Tyson Foods Inc.	Corporate Bonds	200,000	211,968
	Harsco Corp Senior Notes	Corporate Bonds	204,800	199,250
	Masco Corporation Senior Notes	Corporate Bonds	221,200	213,400
	McGraw-Hill Cos. MTNs	Corporate Bonds	239,016	219,686
	Wynn Las Vegas LLC Global Notes	Corporate Bonds	229,530	212,250
	Cliffs Natural Resources Inc. Sr.	Corporate Bonds	197,110	152,500
	SCANA Corp. Senior Notes	Corporate Bonds	197,538	206,340
	BMC Software Inc. Global Notes	Corporate Bonds	205,668	144,000
	Pitney-Bowes Inc. MTNs	Corporate Bonds	205,000	215,414
	Accrued Interest			140,996
			$ 10,557,658	$ 10,902,364
	Vanguard Small-Cap Index	Mutual Funds	$ 125,748	$ 221,260
	Vanguard REIT Index Fund	Mutual Funds	109,603	143,700
	PowerShares Water Resources Fund	Mutual Funds	264,897	246,100
	iShares NASDAQ Biotechnology Fund	Mutual Funds	264,346	273,630
	SPDRs - S&P Mid-Cap Index Fund	Mutual Funds	278,320	498,640
	SPDRs - Energy Sector Fund	Mutual Funds	152,061	181,240
	SPDRs - Oil/Gas Exploration Sector Fund	Mutual Funds	178,830	206,490
	SPDRs - S&P Regional Bank Fund	Mutual Funds	125,779	189,300
	SPDRs - Metals & Mining Sector Fund	Mutual Funds	197,121	110,370
	SPDRs - Materials Sector Fund	Mutual Funds	152,600	198,320
	SPDRs - Consumer Discretionary Fund	Mutual Funds	209,900	266,760
	SPDRs - Consumer Staples Sector Fund	Mutual Funds	196,449	225,550
	SPDRs - Healthcare Sector Fund	Mutual Funds	224,149	319,550
	SPDRs - Industrial Sector Fund	Mutual Funds	207,738	265,750
	SPDRs - Pharmaceutical Sector Fund	Mutual Funds	188,100	318,030
	SPDRs - Retail Sector Fund	Mutual Funds	210,540	256,740

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EIN #95-2701458 Plan #001
September 30, 2014

(a)	*(b) Identity of Issuer*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Blackrock Lifepath Index 2020	Mutual Funds	**	$ 663,670
	Blackrock Lifepath Index 2025	Mutual Funds	**	98,359
	Blackrock Lifepath Index 2030	Mutual Funds	**	456,104
	Blackrock Lifepath Index 2035	Mutual Funds	**	42,542
	Blackrock Lifepath Index 2040	Mutual Funds	**	238,619
	Blackrock Lifepath Index 2045	Mutual Funds	**	15,303
	Blackrock Lifepath Index 2050	Mutual Funds	**	91,540
	Columbia Mid Cap Index Fund	Mutual Funds	**	161,002
	Fidelity Advisor Balanced Fund	Mutual Funds	**	1,062
	Goldman Sachs Small Cap Value - Instl	Mutual Funds	**	998
	Invesco American Value	Mutual Funds	**	42,257
	Invesco Equally - WTD S&P 500	Mutual Funds	**	146,090
	Janus Triton	Mutual Funds	**	73,220
	JP Morgan Large Cap Growth	Mutual Funds	**	64,658
	Oppenheimer Developing Markets	Mutual Funds	**	36,706
	Pioneer Real Estate	Mutual Funds	**	68,715
	Pioneer Select Mid Cap Growth	Mutual Funds	**	64,097
	Principal Equity Income Inst	Mutual Funds	**	49,635
	Principal Smallcap S&P 600 Index	Mutual Funds	**	51,759
	Ridgeworth Total Return Bond	Mutual Funds	**	32,080
	Vanguard Lifestrategy Cnsrv	Mutual Funds	**	5,143
	Vanguard Prime Money Market Inv	Mutual Funds	**	188,671
	Vanguard Total Intl Stock Index	Mutual Funds	**	127,364
	AllianzGI NFJ Internationl Value Instl	Mutual Funds	**	37
	Legg Mason BW Global Opportunities	Mutual Funds	**	18
	Lord Abbett Short Duration Income	Mutual Funds	**	128,319
			$ 3,086,181	$ 6,769,398
	Short Term Investment Fund	Money Market	$ 3,137,066	$ 3,137,066
	Wells Fargo Bank	Cash, 1%	$ 204,349	$ 204,349
*	Participant loans	5.25% - 9%	$ -	$ 689,547
			$ 20,518,963	$ 28,024,271

** Column (d) is blank as investment is participant-directed

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
ADVANCE BEVERAGE CO., INC. 401(k) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 10/01/1976

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ADVANCE BEVERAGE COMPANY

5200 DISTRICT BLVD.

US BAKERSFIELD CA 93313

2b Employer Identification Number (EIN)
95-2701458

2c Sponsor's telephone number
(661) 833-3783

2d Business code (see instructions)
484110

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	X [signature]	X 7/15/2015	WILLIAM K LAZZERINI JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X [signature]	X 7/15/2015	WILLIAM K LAZZERINI JR
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [x] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	3b Administrator's EIN	
	3c Administrator's telephone number	
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	240
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	158
b Retired or separated participants receiving benefits	6b	33
c Other retired or separated participants entitled to future benefits	6c	54
d Subtotal. Add lines 6a, 6b, and 6c	6d	245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1
f Total. Add lines 6d and 6e	6f	246
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	214
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	3
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:

2A 2E 2H 2J 3D 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)	9b Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [x] Trust	(3) [x] Trust
(4) [ ] General assets of the sponsor	(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	b General Schedules
(1) [x] R (Retirement Plan Information)	(1) [x] H (Financial Information)
(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] I (Financial Information - Small Plan)
	(3) [ ] A (Insurance Information)
	(4) [x] C (Service Provider Information)
(3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [ ] D (DFE/Participating Plan Information)
	(6) [ ] G (Financial Transaction Schedules)

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning **10/01/2013** and Ending **09/30/2014**
Name of Plan: **ADVANCE BEVERAGE CO., INC. 401(k) PROFIT SHARING PLAN**
Employer Identification Number: **95-2701458** Three-digit plan number: **001**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$3,387	**$0**	**$3,387**	**$0**	**$0**
		$0		

Advance Beverage Company, Inc. 401(k) Profit Sharing Plan

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