# 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

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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** Plan 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 | **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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 250 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 161 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 155 |
| **b** Retired or separated participants receiving benefits | **6b** | 56 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 53 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 264 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 265 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 249 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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**

- **(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)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

**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 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

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

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

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

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

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

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

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

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

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

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

**(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)

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 | 84797 | 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 | 34627 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | 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 | 15536 | 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)

ADVISED ASSET GROUP

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 | INVESTMENT MGMT | 50 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

**(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 | 11655 | Yes [ ] No [X] | Yes [ ] No [X] | | Yes [ ] No [X] |

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

PRB ADMINISTRATORS, INC

1990 SOUTH BUNDY DRIVE
SUITE 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 ADMINISTRATO | 7346 | Yes [X] No [ ] | Yes [X] No [ ] | 2978 | 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)

CAPITAL FINANCIAL PARTNERS

4208 SIX FORKS ROAD
SUITE 1700
RALEIGH, NC 27609

| (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 | 5312 | Yes [ ] No [X] | Yes [ ] No [X] | | 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 [ ] |

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

**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 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 488063 | 429024 |
| **(2)** Participant contributions | 1b(2) | | 0 |
| **(3)** Other | 1b(3) | 111 | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3341415 | 4381079 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | |
| **(B)** All other | 1c(3)(B) | 10902364 | 9565642 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | |
| **(B)** Common | 1c(4)(B) | 6321547 | 5708654 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | |
| **(8)** Participant loans | 1c(8) | 689547 | 671585 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6769398 | 6292092 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | |
| | **(2)** Employer real property | 1d(2) | 0 | |
| **e** | Buildings and other property used in plan operation | 1e | 0 | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 28512445 | 27048076 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | 11221 | |
| **i** | Acquisition indebtedness | 1i | 0 | |
| **j** | Other liabilities | 1j | 0 | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 11221 | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 28501224 | 27048076 |

## 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) | 431842 | |
| | **(B)** Participants | 2a(1)(B) | 212660 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 6717 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 651219 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 325 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 18591 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 551007 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 53779 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 623702 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 98745 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 181170 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 279915 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 6113697 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 5951924 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 161773 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | -939671 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -939671 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -141616 |
| **c** Other income | 2c | | -12305 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 623017 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1892718 | |
| **(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) | | 1892718 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 34961 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | 13116 | |
| **(2)** Contract administrator fees | 2i(2) | 0 | |
| **(3)** Investment advisory and management fees | 2i(3) | 135370 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 148486 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2076165 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -1453148 |
| **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: 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 | |
| **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

**2014**

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

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

**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**

**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, 2015 and 2014*

***C O N T E N T S***


| | ***Page(s)*** |
|---|---|
| ***Independent Auditors' Report*** | 1 - 2 |
| ***Financial Statements*** | |
| Statements of net assets available for benefits | 3 |
| Statements of changes in net assets available for benefits | 4 |
| Notes to financial statements | 5 - 11 |
| ***Supplementary Information*** | |
| Schedule of assets (held at end of year) | 12 - 15 |

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

**Report on the Financial Statements**

We were engaged to audit 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, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

Our responsibility is to express an opinion on the 2015 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

**Basis for Disclaimer of Opinion on the 2015 Financial Statements**

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 6, which was certified by Great-West Life & Annuity Insurance Company, the record keeper of the Plan as agent for Empower Retirement, the custodian of the Plan, except for comparing the information with the related information included in the 2015 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the agent on behalf of the custodian, as of and for the year ended September 30, 2015, that the information provided to the plan administrator by the agent for the custodian is complete and accurate.


P.O. BOX 11171 | BAKERSFIELD, CA 93389
5001 E. COMMERCENTER DRIVE | SUITE 350 | BAKERSFIELD, CA 93309
(661) 631-1171 OFFICE | (661) 631-0244 FAX | BHKCPAS.com

**Disclaimer of Opinion on the 2015 Financial Statements**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on these financial statements.

**Other Matters – Report on the Supplemental Schedule and Report on the 2014 Financial Statements**

The supplemental schedule of assets (held at end of year) as of or for the year ended September 30, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2015 Financial Statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

We have audited the accompanying statement of net assets available for benefits of Advance Beverage Company, Inc. 401(k) Profit Sharing Plan as of September 30, 2014, and the related statement of changes in net assets available for benefits for the year then ended, and in our report dated July 13, 2015, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of Advance Beverage Company, Inc. 401(k) Profit Sharing Plan as of September 30, 2014, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

**BARBICH HOOPER KING**
**DILL HOFFMAN**
**Accountancy Corporation**

Bakersfield, California
July 1, 2016

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

***Statements of Net Assets Available for Benefits***
***September 30, 2015 and 2014***

| ***ASSETS*** | ***2015*** | ***2014*** |
|---|---|---|
| ***Cash and cash equivalents*** | $ 4,381,079 | $ 3,341,415 |
| ***Investments, at fair value:*** | | |
| Common stocks | 5,708,654 | 6,321,547 |
| Mutual funds | 6,292,092 | 6,769,398 |
| Corporate bonds | 9,565,642 | 10,902,364 |
| | 21,566,388 | 23,993,309 |
| ***Receivables:*** | | |
| Notes receivable, participants | 671,585 | 689,547 |
| Employer contribution receivable | 381,922 | 488,063 |
| Other employer contributions receivable | 47,102 | - |
| Other receivables | - | 111 |
| | 1,100,609 | 1,177,721 |
| Total assets | 27,048,076 | 28,512,445 |
| ***LIABILITIES*** | | |
| ***Other liabilities*** | - | 11,221 |
| ***Net assets available for benefits*** | $ 27,048,076 | $ 28,501,224 |

*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, 2015 and 2014***

| | 2015 | 2014 |
|---|---|---|
| ***Additions to net assets attributed to:*** | | |
| ***Investment income:*** | | |
| Unrealized appreciation (depreciation) in fair value of investments | $ (1,081,286) | $ 892,218 |
| Realized gain on sale of investments | 161,773 | 139,859 |
| Interest and dividends | 834,898 | 775,334 |
| Interest income - participant loans | 56,413 | 58,894 |
| | (28,202) | 1,866,305 |
| ***Contributions:*** | | |
| Employer | 384,740 | 488,063 |
| Other employer contributions | 47,102 | - |
| Employee | 212,660 | 192,639 |
| Rollovers | 6,717 | - |
| | 651,219 | 680,702 |
| Total additions | 623,017 | 2,547,007 |
| ***Deductions from net assets attributed to:*** | | |
| Benefits paid to participants | 1,892,718 | 644,854 |
| Deemed distributions | 34,961 | 52,896 |
| Administrative fees | 148,486 | 134,659 |
| Total deductions | 2,076,165 | 832,409 |
| Increase (decrease) in net assets | (1,453,148) | 1,714,598 |
| ***Net assets available for benefits:*** | | |
| Beginning of year | 28,501,224 | 26,786,626 |
| End of year | $ 27,048,076 | $ 28,501,224 |

*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, 2015 and 2014, Advance Beverage Company, Inc.'s profit sharing contribution was 5% and 7%, respectively, of eligible participant wages. Laz-Trans, Inc.'s profit sharing contribution was 0% at September 30, 2015 and 2014.

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, 2015 and 2014 were $-0- and $8,212, respectively. Forfeiture account balances allocated to participants during the years ended September 30, 2015 and 2014 were $29,692 and $-0-, 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 profit sharing contributions plus actual earnings thereon is based on continuous years of service. A participant is 100% vested after 6 years of credited service.

***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.

***Benefit payments and withdrawals:***

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, 2015 and 2014.

## *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 7 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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

The Plan invests in various investments 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 the 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 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.

***Benefits:***

Benefit payments are recorded when paid.

***Tax status:***

The IRS has determined and informed the Plan sponsor by a letter dated November 17, 2004, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt.

The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

***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, 2015 and 2014, 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*

During the Plan years ended September 30, 2015 and 2014, certain Plan assets appreciated (depreciated) in value as follows:

| | ***2015*** | ***2014*** |
|---|---|---|
| Corporate bonds | $ (432,324) | $ (201,464) |
| Common stocks | (244,147) | 584,562 |
| Mutual funds | (404,815) | 509,120 |
| | $ (1,081,286) | $ 892,218 |

The Plan held the following individual investments representing five or more percent of the Plan's net assets at September 30, 2015 and/or 2014:

| | *2015* | *2014* |
|---|---|---|
| Short-Term Investment Fund* | $ 4,318,045 | $ 3,137,066 |

*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 that were not certified by the asset custodian are as follows:

| | *2015* | *2014* |
|---|---|---|
| ***Net Assets:*** | | |
| Cash and cash equivalents | $ 4,381,079 | $ 3,341,415 |
| Corporate bonds | 9,565,642 | 10,902,364 |
| Common stocks | 5,708,654 | 6,321,547 |
| Mutual funds | 3,448,321 | 3,921,430 |
| Notes receivable, participants | 574,193 | 651,633 |
| Employer contributions receivable | 381,922 | 488,063 |
| Other employer contributions receivable | 47,102 | - |
| Other assets (liabilities), net | - | (11,109) |
| | $ 24,106,913 | $ 25,615,343 |

| | *2015* | *2014* |
|---|---|---|
| ***Changes in Net Assets:*** | | |
| Net unrealized appreciation (depreciation) of investments | $ (939,670) | $ 762,315 |
| Realized gain on sale of investments | 158,394 | 117,685 |
| Interest and dividends | 730,764 | 690,276 |
| Interest income - participant loans | 53,780 | 56,908 |
| Employer contributions | 431,842 | 488,063 |
| Benefits paid to participants | (1,829,530) | (514,793) |
| Administrative fees | (114,010) | (102,449) |
| | $ (1,508,430) | $ 1,498,005 |

### *Note 6. Certified Financial Information*

As of September 30, 2015 and 2014, Plan's investments that were held by Empower Retirement and were certified in accordance with 29 CF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes the following:

| | *2015* | *2014* |
|---|---|---|
| Mutual funds | $ 2,843,771 | $ 2,847,968 |
| Notes receivable, participants | 97,392 | 37,914 |
| | $ 2,941,163 | $ 2,885,882 |

Plan investments during the years ended September 30, 2015 and 2014 had investment income as follows:

| | *2015* | *2014* |
|---|---|---|
| Interest and dividends | $ 106,767 | $ 87,044 |
| Realized gain on sale of investments | $ 3,379 | $ 22,174 |
| Net appreciation (depreciation) in fair value of investments | $ (141,616) | $ 129,903 |

### *Note 7. 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, 2015 and 2014:

*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, 2015 and 2014, the Plan measured fair value using the following:

| | | ***Fair Value Measurements at September 30, 2015:*** | | |
|---|---|---|---|---|
| | ***Fair Value*** | ***Level 1*** | ***Level 2*** | ***Level 3*** |
| ***Common stocks:*** | | | | |
| Consumer durables | $ 275,750 | $ 275,750 | $ - | $ - |
| Health and medical | 634,580 | 634,580 | - | - |
| Finance and banking | 951,460 | 951,460 | - | - |
| Technology | 509,310 | 509,310 | - | - |
| Energy | 186,570 | 186,570 | - | - |
| Consumer and business services | 1,028,320 | 1,028,320 | - | - |
| Capital goods | 246,840 | 246,840 | - | - |
| Industrial commodities | 341,000 | 341,000 | - | - |
| Commodities transportation | 142,800 | 142,800 | - | - |
| Retail and wholesale | 1,230,834 | 1,230,834 | - | - |
| Communications | 161,190 | 161,190 | - | - |
| ***Total common stocks*** | 5,708,654 | 5,708,654 | - | - |
| ***Registered investment companies:*** | | | | |
| Equity funds | 6,292,092 | 6,292,092 | - | - |
| ***Corporate bonds*** | 9,565,642 | 9,565,642 | - | - |
| ***Total assets at fair value*** | $ 21,566,388 | $ 21,566,388 | $ - | $ - |

| | | *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 | $ - | $ - |

### *Note 8. Party-in-Interest Transactions*

During the years ended September 30, 2015 and 2014, the Plan paid $148,486 and $134,294, respectively, to parties-in-interest who include asset custodians, third party advisors and investment advisors. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules.

### *Note 9. 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 10. Subsequent Events*

The Plan has evaluated events and transactions subsequent to September 30, 2015 through July 1, 2016 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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issue* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Apple Inc. | Common Stock | $ 11,470 | $ 275,750 |
| | Express Scripts Holding Co. | Common Stock | 191,070 | 242,880 |
| | Resmed, Inc. | Common Stock | 90,384 | 203,840 |
| | Zimmer Holdings Inc. | Common Stock | 143,164 | 187,860 |
| | CME Group Inc. | Common Stock | 155,764 | 231,850 |
| | Citigroup Inc. | Common Stock | 174,300 | 248,050 |
| | SEI Investments Co. | Common Stock | 77,134 | 192,920 |
| | Visa, Inc. | Common Stock | 73,563 | 278,640 |
| | Cisco Systems Inc. | Common Stock | 114,395 | 183,750 |
| | EMC Corporation | Common Stock | 68,310 | 144,960 |
| | Oracle Corporation | Common Stock | 70,851 | 180,600 |
| | Devon Energy Corporation | Common Stock | 207,395 | 111,270 |
| | National Oilwell Varco Inc. | Common Stock | 79,558 | 75,300 |
| | Fluor Corporation | Common Stock | 150,601 | 127,050 |
| | Habit Restaurants Inc. | Common Stock | 215,264 | 149,870 |
| | Jacobs Engineering Co. | Common Stock | 174,493 | 149,720 |
| | Netflix Inc. | Common Stock | 195,420 | 206,520 |
| | Paychex, Inc. | Common Stock | 104,494 | 190,520 |
| | Robert Half International | Common Stock | 96,552 | 204,640 |
| | Flowserve Corporation | Common Stock | 182,315 | 246,840 |
| | Barrick Gold Corporation | Common Stock | 254,400 | 190,800 |
| | Nucor Corporation | Common Stock | 138,343 | 150,200 |
| | J.B. Hunt Transportation Svcs | Common Stock | 42,395 | 142,800 |
| | Amazon.com Inc. | Common Stock | 48,228 | 307,134 |
| | Lowe's Cos. | Common Stock | 60,133 | 206,760 |
| | Target Corporation | Common Stock | 158,728 | 235,980 |
| | Tiffany & Co. | Common Stock | 214,229 | 231,660 |
| | Walgreens Boots Alliance Inc. | Common Stock | 98,590 | 249,300 |
| | Qualcomm Inc. | Common Stock | 45,997 | 161,190 |
| | | | $ 3,637,540 | $ 5,708,654 |

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issue* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Harsco Corp Senior Notes | Corporate Bonds | $ 204,800 | $ 199,900 |
| | BB&T Corporation Notes | Corporate Bonds | 199,348 | 202,174 |
| | Xerox Corp MTNs | Corporate Bonds | 233,900 | 205,858 |
| | Consolidated Edison NY Notes | Corporate Bonds | 200,000 | 208,802 |
| | Western Union Co. Global Notes | Corporate Bonds | 222,588 | 208,716 |
| | Masco Corporation Senior Notes | Corporate Bonds | 221,200 | 207,504 |
| | Lowes Companies Inc. Notes | Corporate Bonds | 197,170 | 209,038 |
| | Goldman Sachs Group Notes | Corporate Bonds | 210,000 | 210,046 |
| | Target Corporation Senior Notes | Corporate Bonds | 179,028 | 213,870 |
| | Wachovia Corp Notes | Corporate Bonds | 200,000 | 214,910 |
| | IBM Corporation MTN | Corporate Bonds | 197,400 | 217,394 |
| | Compass Bank Bonds | Corporate Bonds | 213,600 | 215,956 |
| | McGraw-Hill Cos. MTNs | Corporate Bonds | 239,016 | 214,874 |
| | AT&T Inc. Notes | Corporate Bonds | 200,000 | 216,708 |
| | Computer Science Corp MTNs | Corporate Bonds | 215,200 | 220,378 |
| | Freeport-McMoran Inc. Sr. Notes | Corporate Bonds | 199,182 | 175,000 |
| | TransOcean Inc. Notes | Corporate Bonds | 200,000 | 183,000 |
| | General Electric Capital Corp. | Corporate Bonds | 200,000 | 223,246 |
| | General Electric Capital Corp. | Corporate Bonds | 200,000 | 215,230 |
| | Avon Products Inc. | Corporate Bonds | 200,000 | 168,500 |
| | John Deere Capital Corp MTN | Corporate Bonds | 197,250 | 223,112 |
| | John Hancock Life Ins. Corp. | Corporate Bonds | 200,000 | 221,482 |
| | Capital One Financial Co. | Corporate Bonds | 200,084 | 199,366 |
| | Bank of America Notes | Corporate Bonds | 200,000 | 227,532 |
| | Ford Motor Credit Co. Notes | Corporate Bonds | 200,000 | 198,618 |
| | Barclay's Bank PLC Notes | Corporate Bonds | 200,000 | 223,660 |
| | Credit Suisse New York Notes | Corporate Bonds | 204,186 | 221,704 |
| | Hillshire Brands Notes | Corporate Bonds | 209,000 | 209,346 |
| | Royal Bank of Scotland Step-Up Notes | Corporate Bonds | 200,000 | 217,520 |
| | HSBC Finance Corp | Corporate Bonds | 232,900 | 234,006 |
| | Cliffs Natural Resources Inc. Sr. | Corporate Bonds | 197,110 | 61,000 |
| | Alcoa Inc Global Notes | Corporate Bonds | 205,524 | 205,000 |
| | Safeway Inc | Corporate Bonds | 201,708 | 181,000 |
| | Hewlett- Packard Co. Notes | Corporate Bonds | 209,460 | 212,094 |
| | SCANA Corp. Senior Notes | Corporate Bonds | 197,538 | 203,248 |
| | Murphy Oil Co. Global Notes | Corporate Bonds | 187,682 | 172,998 |

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issuer* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Whirlpool Corp. | Corporate Bonds | 207,932 | 215,508 |
| | Tyson Foods Inc. | Corporate Bonds | 200,000 | 211,954 |
| | BMC Software Inc. Global Notes | Corporate Bonds | 205,668 | 106,938 |
| | Kinder Morgan Energy Partners | Corporate Bonds | 190,000 | 177,438 |
| | JP Morgan Chase & Co. | Corporate Bonds | 198,000 | 200,290 |
| | Motorola Solutions Inc. | Corporate Bonds | 200,000 | 180,478 |
| | Dow Chemical Co. | Corporate Bonds | 200,000 | 200,038 |
| | Juniper Networks | Corporate Bonds | 204,000 | 198,404 |
| | Morgan Stanley Step-Up Notes | Corporate Bonds | 210,278 | 200,244 |
| | Goldman Sachs Group Step-Up Notes | Corporate Bonds | 196,700 | 197,928 |
| | Pitney-Bowes Inc. MTNs | Corporate Bonds | 205,000 | 204,940 |
| | Accrued Interest | | | 128,692 |
| | | | $ 9,592,452 | $ 9,565,642 |
| | PowerShares Water Resources Fund | Mutual Funds | $ 264,897 | $ 205,400 |
| | SPDRs - Consumer Discretionary Fund | Mutual Funds | 209,900 | 297,040 |
| | SPDRs - Consumer Staples Sector Fund | Mutual Funds | 196,450 | 235,950 |
| | SPDRs - Energy Sector Fund | Mutual Funds | 152,061 | 122,400 |
| | SPDRs - Healthcare Sector Fund | Mutual Funds | 134,490 | 198,690 |
| | SPDRs - Industrial Sector Fund | Mutual Funds | 207,738 | 249,450 |
| | SPDRs - Materials Sector Fund | Mutual Funds | 152,600 | 159,680 |
| | SPDRs - Metals & Mining Sector Fund | Mutual Funds | 197,121 | 50,160 |
| | SPDRs - Oil/Gas Exploration Sector Fund | Mutual Funds | 178,830 | 98,520 |
| | SPDRs - Pharmaceutical Sector Fund | Mutual Funds | 188,100 | 281,520 |
| | SPDRs - Retail Sector Fund | Mutual Funds | 210,540 | 266,520 |
| | SPDRs - S&P Mid-Cap Index Fund | Mutual Funds | 278,320 | 497,780 |
| | SPDRs - S&P Regional Bank Fund | Mutual Funds | 125,779 | 205,900 |
| | Vanguard REIT Index Fund | Mutual Funds | 109,603 | 151,080 |
| | Vanguard Small-Cap Index | Mutual Funds | 125,748 | 215,900 |
| | iShares NASDAQ Biotechnology Fund | Mutual Funds | 185,042 | 212,331 |
| | AllianzGI NFJ Internationl Value Instl | Mutual Funds | ** | 490 |
| | Blackrock Lifepath Index 2020 | Mutual Funds | ** | 652,868 |
| | Blackrock Lifepath Index 2025 | Mutual Funds | ** | 101,555 |
| | Blackrock Lifepath Index 2030 | Mutual Funds | ** | 433,745 |
| | Blackrock Lifepath Index 2035 | Mutual Funds | ** | 43,838 |
| | Blackrock Lifepath Index 2040 | Mutual Funds | ** | 215,964 |

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issuer* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Blackrock Lifepath Index 2045 | Mutual Funds | ** | 20,244 |
| | Blackrock Lifepath Index 2050 | Mutual Funds | ** | 90,720 |
| | Blackrock Lifepath Index 2055 | Mutual Funds | ** | 3,364 |
| | Columbia Mid Cap Index Fund | Mutual Funds | ** | 157,770 |
| | Fidelity Advisor Balanced Fund | Mutual Funds | ** | 946 |
| | Invesco American Value | Mutual Funds | ** | 42,441 |
| | Invesco Equally - WTD S&P 500 | Mutual Funds | ** | 150,997 |
| | Janus Triton | Mutual Funds | ** | 91,610 |
| | JP Morgan Large Cap Growth | Mutual Funds | ** | 74,675 |
| | Legg Mason BW Global Opportunities | Mutual Funds | ** | 221 |
| | Lord Abbett Short Duration Income | Mutual Funds | ** | 127,641 |
| | Oppenheimer Developing Markets | Mutual Funds | ** | 31,731 |
| | Pioneer Real Estate | Mutual Funds | ** | 64,144 |
| | Pioneer Select Mid Cap Growth | Mutual Funds | ** | 72,065 |
| | Principal Capital Appreciation Inst | Mutual Funds | ** | 783 |
| | Principal Equity Income Inst | Mutual Funds | ** | 42,771 |
| | Principal Smallcap S&P 600 Index | Mutual Funds | ** | 51,893 |
| | Ridgeworth Total Return Bond | Mutual Funds | ** | 35,913 |
| | Vanguard Lifestrategy Cnsrv | Mutual Funds | ** | 4,718 |
| | Vanguard Prime Money Market Inv | Mutual Funds | ** | 201,111 |
| | Vanguard Total Intl Stock Index | Mutual Funds | ** | 129,551 |
| | | | $ 2,917,219 | $ 6,292,092 |
| | Short Term Investment Fund | Money Market | $ 4,318,045 | $ 4,318,045 |
| | Wells Fargo Bank | Cash, 1% | $ 63,034 | $ 63,034 |
| * | Participant loans - participant directed | 5.25% | $ - | $ 97,392 |
| * | Participant loans - nonparticipant directed | 9% | - | 574,193 |
| | | | $ - | $ 671,585 |
| | | | $ 20,528,290 | $ 26,619,052 |

* Party-in-interest
** 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

**2014**

This Form is Open to Public Inspection

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box attach a list of participating employer information in accordance with the form instructions); 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** Plan 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 | [signature] | 7-13-16 | WILLIAM K LAZZERINI JR |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | [signature] | 7.13.16 | 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 | **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: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 250 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 161 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 155 |
| **b** Retired or separated participants receiving benefits | **6b** | 56 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 53 |
| **d** Subtotal. Add lines **6a(2), 6b,** and **6c.** | **6d** | 264 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 265 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 249 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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**

(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)

## Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . . ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filling requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issue* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Apple Inc. | Common Stock | $ 11,470 | $ 275,750 |
| | Express Scripts Holding Co. | Common Stock | 191,070 | 242,880 |
| | Resmed, Inc. | Common Stock | 90,384 | 203,840 |
| | Zimmer Holdings Inc. | Common Stock | 143,164 | 187,860 |
| | CME Group Inc. | Common Stock | 155,764 | 231,850 |
| | Citigroup Inc. | Common Stock | 174,300 | 248,050 |
| | SEI Investments Co. | Common Stock | 77,134 | 192,920 |
| | Visa, Inc. | Common Stock | 73,563 | 278,640 |
| | Cisco Systems Inc. | Common Stock | 114,395 | 183,750 |
| | EMC Corporation | Common Stock | 68,310 | 144,960 |
| | Oracle Corporation | Common Stock | 70,851 | 180,600 |
| | Devon Energy Corporation | Common Stock | 207,395 | 111,270 |
| | National Oilwell Varco Inc. | Common Stock | 79,558 | 75,300 |
| | Fluor Corporation | Common Stock | 150,601 | 127,050 |
| | Habit Restaurants Inc. | Common Stock | 215,264 | 149,870 |
| | Jacobs Engineering Co. | Common Stock | 174,493 | 149,720 |
| | Netflix Inc. | Common Stock | 195,420 | 206,520 |
| | Paychex, Inc. | Common Stock | 104,494 | 190,520 |
| | Robert Half International | Common Stock | 96,552 | 204,640 |
| | Flowserve Corporation | Common Stock | 182,315 | 246,840 |
| | Barrick Gold Corporation | Common Stock | 254,400 | 190,800 |
| | Nucor Corporation | Common Stock | 138,343 | 150,200 |
| | J.B. Hunt Transportation Svcs | Common Stock | 42,395 | 142,800 |
| | Amazon.com Inc. | Common Stock | 48,228 | 307,134 |
| | Lowe's Cos. | Common Stock | 60,133 | 206,760 |
| | Target Corporation | Common Stock | 158,728 | 235,980 |
| | Tiffany & Co. | Common Stock | 214,229 | 231,660 |
| | Walgreens Boots Alliance Inc. | Common Stock | 98,590 | 249,300 |
| | Qualcomm Inc. | Common Stock | 45,997 | 161,190 |
| | | | $ 3,637,540 | $ 5,708,654 |

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issue* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Harsco Corp Senior Notes | Corporate Bonds | $ 204,800 | $ 199,900 |
| | BB&T Corporation Notes | Corporate Bonds | 199,348 | 202,174 |
| | Xerox Corp MTNs | Corporate Bonds | 233,900 | 205,858 |
| | Consolidated Edison NY Notes | Corporate Bonds | 200,000 | 208,802 |
| | Western Union Co. Global Notes | Corporate Bonds | 222,588 | 208,716 |
| | Masco Corporation Senior Notes | Corporate Bonds | 221,200 | 207,504 |
| | Lowes Companies Inc. Notes | Corporate Bonds | 197,170 | 209,038 |
| | Goldman Sachs Group Notes | Corporate Bonds | 210,000 | 210,046 |
| | Target Corporation Senior Notes | Corporate Bonds | 179,028 | 213,870 |
| | Wachovia Corp Notes | Corporate Bonds | 200,000 | 214,910 |
| | IBM Corporation MTN | Corporate Bonds | 197,400 | 217,394 |
| | Compass Bank Bonds | Corporate Bonds | 213,600 | 215,956 |
| | McGraw-Hill Cos. MTNs | Corporate Bonds | 239,016 | 214,874 |
| | AT&T Inc. Notes | Corporate Bonds | 200,000 | 216,708 |
| | Computer Science Corp MTNs | Corporate Bonds | 215,200 | 220,378 |
| | Freeport-McMoran Inc. Sr. Notes | Corporate Bonds | 199,182 | 175,000 |
| | TransOcean Inc. Notes | Corporate Bonds | 200,000 | 183,000 |
| | General Electric Capital Corp. | Corporate Bonds | 200,000 | 223,246 |
| | General Electric Capital Corp. | Corporate Bonds | 200,000 | 215,230 |
| | Avon Products Inc. | Corporate Bonds | 200,000 | 168,500 |
| | John Deere Capital Corp MTN | Corporate Bonds | 197,250 | 223,112 |
| | John Hancock Life Ins. Corp. | Corporate Bonds | 200,000 | 221,482 |
| | Capital One Financial Co. | Corporate Bonds | 200,084 | 199,366 |
| | Bank of America Notes | Corporate Bonds | 200,000 | 227,532 |
| | Ford Motor Credit Co. Notes | Corporate Bonds | 200,000 | 198,618 |
| | Barclay's Bank PLC Notes | Corporate Bonds | 200,000 | 223,660 |
| | Credit Suisse New York Notes | Corporate Bonds | 204,186 | 221,704 |
| | Hillshire Brands Notes | Corporate Bonds | 209,000 | 209,346 |
| | Royal Bank of Scotland Step-Up Notes | Corporate Bonds | 200,000 | 217,520 |
| | HSBC Finance Corp | Corporate Bonds | 232,900 | 234,006 |
| | Cliffs Natural Resources Inc. Sr. | Corporate Bonds | 197,110 | 61,000 |
| | Alcoa Inc Global Notes | Corporate Bonds | 205,524 | 205,000 |
| | Safeway Inc | Corporate Bonds | 201,708 | 181,000 |
| | Hewlett- Packard Co. Notes | Corporate Bonds | 209,460 | 212,094 |
| | SCANA Corp. Senior Notes | Corporate Bonds | 197,538 | 203,248 |
| | Murphy Oil Co. Global Notes | Corporate Bonds | 187,682 | 172,998 |

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issuer* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Whirlpool Corp. | Corporate Bonds | 207,932 | 215,508 |
| | Tyson Foods Inc. | Corporate Bonds | 200,000 | 211,954 |
| | BMC Software Inc. Global Notes | Corporate Bonds | 205,668 | 106,938 |
| | Kinder Morgan Energy Partners | Corporate Bonds | 190,000 | 177,438 |
| | JP Morgan Chase & Co. | Corporate Bonds | 198,000 | 200,290 |
| | Motorola Solutions Inc. | Corporate Bonds | 200,000 | 180,478 |
| | Dow Chemical Co. | Corporate Bonds | 200,000 | 200,038 |
| | Juniper Networks | Corporate Bonds | 204,000 | 198,404 |
| | Morgan Stanley Step-Up Notes | Corporate Bonds | 210,278 | 200,244 |
| | Goldman Sachs Group Step-Up Notes | Corporate Bonds | 196,700 | 197,928 |
| | Pitney-Bowes Inc. MTNs | Corporate Bonds | 205,000 | 204,940 |
| | Accrued Interest | | | 128,692 |
| | | | $ 9,592,452 | $ 9,565,642 |
| | PowerShares Water Resources Fund | Mutual Funds | $ 264,897 | $ 205,400 |
| | SPDRs - Consumer Discretionary Fund | Mutual Funds | 209,900 | 297,040 |
| | SPDRs - Consumer Staples Sector Fund | Mutual Funds | 196,450 | 235,950 |
| | SPDRs - Energy Sector Fund | Mutual Funds | 152,061 | 122,400 |
| | SPDRs - Healthcare Sector Fund | Mutual Funds | 134,490 | 198,690 |
| | SPDRs - Industrial Sector Fund | Mutual Funds | 207,738 | 249,450 |
| | SPDRs - Materials Sector Fund | Mutual Funds | 152,600 | 159,680 |
| | SPDRs - Metals & Mining Sector Fund | Mutual Funds | 197,121 | 50,160 |
| | SPDRs - Oil/Gas Exploration Sector Fund | Mutual Funds | 178,830 | 98,520 |
| | SPDRs - Pharmaceutical Sector Fund | Mutual Funds | 188,100 | 281,520 |
| | SPDRs - Retail Sector Fund | Mutual Funds | 210,540 | 266,520 |
| | SPDRs - S&P Mid-Cap Index Fund | Mutual Funds | 278,320 | 497,780 |
| | SPDRs - S&P Regional Bank Fund | Mutual Funds | 125,779 | 205,900 |
| | Vanguard REIT Index Fund | Mutual Funds | 109,603 | 151,080 |
| | Vanguard Small-Cap Index | Mutual Funds | 125,748 | 215,900 |
| | iShares NASDAQ Biotechnology Fund | Mutual Funds | 185,042 | 212,331 |
| | AllianzGI NFJ Internationl Value Instl | Mutual Funds | ** | 490 |
| | Blackrock Lifepath Index 2020 | Mutual Funds | ** | 652,868 |
| | Blackrock Lifepath Index 2025 | Mutual Funds | ** | 101,555 |
| | Blackrock Lifepath Index 2030 | Mutual Funds | ** | 433,745 |
| | Blackrock Lifepath Index 2035 | Mutual Funds | ** | 43,838 |
| | Blackrock Lifepath Index 2040 | Mutual Funds | ** | 215,964 |

*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 No. 001*
*September 30, 2015*

| *(a)* | *(b) Identity of Issuer* | *(c) Description of Investment* | *(d) Cost* | *(e) Current Value* |
|---|---|---|---|---|
| | Blackrock Lifepath Index 2045 | Mutual Funds | ** | 20,244 |
| | Blackrock Lifepath Index 2050 | Mutual Funds | ** | 90,720 |
| | Blackrock Lifepath Index 2055 | Mutual Funds | ** | 3,364 |
| | Columbia Mid Cap Index Fund | Mutual Funds | ** | 157,770 |
| | Fidelity Advisor Balanced Fund | Mutual Funds | ** | 946 |
| | Invesco American Value | Mutual Funds | ** | 42,441 |
| | Invesco Equally - WTD S&P 500 | Mutual Funds | ** | 150,997 |
| | Janus Triton | Mutual Funds | ** | 91,610 |
| | JP Morgan Large Cap Growth | Mutual Funds | ** | 74,675 |
| | Legg Mason BW Global Opportunities | Mutual Funds | ** | 221 |
| | Lord Abbett Short Duration Income | Mutual Funds | ** | 127,641 |
| | Oppenheimer Developing Markets | Mutual Funds | ** | 31,731 |
| | Pioneer Real Estate | Mutual Funds | ** | 64,144 |
| | Pioneer Select Mid Cap Growth | Mutual Funds | ** | 72,065 |
| | Principal Capital Appreciation Inst | Mutual Funds | ** | 783 |
| | Principal Equity Income Inst | Mutual Funds | ** | 42,771 |
| | Principal Smallcap S&P 600 Index | Mutual Funds | ** | 51,893 |
| | Ridgeworth Total Return Bond | Mutual Funds | ** | 35,913 |
| | Vanguard Lifestrategy Cnsrv | Mutual Funds | ** | 4,718 |
| | Vanguard Prime Money Market Inv | Mutual Funds | ** | 201,111 |
| | Vanguard Total Intl Stock Index | Mutual Funds | ** | 129,551 |
| | | | $ 2,917,219 | $ 6,292,092 |
| | Short Term Investment Fund | Money Market | $ 4,318,045 | $ 4,318,045 |
| | Wells Fargo Bank | Cash, 1% | $ 63,034 | $ 63,034 |
| * | Participant loans - participant directed | 5.25% | $ - | $ 97,392 |
| * | Participant loans - nonparticipant directed | 9% | - | 574,193 |
| | | | $ - | $ 671,585 |
| | | | $ 20,528,290 | $ 26,619,052 |

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