Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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
AFC 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ADVANCED FRESH CONCEPTS CORP.

19205 S LAUREL PARK ROAD
RANCHO DOMINGUEZ, CA 90220

2b Employer Identification Number (EIN) 33-0194011

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

2d Business code (see instructions) 424400

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.	11/07/2017	NIYOM CHETCHEUTH
	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)

Preparer's telephone number

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**	458
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)**	425
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	239
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	272
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	272
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	124
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2J 2K 2T 3D 3H 2E

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
AFC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0194011

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64	RECORDKEEPER	338	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

UNIONBANC INVESTMENT SERVICES LLC

445 S FIGUEROA ST FL 2
LOS ANGELES, CA 90071

(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?
55 61	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]		Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 59 60 63 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(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?
61	PAYING AGENT	0	Yes [X] No [ ]	Yes [X] No [ ]	39552	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF GRTH FUND AMER R4 - AMERICAN FU 95-2566717	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ INTL VAL A - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MID CAP IDX A - COLUMBIA MGT I P.O. BOX 8081 BOSTON, MA 02266	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FKLN SM CAP VALUE A - FRANKLIN TEM 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HTFD INTL EQUITY R4 - HARTFORD ADM 41-0679409	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS TRITON S - JANUS SERVICES LL 43-1804048	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPM EQUITY INCOME A - BOSTON FINAN 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS MOD ALLOC R3 - MFS SERVICE CEN 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIXIS AEW RE A - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.30%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NB MID CAP GRTH INST - STATE STREE 04-0025081	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM REAL RETURN A - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM STKPLUS SM A - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIM TOTAL RETURN A - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRMTRC EMG MKT IS - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRU HIGH YIELD A - PRUDENTIAL MUTU 22-3703799	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTN US GOVT INC A - PUTNAM INVEST 04-2539562	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY S ESTB VAL A - SUNGARD INV 31-1249295	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	1587

(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.
FA FREEDOM 2010 A - FIDELITY DISTR 04-2270522	

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
NATIONAL FINANCIAL SERVICES LLC	61	6399
(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.	
FA FREEDOM 2015 A - FIDELITY DISTR 04-2270522		

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	5882
(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.	
FA FREEDOM 2020 A - FIDELITY DISTR 04-2270522		

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	4546
(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.	
FA FREEDOM 2025 A - FIDELITY DISTR 04-2270522		

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
NATIONAL FINANCIAL SERVICES LLC	61	3735

(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.
FA FREEDOM 2030 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	7489

(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.
FA FREEDOM 2035 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	3837

(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.
FA FREEDOM 2040 A - FIDELITY DISTR 04-2270522	

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
NATIONAL FINANCIAL SERVICES LLC	61	2363

(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.
FA FREEDOM 2045 A - FIDELITY DISTR 04-2270522	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
UNIONBANC INVESTMENT SERVICES LLC	61	39284

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
AFC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0194011

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST AGG STR BAL SLS VII

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-386	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST CASH SERIES US GOVT L

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST CONS STR BAL SLS VII

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-384	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST MOD STR BAL SLS VII

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-385	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST RUSS SC IDX VIII

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-340	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST S&P 500 IDX IX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-344	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST S&P MD CP IDX NL J

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-347	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
AFC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0194011

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	412187	84134
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	166910	153732
(9) Value of interest in common/collective trusts	1c(9)	1334624	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2066302	4184189
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	3980023	4422055
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	3980023	4422055

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)**	82264	
	(B) Participants	**2a(1)(B)**	539133	
	(C) Others (including rollovers)	**2a(1)(C)**	93359	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		714756
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	6	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	8266	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		8272
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	188332	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		188332
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28434
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		62876
c Other income	2c		-7053
d Total income. Add all **income** amounts in column (b) and enter total	2d		995617
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	553244	
(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)		553244
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	341	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		341
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		553585
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		442032
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: KAKIMOTO NAGASHIMA LLP **(2)** EIN: 56-2404069

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		366000
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	X		
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
AFC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
33-0194011

Part I Distributions

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

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

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): 04-6568107 57-1198022

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2016

Fund Name	Share Balance 12/31/2016	Historical Cost	Price	Total Market Value
COL MID CAP IDX A	541.137	$7,957.14	$15.40	$8,333.51
HTFD INTL EQUITY R4	10,901.094	$103,165.05	$9.12	$99,417.98
VICTORY S ESTB VAL A	371.102	$12,168.56	$36.16	$13,419.05
PRU HIGH YIELD A	465.847	$2,491.05	$5.45	$2,538.87
NATIXIS AEW RE A	1,118.077	$18,912.99	$15.99	$17,878.05
FKLN SM CAP VALUE A	95.338	$4,775.23	$54.97	$5,240.73
ALZGI NFJ INTL VAL A	84.275	$1,461.38	$16.35	$1,377.90
PIM TOTAL RETURN A	105.848	$1,079.12	$10.03	$1,061.66
PRMTRC EMG MKT IS	115.447	$1,450.71	$12.73	$1,469.64
PUTN US GOVT INC A	4,170.769	$54,688.86	$13.06	$54,470.24
JPM EQUITY INCOME A	13,897.904	$193,140.43	$14.96	$207,912.64
AF GRTH FUND AMER R4	4,187.758	$181,197.65	$41.69	$174,587.63
PIM REAL RETURN A	1,979.637	$21,527.12	$10.92	$21,617.64
MFS MOD ALLOC R3	22.014	$349.47	$16.04	$353.10
JANUS TRITON S	3,806.071	$82,148.70	$23.17	$88,186.67
PIM STKPLUS SM A	361.956	$2,918.74	$9.32	$3,373.43
NB MID CAP GRTH INST	14.913	$194.20	$12.79	$190.74
FA FREEDOM 2010 A	14,489.254	$172,271.06	$11.89	$172,277.23
FA FREEDOM 2020 A	42,222.787	$530,617.72	$12.71	$536,651.62
FA FREEDOM 2030 A	29,528.448	$384,769.39	$13.34	$393,909.50
FA FREEDOM 2040 A	32,273.717	$428,974.93	$13.68	$441,504.45
FA FREEDOM INC A	613.147	$6,536.41	$10.69	$6,554.54
FA FREEDOM 2005 A	635.919	$7,338.01	$11.47	$7,293.99
FA FREEDOM 2015 A	35,652.185	$422,996.03	$11.91	$424,617.52
FA FREEDOM 2025 A	45,071.929	$555,371.78	$12.52	$564,300.55
FA FREEDOM 2035 A	38,320.434	$475,228.89	$12.78	$489,735.15
FID INTL INDEX PR	0.000	$0.00	$35.32	$0.00
FID 500 INDEX PR	641.234	$47,297.51	$78.34	$50,234.27
FA FREEDOM 2045 A	27,761.216	$284,914.62	$10.58	$293,713.67
FA FREEDOM 2050 A	3,667.855	$37,472.04	$10.52	$38,585.83
FA FREEDOM 2055 A	3,775.248	$41,984.36	$11.45	$43,226.59
FID MID CAP IDX PR	788.014	$13,537.68	$18.17	$14,318.21
FID SM CAP IDX PR	111.033	$1,749.99	$18.36	$2,038.57
FA FREEDOM 2060 A	375.675	$3,621.85	$10.11	$3,798.07
FID GOVT MMKT DM	84,134.200	$84,134.20	$1.00	$84,134.20

SUMMARY OF NET TRUST ASSETS

Total Plan Assets as of 12/31/2016

Fund Name	Share Balance 12/31/2016	Historical Cost	Price	Total Market Value
OUTSTANDING LOAN BALANCE				$153,732.26
			NET ASSETS 12/31/2016:	$4,422,055.70

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.

AFC 401(K) RETIREMENT PLAN

Financial Statements

December 31, 2016 and 2015

(With Auditors' Report Thereon)

Kakimoto Nagashima LLP
Certified Public Accountants
Consultants

An Independent Member of the
plante moran
ALLIANCE

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the AFC 401(k) Retirement Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company and State Street Bank and Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from April 1, 2016 to December 31, 2016 and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2015, and for the period from January 1, 2016 to March 31, 2016. The plan administrator has obtained certifications from the trustees as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year and acquired and disposed of within year as of and for the year ended December 31, 2016, 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 paragraph, we do not express an opinion on these supplemental schedules.

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 trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kakimoto & Nagashima LLP

Torrance, California
October 9, 2017

AFC 401(K)
RETIREMENT PLAN

Statements of Net Assets Available For Plan Benefits

December 31, 2016 and 2015

ASSETS

	2016	2015
Investments, at fair value (notes 3 and 6):		
Mutual funds	$ 4,184,189	2,066,302
Money market fund	84,134	-
Common/collective trusts	-	1,746,811
	4,268,323	3,813,113
Receivables:		
Participants' contributions (note 7)	-	19,037
Employer contributions (note 7)	-	3,001
Notes receivable from participants (note 3)	153,732	166,910
Total receivables	153,732	188,948
Total assets	4,422,055	4,002,061

LIABILITIES

Liabilities (note 7):		
Excess contributions payable	18,679	35,390
Total liabilities	18,679	35,390
Net assets available for plan benefits	$ 4,403,376	3,966,671

See accompanying notes to financial statements.

AFC 401(K)
RETIREMENT PLAN

Statement of Changes in Net Assets Available For Plan Benefits

Year Ended December 31, 2016

	2016
Additions to net assets attributed to:	
Investment income (loss) (note 3):	
Net appreciation in fair value of investments	$ 90,104
Interest and dividend income	196,604
Other expense	(7,053)
Total investment income	279,655
Contributions (note 7):	
Participants	502,622
Employer	78,431
Rollover	93,359
Total contributions	674,412
Total additions	954,067
Deductions from net assets attributed to:	
Benefits paid to participants	(517,021)
Administrative fees	(341)
Total deductions	(517,362)
Net increase in net assets available for plan benefits	436,705
Net assets available for plan benefits:	
Beginning of year	3,966,671
End of year	$ 4,403,376

See accompanying notes to financial statements.

AFC 401(K)
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of the Plan

The following description of the AFC 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – On January 1, 2000, Advanced Fresh Concepts Corp. ("AFC") established the Plan as a defined contribution and profit sharing retirement plan qualifying under section 401(k) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan covers eligible employees of AFC and its participating subsidiaries, Advanced Fresh Concepts Franchise Corp., AFC Distribution Corp. and Advanced Fresh Concepts Food Service Corp. (collectively the "Employer" or "Company").

Until March 31, 2016, the trustee of the Plan was State Street Bank and Trust Company ("State Street") with record keeping for the individual participants' accounts provided by Automatic Data Processing Inc. ("ADP"). Effective April 1, 2016, Fidelity Management Trust Company ("FMTC") became the Plan's trustee and recordkeeper; during April 2016, all Plan assets had been transferred to FMTC. Plan assets transferred to FMTC were transferred into funds comparable to those offered by the former trustee, State Street. The conversion initiated a black-out period in which all Plan participants were not able to transfer amounts between funds, request contribution allocations or request distributions.

Eligibility – All employees of the Employer, with certain exceptions, who have completed one year of eligibility service, may participate in the Plan. A year of eligibility service is fulfilled after completing 1,000 hours of service during the first twelve months of employment. Employees are eligible to participate in the Plan on the first day of the month following the completion of the eligibility requirements.

Contributions – Participants may elect to contribute up to 20% of eligible compensation or, as limited by Section 402(g) of the IRC, $18,000 in 2016. Eligible employees may also rollover distributions from eligible retirement plans pursuant to the terms of the Plan.

The Plan provides that participants who are projected to be age 50 or older by the end of the calendar year are eligible to also make a catch-up contribution of up to $6,000 in 2016.

The Company will make matching contributions in an amount equal to 25% of a participant's elective deferrals subject to a maximum of 6% of a participant's eligible compensation contributed to the Plan. The Company made matching contributions of $78,431 for the year ended December 31, 2016. The Company, at its discretion, may make additional contributions; no additional contributions were made for the year ended December 31, 2016.

Participant Accounts – Each participant's account is credited with the participant's contributions, Company matching contributions and allocations of investment earnings and/or losses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(1) Description of the Plan (Continued)

Vesting – Participants in the Plan are fully vested in their contributions, including rollovers, and the actual earnings on these contributions. Participants become vested in the Company's matching contributions and related investment earnings/appreciation based on years of service. Company matching contributions and related earnings/appreciation shall be vested in accordance with the following schedule:

Years of Service	Vested Percentage
Less than two	0%
At least two years, but less than 3	20%
At least three years, but less than 4	40%
At least four years, but less than 5	60%
At least five years, but less than 6	80%
Over six years	100%

Investment Options – At December 31, 2016, investments were held by FMTC. Participants may direct the investment of their contributions and allocable Company contributions, subject to the limitations as defined by the Plan, among the following investments:

a. FA Freedom 2005 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
b. FA Freedom 2010 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
c. FA Freedom 2015 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
d. FA Freedom 2020 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
e. FA Freedom 2025 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
f. FA Freedom 2030 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
g. FA Freedom 2035 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
h. FA Freedom 2040 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
i. FA Freedom 2045 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
j. FA Freedom 2050 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
k. FA Freedom 2055 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
l. FA Freedom 2060 Fund Class A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date and beyond.
m. FA Freedom Income Fund Class A - Seeks high total return with a secondary objective of principal preservation.

(1) Description of the Plan (Continued)

Investment Options (Continued)

n. Fidelity 500 Index Fund Premium Class - Seeks to provide investment results that correspond to the total return (i.e., the combination of capital changes and income) performance of common stocks publicly traded in the United States.

o. Fidelity Mid Cap Index Fund Premium Class - The fund seeks to provide investment results that correspond to the total return of stocks of mid-capitalization United States companies.

p. Fidelity Small Cap Index Fund Premium Class - The fund seeks to provide investment results that correspond to the total return of stocks of small-capitalization United States companies.

q. Columbia Mid Cap Index Fund Class A - The investment seeks total return before fees and expenses that correspond to the total return of the Standard & Poor's (S&P) MidCap 400 Index.

r. PIMCO StocksPLUS Small Fund Class A - The investment seeks total return which exceeds that of the Russell 2000 Index.

s. Hartford International Equity Fund Class R4 - The investment seeks long-term capital appreciation.

t. Victory Sycamore Established Value Fund Class A - The investment seeks long-term capital growth by investing primarily in common stocks.

u. Prudential High-Yield Fund Class A - The investment seeks to maximize current income; and capital appreciation is a secondary objective.

v. Natixis Funds Trust IV AEW Real Estate Fund Class A - The investment seeks to provide investors with above-average income and long-term growth of capital.

w. Franklin Small Cap Value Fund Class A - The investment seeks long-term total return.

x. AllianzGI NFJ International Value Fund Class A - The investment seeks long-term growth of capital and income.

y. PIMCO Total Return Fund Class A - The investment seeks maximum total return, consistent with preservation of capital and prudent investment management.

z. Parametric Emerging Markets Fund Inst Class - The investment seeks long-term capital appreciation.

aa. Putnam U.S. Government Income Fund Class A - The investment seeks high current income with preservation of capital.

bb. JPMorgan Equity Income Fund Class A - The investment seeks capital appreciation and current income.

cc. American Funds The Growth Fund of America Class R-4 - The investment seeks growth of capital.

dd. PIMCO Real Return Fund Class A - The investment seeks maximum real return, consistent with preservation of capital and prudent investment management.

ee. MFS Moderate Allocation Fund Class R3 - The investment seeks a high level of total return consistent with a moderate level of risk relative to the other MFS Asset Allocation Funds.

ff. Janus Henderson Triton Fund Class S - The investment seeks long-term growth of capital.

gg. Neuberger Berman Mid Cap Growth Fund Inst Class - The investment seeks growth of capital.

hh. Fidelity Government Money Market Fund DM Class - Seeks as high a level of current income as is consistent with preservation of capital and liquidity.

(1) Description of the Plan (Continued)

Investment Options (Continued)

At December 31, 2015, investments were held by State Street. Participants were allowed to direct the investment of their contributions and allocable Company contributions, subject to limitations as defined by the Plan, into investment options provided by State Street which included thirteen mutual funds and seven common collective trusts.

Forfeitures – Upon termination of employment, the non-vested portion of the participant's account will be forfeited. Forfeitures retained in the Plan are used for the reduction of future employer contributions or Plan expenses.

For the year December 31, 2016, forfeited accounts and adjustments amounted to $4,923; $833 was used to reduce employer contributions during the year 2016.

Notes Receivable from Participants – Loans are available in the Plan. Effective April 1, 2016, the minimum loan amount was changed from $500 to $1,000. The maximum amount is the lesser of $50,000 (reduced by the highest outstanding loan balance in the account during the prior twelve-month period) or one half of the participant's vested account balance. The interest rate used will be based commensurate with local prevailing rates as determined by the Plan administrator. The participant is allowed one loan outstanding at a time. Loan payments are made through payroll deductions typically over a period of five years; however, effective April 1, 2016, if the loan is for the purchase of a participant's principal residence, the administrator may permit up to a ten year payment term (previously, up to a thirty year term may have been permitted). Generally, each loan is secured by the balance in the participant's account.

Payment of Benefits – Withdrawals are permissible upon participant's reaching age 59½, termination of employment, death, disability, retirement or certain financial hardships. Vested benefits due to the participant or, in the event of death, to the participant's beneficiaries, in most events will generally be distributed in a lump sum payment, installments or can be rolled over into another qualified retirement plan.

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

Non-Discrimination Testing for Employee Contributions – The Plan, as required by the IRC, performs annual tests comparing participant data for highly compensated participants with data for non-highly compensated participants to ensure that highly compensated participants are not disproportionately favored by the Plan. If the Plan initially fails the tests, it will refund the excess contributions in the amount necessary to pass the tests. Excess contributions for 2016 and 2015 amounted to $18,679 and $35,390, respectively, and were refunded in the following year.

(2) Summary of Significant Accounting Policies

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

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

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

Valuation of Investments – Investments are stated in the accompanying statements of net assets for plan benefits at fair value. See note 6 for further discussion of fair value measurements.

At December 31, 2016, the Plan's investments were maintained in mutual funds and a money market fund. As provided by FMTC, the Plan's investments in the shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. The fair value of the money market fund is based on a quoted market price.

At December 31, 2015, the Plan's investments were maintained in mutual funds and common collective trusts. As provided by State Street, the Plan's investments in the shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares by the Plan at year end. The fair value in the common collective trusts are determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

Adoption of New Accounting Standards – In May 2015, the FASB issued Accounting Standards Update Accounting Standards Update No. 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)" ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by ASC 820. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. During the year ended December 31, 2015, the Plan had elected to adopt ASU 2015-07 early to reduce the complexity of reporting investments. Accordingly, the standard was retrospectively applied.

(2) Summary of Significant Accounting Policies (Continued)

Adoption of New Accounting Standards (Continued) –

In July 2015, the FASB issued Accounting Standards Update No. 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Part I Fully Benefit-Responsive Investment Contracts, Part II Plan Investment Disclosures, Part III Measurement Date Practical Expedient" ("ASU 2015-12"). Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures and clarifies that indirect investments in investment contracts are not fully benefit-responsive. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured at fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with retrospective application of Parts I and II to all periods presented. During the year ended December 31, 2015, management had elected to early adopt the provisions of Part II of this new standard to reduce the complexity of reporting investments. Accordingly these provisions were retrospectively applied.

Fair Value Measurements – The Plan follows the guidance provided by ASC 820, "Fair Value Measurements and Disclosures", for its fair value measurements. ASC 820 establishes a framework for measuring fair value and utilizes a valuation hierarchy which prioritizes the inputs used in measuring fair value.

Notes Receivable from Participants – Notes receivable from participants represent participant loans that are to be recorded at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Income Recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – The Company pays for certain administrative expenses, with the exception of transaction-based fees and asset management fees charged to participants through the various funds.

Subsequent Events - ASC 855, "Subsequent Events", establishes general standards of accounting and disclosure for events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. In addition, ASC 855-10-50-1 requires disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. The Company has evaluated subsequent events through October 9, 2017 which is the date that the financial statements were available to be issued.

(3) Information Certified by the Trustee (Unaudited)

The following is a summary of the unaudited information included in the Plan's financial statements and supplemental schedules, that was prepared by FMTC (as of and for the year ended December 31, 2016) and State Street (as of December 31, 2015 and for the year ended December 31, 2016) and furnished to the plan administrator. The plan administrator has obtained certifications from the trustees that such information is complete and accurate.

The following table presents the fair values of investments as valued by FMTC and State Street at December 31, 2016 and 2015, respectively, separately identified by fund type:

	2016	2015
Participant directed investments:		
Mutual funds, at fair value as determined by State Street:		
Fidelity Advisor Equity Growth Fund	$ -	141,814
Janus Overseas Fund	-	114,340
AllianceBernstein Growth and Income Fund	-	94,565
Oppenheimer Capital Appreciation Fund	-	213,859
PIMCO Total Return Fund	-	346,086
Deutsche Global High Income Fund	-	83,199
Deutsche Large Cap Value Fund	-	64,682
AllianzGI NFJ Small Cap Value Fund	-	98,049
Franklin Rising Dividends Fund	-	114,356
Alger Mid Cap Growth Institutional Fund	-	98,831
Alger Small Cap Growth Institutional Fund	-	66,253
Neuberger Berman Large Cap Value Fund	-	258,482
Templeton Growth Fund	-	371,786
Common collective trusts, at fair value as determined by State Street:		
SSgA Conservative Strategic Balanced Securities Lending Series Fund	-	117,137
SSgA Moderate Strategic Balanced Securities Lending Series Fund	-	225,867
SSgA Aggressive Strategic Balanced Securities Lending Series Fund	-	110,852
SSgA S&P 500 Index Securities Lending Series Fund	-	372,829
SSgA Russell Small Cap Index Securities Lending Series Fund	-	65,915
SSgA S&P MidCap Index Non-Lending Series Fund	-	442,024
SSgA Cash Series U.S. Government Fund	-	412,187

(3) Information Certified by the Trustee (Unaudited) (Continued)

	2016	2015
Participant directed investments:		
Mutual funds and money market fund, at fair value as determined by FMTC:		
FA Freedom 2005 Fund Class A	$ 7,294	-
FA Freedom 2010 Fund Class A	172,277	-
FA Freedom 2015 Fund Class A	424,617	-
FA Freedom 2020 Fund Class A	536,652	-
FA Freedom 2025 Fund Class A	564,301	-
FA Freedom 2030 Fund Class A	393,909	-
FA Freedom 2035 Fund Class A	489,735	-
FA Freedom 2040 Fund Class A	441,504	-
FA Freedom 2045 Fund Class A	293,714	-
FA Freedom 2050 Fund Class A	38,586	-
FA Freedom 2055 Fund Class A	43,227	-
FA Freedom 2060 Fund Class A	3,798	-
FA Freedom Income Fund Class A	6,554	-
Fidelity 500 Index Fund Premium Class	50,234	-
Fidelity Mid Cap Index Fund Premium Class	14,318	-
Fidelity Small Cap Index Fund Premium Class	2,038	-
Columbia Mid Cap Index Fund Class A	8,333	-
PIMCO StocksPLUS Small Fund Class A	3,373	-
Hartford International Equity Fund Class R4	99,418	-
Victory Sycamore Established Value Fund Class A	13,419	-
Prudential High-Yield Fund Class A	2,539	-
Natixis Funds Trust IV AEW Real Estate Fund Class A	17,878	-
Franklin Small Cap Value Fund Class A	5,241	-
AllianzGI NFJ International Value Fund Class A	1,378	-
PIMCO Total Return Fund Class A	1,062	-
Parametric Emerging Markets Fund Inst Class	1,470	-
Putnam U.S. Government Income Fund Class A	54,470	-
JPMorgan Equity Income Fund Class A	207,913	-
American Funds The Growth Fund of America Class R-4	174,588	-
PIMCO Real Return Fund Class A	21,618	-
MFS Moderate Allocation Fund Class R3	353	-
Janus Henderson Triton Fund Class S	88,187	-
Neuberger Berman Mid Cap Growth Fund Inst Class	191	-
Fidelity Government Money Market Fund DM Class	84,134	-
	$ 4,268,323	3,813,113
Notes receivable from participants	$ 153,732	166,910

(3) Information Certified by the Trustee (Unaudited) (Continued)

The following table presents income from investment activities for the year ended December 31, 2016, as certified by FMTC and State Street:

Participant directed investments:	
Investment (loss) income:	
Net appreciation in fair value of investments	$ 90,104
Interest and dividend income	196,604
Other expense	(7,053)

Supplemental Schedules:

Schedule of Assets (Held at End of Year)
Schedule of Assets (Acquired and Disposed of Within Year)

(4) Income Tax Status

The Plan had previously adopted an ADP Prototype 401(k) and Profit Sharing Plan ("prototype plan"). The prototype plan obtained its latest opinion letter on July 8, 2014 in which the Internal Revenue Service ("IRS") state that the prototype plan was designed in accordance with applicable sections of the IRC. In conjunction with the trustee change to FMTC, the Plan adopted a Volume Submitter Defined Contribution Plan ("Volume Submitter Plan") which received a favorable opinion letter dated March 31, 2014 from the IRS indicating that the form of the Volume Submitter Plan is acceptable under applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letters, the plan administrator believes that the Plan continues to qualify and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan had no uncertain tax positions at December 31, 2016 and 2015. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

(5) Related Party Transactions

From the beginning of the year through March 31, 2016, State Street, or its affiliates, managed certain Plan investments and held all Plan investments. State Street was the trustee as defined by the Plan; therefore, these transactions qualified as party-in-interest transactions. ADP served as the Plan's recordkeeper and qualified as a party-in-interest.

Subsequent to the period noted above, certain Plan investments are managed by FMTC or its affiliates; in addition all investments are held by FMTC. FMTC is the trustee, and, therefore, these transactions qualify as party-in-interest transactions.

(6) Fair Value Measurements

As noted above, ASC 820 utilizes a valuation hierarchy which prioritizes the inputs used in measuring fair value. The fair value valuation hierarchy consists of the following three levels:

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

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

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

Mutual Funds: Mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year end. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Money Market Fund: The fair value of this investment is based at a quoted market price in an active market and is classified as a Level 1 investment.

Common/Collective Trusts: The common collective investment trusts (SSgA series funds) represented the Plan's investments that were held in common collective trust funds which invested primarily in a variety of separate accounts and mutual funds. The fair values of all of these investments were used in determining the NAV, as provided by State Street, of the collective investment trusts, which were not publicly quoted. NAV was used as a practical expedient to estimate fair value. Due to the nature of the common collective trusts, there were no unfunded commitments. The common collective investment trusts had the ability to redeem their investments at NAV in the near term. Redemption frequency was on a daily basis with no advance notice requirement.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following summarizes the financial assets and liabilities that are measured at fair value on a recurring basis at December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 4,184,189	$ 4,184,189	$ -	$ -
Money market fund	84,134	84,134	-	-
Total assets in fair value hierarchy	$ 4,268,323	$ 4,268,323	$ -	$ -

(6) Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2015			
	Total	Level 1	Level 2	Level 3
Mutual funds	$ 2,066,302	$ 2,066,302	$ -	$ -
Total assets in fair value hierarchy	2,066,302	$ 2,066,302	$ -	$ -
Common/collective trusts*	1,746,811			
	$ 3,813,113			

* Investments were measured using the NAV practical expedient and, therefore, had not been classified in the fair value hierarchy.

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2016 and 2015 to the Form 5500:

	2016	2015
Net assets available for plan benefits per financial statements	$ 4,403,376	3,966,671
Excess contributions payable	18,679	35,390
Contributions receivable	-	(22,038)
Net assets available for plan benefits per Form 5500	$ 4,422,055	3,980,023

Contributions receivable are recorded on the financial statements based on contributions received prior to December 31, 2015 but not yet transmitted to the trustee as of that date.

The following is a reconciliation of the increase in net assets available for plan benefits per the financial statements to net income per Form 5500 for the year ended December 31, 2016:

	2016
Increase in net assets available for plan benefits per financial statements	$ 436,705
Excess contributions	(16,711)
Contributions – accrual to cash basis adjustment	22,038
Net income per Form 5500	$ 442,032

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

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

AFC 401(K)
RETIREMENT PLAN

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

Year Ended December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds:		
*	Fidelity Investments	FA Freedom 2005 Fund Class A	**	$ 7,294
*	Fidelity Investments	FA Freedom 2010 Fund Class A	**	172,277
*	Fidelity Investments	FA Freedom 2015 Fund Class A	**	424,617
*	Fidelity Investments	FA Freedom 2020 Fund Class A	**	536,652
*	Fidelity Investments	FA Freedom 2025 Fund Class A	**	564,301
*	Fidelity Investments	FA Freedom 2030 Fund Class A	**	393,909
*	Fidelity Investments	FA Freedom 2035 Fund Class A	**	489,735
*	Fidelity Investments	FA Freedom 2040 Fund Class A	**	441,504
*	Fidelity Investments	FA Freedom 2045 Fund Class A	**	293,714
*	Fidelity Investments	FA Freedom 2050 Fund Class A	**	38,586
*	Fidelity Investments	FA Freedom 2055 Fund Class A	**	43,227
*	Fidelity Investments	FA Freedom 2060 Fund Class A	**	3,798
*	Fidelity Investments	FA Freedom Income Fund Class A	**	6,554
*	Fidelity Investments	Fidelity 500 Index Fund Premium Class	**	50,234
*	Fidelity Investments	Fidelity Mid Cap Index Fund Premium Class	**	14,318
*	Fidelity Investments	Fidelity Small Cap Index Fund Premium Class	**	2,038
	Columbia	Columbia Mid Cap Index Fund Class A	**	8,333
	PIMCO Funds	PIMCO StocksPLUS Small Fund Class A	**	3,373
	Hartford	Hartford International Equity Fund Class R4	**	99,418
	Victory	Victory Sycamore Established Value Fund Class A	**	13,419
	Prudential	Prudential High-Yield Fund Class A	**	2,539
	Natixis	Natixis Funds Trust IV AEW Real Estate Fund Class A	**	17,878
	Franklin	Franklin Small Cap Value Fund Class A	**	5,241
	Allianz	AllianzGI NFJ International Value Fund Class A	**	1,378
	PIMCO Funds	PIMCO Total Return Fund Class A	**	1,062
	Parametric	Parametric Emerging Markets Fund Inst Class	**	1,470
	Putnam	Putnam U.S. Government Income Fund Class A	**	54,470
	JP Morgan	JPMorgan Equity Income Fund Class A	**	207,913
	American Funds	American Funds The Growth Fund of America Class R-4	**	174,588
	PIMCO Funds	PIMCO Real Return Fund Class A	**	21,618
	MFS	MFS Moderate Allocation Fund Class R3	**	353
	Janus Henderson	Janus Henderson Triton Fund Class S	**	88,187
	Neuberger Berman	Neuberger Berman Mid Cap Growth Fund Inst Class	**	191
		Money market fund:		
*	Fidelity Investments	Fidelity Government Money Market Fund DM Class	**	84,134
				4,268,323
*	Participant loans secured by vested participant accounts	Participant loans with annual interest rates of 4.50% to 5.25% and varying maturity dates	-	153,732
		Total assets held for investment		$ 4,422,055

* Party-in-interest
** Historical cost information is not required for participant directed investment funds

See accompanying notes to financial statements.

AFC 401(K)
RETIREMENT PLAN

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

Year Ended December 31, 2016

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Costs of Acquisitions	Proceeds of Dispositions
	No Transactions		

See accompanying notes to financial statements.