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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1976

2a Plan sponsor's name (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)
ADVANCE BEVERAGE CO., INC.

5200 DISTRICT BLVD.
BAKERSFIELD, CA 93313

2b Employer Identification Number (EIN)
95-2701458

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

2d Business code (see instructions)
484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/07/2020	WILLIAM K. LAZZERINI, JR.
	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

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	240
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)**	147
a(2) Total number of active participants at the end of the plan year	**6a(2)**	150
b Retired or separated participants receiving benefits	**6b**	38
c Other retired or separated participants entitled to future benefits	**6c**	48
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	236
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 3D 2H 2T

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)	[X]	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)	[X]	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)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCE BEVERAGE CO., INC.

D Employer Identification Number (EIN)
95-2701458

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY INS. COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	68322	334671-01	26	10/01/2018	09/30/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	101183
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	101893
c	Additions: (1) Contributions deposited during the year	7c(1)	7949		
	(2) Dividends and credits	7c(2)	1163		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	102104		
	(5) Other (specify below)	7c(5)	5		
	▶ ADD'L DEPOSIT				
	(6) Total additions			7c(6)	111221
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	213114
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	109		
	(3) Transferred to separate account	7e(3)	111822		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	111931
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	101183

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCE BEVERAGE CO., INC.

D Employer Identification Number (EIN)
95-2701458

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER RETIREMENT ADVISORY SERVICE

8515 E. ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	39738	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPFINANCIAL PARTNERS, LLC

4208 SIX FORKS RD.
RALEIGH, NC 27609

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	22704	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACTUARIES UNLIMITED, INC.

16030 VENTURA BLVD.
STE. 320
ENCINO, CA 91436

95-3654923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	2146	Yes [ ] No [X]

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

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

PRB ADMINISTRATORS, INC.

1990 S. BUNDY DR
STE. 410
LOS ANGELES, CA 90025

38-2799783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	1094	Yes [ ] No [X]

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

SENTINEL ASSET MANAGEMENT

P.O. BOX 3069
DEL MAR, CA 92014

33-0397627

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

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

BARBICH HOOPER KING DILL HOFFMAN

5001 EAST COMMERCE DRIVE
BAKERSFIELD, CA 93309

95-3705481

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCE BEVERAGE CO., INC.

D Employer Identification Number (EIN)
95-2701458

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	300000
(2) Participant contributions	1b(2)	8538	650
(3) Other	1b(3)	0	431
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1350232	8527469
(2) U.S. Government securities	1c(2)	6438250	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5976314	4895301
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9272595	8232941
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	668303	622593
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8882438	8741666
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	101892	101183
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	32698562	31422234
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	24876	31882
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	24876	31882
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	32673686	31390352

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)**	300000	
	(B) Participants	**2a(1)(B)**	196427	
	(C) Others (including rollovers)	**2a(1)(C)**	79	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		496506
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	15812	
	(B) U.S. Government securities	**2b(1)(B)**	134752	
	(C) Corporate debt instruments	**2b(1)(C)**	253455	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	55599	
	(F) Other	**2b(1)(F)**	-15897	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		443721
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	119590	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	180930	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		300520
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	15359053	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	15584730	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-225677
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-313461	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-313461

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		701609
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1826036	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1826036
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	25412	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	133495	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		158907
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1984943
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1283334
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c 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.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCE BEVERAGE CO., INC.

D Employer Identification Number (EIN)
95-2701458

Part I Distributions

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

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

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

EIN(s): 84-0467907 95-6983379

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements
September 30, 2019 and 2018

C O N T E N T S

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BARBICH HOOPER KING
DILL HOFFMAN
ACCOUNTANCY CORPORATION

Independent Auditors' Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Advance Beverage Co., Inc. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 7, which was certified by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the record keeper of the Plan as agent for Empower Retirement, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the agent on behalf of the custodian, as of and for the

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

years ended September 30, 2019 and 2018, that the information provided to the plan administrator by the agent for the custodian 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 reportable transactions as of September 30, 2019, 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 the supplemental schedules referred to above.

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

BARBICH HOOPER KING
DILL HOFFMAN
Accountancy Corporation

Bakersfield, California
April 28, 2020

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

Statements of Net Assets Available for Benefits
September 30, 2019 and 2018

ASSETS	***2019***	***2018***
Cash and cash equivalents	$ 8,527,469	$ 1,350,232
Investments, at fair value:		
Common stocks	8,232,941	9,272,595
Mutual funds	8,741,666	8,882,438
Corporate bonds	4,895,301	5,976,314
Treasury bills	-	6,438,250
	21,869,908	30,569,597
Investments, at contract:		
Guaranteed investment contract	101,183	101,892
Receivables:		
Notes receivable, participants	623,024	668,303
Employer contribution receivable	300,000	-
Employee contribution receivable	650	8,538
	923,674	676,841
Total assets	31,422,234	32,698,562
LIABILITIES		
Other liabilities	31,882	24,876
Net assets available for benefits	$ 31,390,352	$ 32,673,686

See Notes to Financial Statements.

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

Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2019 and 2018

	2019	2018
Additions:		
Investment income:		
Unrealized appreciation (depreciation) in fair value of investments	$ (313,461)	$ 2,656,709
Realized gain (loss) on sale of investments	(225,677)	30,377
Interest and dividends	688,642	636,724
	149,504	3,323,810
Interest income - notes receivable	55,599	60,779
Contributions:		
Employer	300,000	-
Employee	196,427	206,297
Rollovers	79	-
	496,506	206,297
Total additions	701,609	3,590,886
Deductions:		
Benefits paid to participants	1,826,036	460,126
Plan expenses	158,907	155,099
Total deductions	1,984,943	615,225
Net increase (decrease)	(1,283,334)	2,975,661
Net assets available for benefits:		
Beginning of year	32,673,686	29,698,025
End of year	$ 31,390,352	$ 32,673,686

See Notes to Financial Statements.

Note 1. Plan Description

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

General:

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

Contributions:

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

The Plan Sponsor’s contribution percentage under the profit sharing portion of the Plan is determined by the Board of Directors on an annual basis. For the years ended September 30, 2019 and 2018, the Plan Sponsor’s profit sharing contributions were $300,000 and $-0-, respectively. Contributions are funded annually.

Participant accounts:

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

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

Vesting:

Participants are immediately vested in their elective deferrals plus actual earnings thereon under the 401(k) portion of the Plan. Vesting in the profit sharing contributions plus actual earnings thereon is based on continuous years of service. A participant is 100% vested after 6 years of credited service.

Notes receivable, participants:

Participants can apply for one or more loans from the Plan. The total amount owed to the Plan by an individual participant cannot exceed the lesser of 50% of such participant's vested account balances or $50,000. These loans are secured by the balance in the participant's account and bear interest at the prime rate of interest plus 2% for the 401(k) portion of the Plan and 9% for the profit sharing portion of the Plan. Principal and interest are paid ratably through bi-weekly payroll deductions.

Forfeitures:

Forfeitures of terminated employees' non-vested account balances can be used to offset employer contributions or administrative expenses. Any remaining forfeitures will be allocated to active participants based on the respective accounts of the participants in proportion to the balances of such accounts as of the immediately preceding valuation date. The non-allocated forfeiture balances at September 30, 2019 and 2018 were $-0-. For the years ended September 30, 2019 and 2018, forfeitures used to offset administrative expenses were $1,180 and $12,000, respectively.

Benefit payments and withdrawals:

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

Amounts allocated to accounts of persons who, at the financial statement date, have elected to withdraw from the Plan but have not been paid was $-0- at September 30, 2019 and 2018.

Note 2. Significant Accounting Policies

Basis of accounting:

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Cash and cash equivalents:

For purposes of reporting cash balances and cash flows, the Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. Cash and cash equivalents are concentrated in high quality financial institutions, and are placed in money market funds, municipal bonds and commercial paper. At various times

during the year, the Plan's cash balances exceeded the amount insured by the Federal Deposit Insurance Corporation (FDIC).

Investment valuation and income recognition:

Investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

The Plan invests in various 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 the changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Notes receivable, participants:

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

Benefits:

Benefit payments are recorded when paid.

Plan expenses:

During the years ended September 30, 2019 and 2018, certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Tax status:

The Plan has been qualified under Section 401(a) of the Internal Revenue Code and, accordingly, income of the Plan is exempt from Federal and state income taxes. The IRS has determined and informed the Plan Sponsor by a letter dated November 17, 2004, that the Plan and related trust are designed in accordance with applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

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 may differ from those estimates.

Note 3. Plan Termination

Although it has not expressed intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in any profit sharing contributions received. Payment of such amounts will be made to participants by the Trustees as directed by the Plan Committee.

Note 4. Fair Value Disclosures

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2019 and 2018:

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

Common stocks and treasury bills: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing modes maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit rating.

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

As of September 30, 2019 and 2018, the Plan measured fair value using the following:

		Fair Value Measurements at September 30, 2019		
	Fair Value	***Level 1***	***Level 2***	***Level 3***
Common stocks	$ 8,232,941	$ 8,232,941	$ -	$ -
Registered investment companies	8,741,666	8,741,666	-	-
Corporate bonds	4,895,301	-	4,895,301	-
Total assets at fair value	$ 21,869,908	$ 16,974,607	$ 4,895,301	$ -

		Fair Value Measurements at September 30, 2018		
	Fair Value	***Level 1***	***Level 2***	***Level 3***
Common stocks	$ 9,272,595	$ 9,272,595	$ -	$ -
Registered investment companies	8,882,438	8,882,438	-	-
Treasury bills	6,438,250	6,438,250	-	-
Corporate bonds	5,976,314	-	5,976,314	-
Total assets at fair value	$ 30,569,597	$ 24,593,283	$ 5,976,314	$ -

Unrealized gains and losses included in the statements of changes in net assets available for benefits for the years ended September 30, 2019 and 2018, are reported in net appreciation (depreciation) in fair value of investments.

Note 5. Investment Contract with Insurance Company

The Plan has entered into a traditional fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company (Great-West). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the

principal and a specified interest rate that is guaranteed to the Plan. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive contract value and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, and does not have a minimum guaranteed interest rate. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (e) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Note 6. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to nonparticipant-directed investments that were not certified by the asset custodian are as follows:

	2019	***2018***
Net Assets:		
Cash and cash equivalents	$ 8,527,469	$ 1,350,232
Common stocks	8,232,941	9,272,595
Mutual funds	5,555,610	5,541,324
Corporate bonds	4,895,301	5,976,314
Treasury bills	-	6,438,250
Notes receivable, participants	544,766	598,931
Employer contribution receivable	300,000	-
Other liabilities	(31,882)	(24,876)
	$ 28,024,205	$ 29,152,770

	2019	2018
Net Assets Available for Benefits:		
Unrealized appreciation (depreciation) in fair value of investments	$ (356,762)	$ 2,495,803
Realized gain (loss) on sale of investments	(208,439)	25,456
Interest and dividends	590,009	550,522
Interest income - notes receivable	50,405	57,616
Employer contributions	300,000	-
Benefits paid to participants	(1,384,228)	(365,233)
Plan expenses	(119,550)	(117,111)
	$ (1,128,565)	$ 2,647,053

Note 7. Certified Financial Information

The following information as of and for the years ended September 30, 2019 and 2018, was obtained and certified as complete and accurate by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the record keeper of the Plan as agent for Empower Retirement, the custodian of the Plan, in accordance with 29 CF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes the following:

	2019	2018
Mutual funds	$ 3,186,056	$ 3,341,114
Guaranteed investment contract	101,183	101,892
Notes receivable, participants	78,258	69,372
	$ 3,365,497	$ 3,512,378

	2019	2018
Realized gain (loss) on sale of investments	$ (17,238)	$ 4,921
Unrealized appreciation in fair value of investments	$ 43,301	$ 160,906
Interest and dividends	$ 98,633	$ 86,202
Interest income - notes receivable	$ 5,194	$ 3,163

Note 8. Party-in-Interest Transactions

During the years ended September 30, 2019 and 2018, the Plan paid $158,907 and $155,099, respectively, to parties-in-interest which include asset custodians, third party administrators, auditors and investment advisors. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transactions rules.

Note 9. Reconciliation of Financial Statements to Form 5500

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

Note 10. Subsequent Events

The Plan has evaluated events and transactions subsequent to September 30, 2019 through April 28, 2020 the date the financial statements were available to be issued.

Subsequent to year end, the Trustees of the Plan decided to liquidate the investments held in the profit sharing plan and transfer the balance to Empower Retirement. Profit sharing assets would no longer be held in nonparticipant-directed pooled investment and/or cash accounts. Instead, each participant's allocated account balance in the profit sharing provision was transferred to individual participant accounts held by Empower Retirement. As a result of the transfer, beginning in the Plan year ending September 30, 2020, all Plan assets will be held in participant-directed accounts.

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

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Apple Inc.	Common Stock	$ 11,470	$ 559,925
	National Beverage Corp.	Common Stock	426,219	266,160
	Resmed, Inc.	Common Stock	67,788	405,330
	Zimmer Holdings Inc.	Common Stock	143,164	274,540
	CME Group Inc.	Common Stock	155,764	528,350
	Citigroup Inc.	Common Stock	174,300	345,400
	SEI Investments Co.	Common Stock	77,134	237,020
	Square Inc.	Common Stock	251,465	247,800
	Visa, Inc.	Common Stock	55,172	516,030
	Cisco Systems Inc.	Common Stock	114,395	345,870
	Oracle Corporation	Common Stock	70,851	275,150
	Jacobs Engineering Co.	Common Stock	174,493	366,000
	Netflix Inc.	Common Stock	195,420	535,240
	Paychex, Inc.	Common Stock	104,494	331,080
	Flowserve Corporation	Common Stock	182,315	280,260
	Barrick Gold Corporation	Common Stock	254,400	519,900
	Amazon.com Inc.	Common Stock	48,228	1,041,546
	Lowe's Cos.	Common Stock	60,133	329,880
	Target Corporation	Common Stock	158,728	320,730
	Tiffany & Co.	Common Stock	214,229	277,890
	Qualcomm Inc.	Common Stock	45,997	228,840
			$ 2,986,159	$ 8,232,941
	Barclay's Bank PLC Notes	Corporate Bonds	$ 200,000	$ 201,669
	Credit Suisse New York Notes	Corporate Bonds	204,186	201,817
	Marathon Oil Corp.	Corporate Bonds	190,000	200,911
	Xerox Corp. Global	Corporate Bonds	190,200	199,019
	Hillshire Brands Notes	Corporate Bonds	209,000	203,215
	ING Bank NV Step-Up Notes	Corporate Bonds	200,000	202,939
	HSBC Finance Corp.	Corporate Bonds	232,900	210,090
	Alcoa Inc. Global Notes	Corporate Bonds	205,524	207,000
	Nabors Industries	Corporate Bonds	174,600	190,000
	Safeway Inc.	Corporate Bonds	201,708	202,000
	Hewlett - Packard Co. Notes	Corporate Bonds	209,460	211,579
	SCANA Corp. Senior Notes	Corporate Bonds	197,538	204,474

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

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Murphy Oil Co. Global Notes	Corporate Bonds	$ 187,682	$ 201,828
	Whirlpool Corp.	Corporate Bonds	207,932	212,007
	Tyson Foods Inc.	Corporate Bonds	200,000	211,522
	Kinder Morgan Energy Partners	Corporate Bonds	190,000	206,316
	Apple Inc. Global	Corporate Bonds	200,000	203,322
	EMC Corp. Senior	Corporate Bonds	172,420	200,000
	Motorola Solutions Inc.	Corporate Bonds	200,000	211,544
	Juniper Networks Global Notes	Corporate Bonds	204,000	212,883
	Ford Motor Credit Corp. MTN	Corporate Bonds	200,000	196,240
	Jefferies Group LLC Step-Up Notes	Corporate Bonds	199,500	204,978
	Wells Fargo Co. Step-Up Notes	Corporate Bonds	201,000	199,773
	Pitney-Bowes Inc. MTNs	Corporate Bonds	205,000	150,000
	Accrued Interest	5.25%	-	50,175
			$ 4,782,650	$ 4,895,301
	Invesco Water Resources Fund	Mutual Funds	$ 264,897	$ 366,000
	ProShares Short S&P 500 ETF	Mutual Funds	1,354,902	1,045,200
	SPDRs - Communications Sector Fund	Mutual Funds	240,055	247,600
	SPDRs - Consumer Discretionary Fund	Mutual Funds	209,900	482,800
	SPDRs - Consumer Staples Sector Fund	Mutual Funds	196,450	307,100
	SPDRs - Energy Sector Fund	Mutual Funds	152,061	118,400
	SPDRs - Healthcare Sector Fund	Mutual Funds	134,490	270,390
	SPDRs - Industrial Sector Fund	Mutual Funds	207,738	388,150
	SPDRs - Materials Sector Fund	Mutual Funds	152,600	232,800
	SPDRs - Metals & Mining Sector Fund	Mutual Funds	197,121	76,350
	SPDRs - Oil/Gas Exploration Sector Fun	Mutual Funds	178,830	67,080
	SPDRs - Pharmaceutical Sector Fund	Mutual Funds	188,100	213,540
	SPDRs - Retail Sector Fund	Mutual Funds	210,540	254,580
	SPDRs - S&P Mid-Cap Index Fund	Mutual Funds	278,320	704,940
	SPDRs - S&P Regional Bank Fund	Mutual Funds	125,779	263,950
	Vanguard Small-Cap Index	Mutual Funds	125,748	307,780
	iShares NASDAQ Biotechnology Fund	Mutual Funds	185,042	208,950
	American Funds Europacific GR R6	Mutual Funds	**	8,858
	Blackrock Lifepath Index 2020	Mutual Funds	**	483,125
	Blackrock Lifepath Index 2025	Mutual Funds	**	166,469

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

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a)	*(b) Identity of Issuer*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Blackrock Lifepath Index 2030	Mutual Funds	**	$ 1,021,033
	Blackrock Lifepath Index 2035	Mutual Funds	**	86,740
	Blackrock Lifepath Index 2040	Mutual Funds	**	192,601
	Blackrock Lifepath Index 2045	Mutual Funds	**	13,648
	Blackrock Lifepath Index 2050	Mutual Funds	**	71,845
	Blackrock Lifepath Index 2055	Mutual Funds	**	27,621
	Goldman Sachs Smal Cap Value R6	Mutual Funds	**	1,593
	Harbor Capital Appreciation Retirement	Mutual Funds	**	8,521
	Invesco Oppenheimer Developing Mkts	Mutual Funds	**	75,275
	Janus Henderson Triton N	Mutual Funds	**	172,301
	MFS Mid Cap Value R6	Mutual Funds	**	53,317
	PGIM Total Return Bond	Mutual Funds	**	130,324
	Pioneer Select Mid Cap Growth K	Mutual Funds	**	72,530
	Principal Equity Income Inst	Mutual Funds	**	99,010
	Principal Real Estate Securities Inst.	Mutual Funds	**	37,339
	Vanguard 500 Index Admiral	Mutual Funds	**	155,386
	Vanguard Extended Market IDX ADM	Mutual Funds	**	178,688
	Vanguard Total Bond Market IDX ADM	Mutual Funds	**	972
	Vanguard Total Intl Stock Index ADM	Mutual Funds	**	128,860
			$ 4,402,573	$ 8,741,666
	Key Guaranteed Portfolio Fund	Guaranteed Investment	**	$ 101,183
	Short Term Investment Fund	Money Market	$ 8,495,028	$ 8,495,028
	Wells Fargo Bank	Cash, 1%	$ 32,441	$ 32,441
*	Participant loans - participant directed	5.25% - 7.00%	-0-	$ 78,258
*	Participant loans - nonparticipant directed	9%	-0-	544,766
			$ -	$ 623,024
			$ 20,698,851	$ 31,121,584

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

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

Schedule H, Line 4j Form 5500 - Schedule of Reportable Transactions
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a) Identity Of Party Involved	*(b) Description of Asset*	*(c) Purchase Price*	*(d) Selling Price*	*(e) Lease Rental*	*(f) Expense Incurred with Transaction*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain or (Loss)*
U.S. Treasury	U.S. Treasury Bills, $6,500,000, 0.0%, due 2/28/19	$ -	$ 6,500,000	N/A	$ -	$ 6,427,809	$ 6,500,000	$ 72,191
U.S. Treasury	U.S. Treasury Bills, $6,000,000, 0.0%, due 9/19/19	$ 5,926,998	$ -	N/A	$ -	$ 5,926,998	$ 5,926,998	$ -
U.S. Treasury	U.S. Treasury Bills, $6,000,000, 0.0%, due 9/19/19	$ -	$ 6,000,000	N/A	$ -	$ 5,926,998	$ 6,000,000	$ 73,002

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Advance Beverage Co., Inc. 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1976

2a Plan sponsor's name (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)

Advance Beverage Co., Inc.

5200 District Blvd.

Bakersfield CA 93313

2b Employer Identification Number (EIN)
95-2701458

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

2d Business code (see instructions)
484110

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

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

SIGN HERE	[signature]	4/27/20	William K. Lazzerini, Jr.
	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

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	240
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)**	147
a(2) Total number of active participants at the end of the plan year	**6a(2)**	150
b Retired or separated participants receiving benefits	**6b**	38
c Other retired or separated participants entitled to future benefits	**6c**	48
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	236
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	217
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 3D 2H 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X] Insurance		**(1)** [X] Insurance	
(2) [ ] Code section 412(e)(3) insurance contracts		**(2)** [ ] Code section 412(e)(3) insurance contracts	
(3) [X] Trust		**(3)** [X] Trust	
(4) [ ] General assets of the sponsor		**(4)** [ ] General assets of the sponsor	

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 1 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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_____

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

Schedule H, Line 4j Form 5500 - Schedule of Reportable Transactions
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a) Identity Of Party Involved	*(b) Description of Asset*	*(c) Purchase Price*	*(d) Selling Price*	*(e) Lease Rental*	*(f) Expense Incurred with Transaction*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain or (Loss)*
U.S. Treasury	U.S. Treasury Bills, $6,500,000, 0.0%, due 2/28/19	$ -	$ 6,500,000	N/A	$ -	$ 6,427,809	$ 6,500,000	$ 72,191
U.S. Treasury	U.S. Treasury Bills, $6,000,000, 0.0%, due 9/19/19	$ 5,926,998	$ -	N/A	$ -	$ 5,926,998	$ 5,926,998	$ -
U.S. Treasury	U.S. Treasury Bills, $6,000,000, 0.0%, due 9/19/19	$ -	$ 6,000,000	N/A	$ -	$ 5,926,998	$ 6,000,000	$ 73,002

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

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Apple Inc.	Common Stock	$ 11,470	$ 559,925
	National Beverage Corp.	Common Stock	426,219	266,160
	Resmed, Inc.	Common Stock	67,788	405,330
	Zimmer Holdings Inc.	Common Stock	143,164	274,540
	CME Group Inc.	Common Stock	155,764	528,350
	Citigroup Inc.	Common Stock	174,300	345,400
	SEI Investments Co.	Common Stock	77,134	237,020
	Square Inc.	Common Stock	251,465	247,800
	Visa, Inc.	Common Stock	55,172	516,030
	Cisco Systems Inc.	Common Stock	114,395	345,870
	Oracle Corporation	Common Stock	70,851	275,150
	Jacobs Engineering Co.	Common Stock	174,493	366,000
	Netflix Inc.	Common Stock	195,420	535,240
	Paychex, Inc.	Common Stock	104,494	331,080
	Flowserve Corporation	Common Stock	182,315	280,260
	Barrick Gold Corporation	Common Stock	254,400	519,900
	Amazon.com Inc.	Common Stock	48,228	1,041,546
	Lowe's Cos.	Common Stock	60,133	329,880
	Target Corporation	Common Stock	158,728	320,730
	Tiffany & Co.	Common Stock	214,229	277,890
	Qualcomm Inc.	Common Stock	45,997	228,840
			$ 2,986,159	$ 8,232,941
	Barclay's Bank PLC Notes	Corporate Bonds	$ 200,000	$ 201,669
	Credit Suisse New York Notes	Corporate Bonds	204,186	201,817
	Marathon Oil Corp.	Corporate Bonds	190,000	200,911
	Xerox Corp. Global	Corporate Bonds	190,200	199,019
	Hillshire Brands Notes	Corporate Bonds	209,000	203,215
	ING Bank NV Step-Up Notes	Corporate Bonds	200,000	202,939
	HSBC Finance Corp.	Corporate Bonds	232,900	210,090
	Alcoa Inc. Global Notes	Corporate Bonds	205,524	207,000
	Nabors Industries	Corporate Bonds	174,600	190,000
	Safeway Inc.	Corporate Bonds	201,708	202,000
	Hewlett - Packard Co. Notes	Corporate Bonds	209,460	211,579
	SCANA Corp. Senior Notes	Corporate Bonds	197,538	204,474

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

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Murphy Oil Co. Global Notes	Corporate Bonds	$ 187,682	$ 201,828
	Whirlpool Corp.	Corporate Bonds	207,932	212,007
	Tyson Foods Inc.	Corporate Bonds	200,000	211,522
	Kinder Morgan Energy Partners	Corporate Bonds	190,000	206,316
	Apple Inc. Global	Corporate Bonds	200,000	203,322
	EMC Corp. Senior	Corporate Bonds	172,420	200,000
	Motorola Solutions Inc.	Corporate Bonds	200,000	211,544
	Juniper Networks Global Notes	Corporate Bonds	204,000	212,883
	Ford Motor Credit Corp. MTN	Corporate Bonds	200,000	196,240
	Jefferies Group LLC Step-Up Notes	Corporate Bonds	199,500	204,978
	Wells Fargo Co. Step-Up Notes	Corporate Bonds	201,000	199,773
	Pitney-Bowes Inc. MTNs	Corporate Bonds	205,000	150,000
	Accrued Interest	5.25%	-	50,175
			$ 4,782,650	$ 4,895,301
	Invesco Water Resources Fund	Mutual Funds	$ 264,897	$ 366,000
	ProShares Short S&P 500 ETF	Mutual Funds	1,354,902	1,045,200
	SPDRs - Communications Sector Fund	Mutual Funds	240,055	247,600
	SPDRs - Consumer Discretionary Fund	Mutual Funds	209,900	482,800
	SPDRs - Consumer Staples Sector Fund	Mutual Funds	196,450	307,100
	SPDRs - Energy Sector Fund	Mutual Funds	152,061	118,400
	SPDRs - Healthcare Sector Fund	Mutual Funds	134,490	270,390
	SPDRs - Industrial Sector Fund	Mutual Funds	207,738	388,150
	SPDRs - Materials Sector Fund	Mutual Funds	152,600	232,800
	SPDRs - Metals & Mining Sector Fund	Mutual Funds	197,121	76,350
	SPDRs - Oil/Gas Exploration Sector Fun	Mutual Funds	178,830	67,080
	SPDRs - Pharmaceutical Sector Fund	Mutual Funds	188,100	213,540
	SPDRs - Retail Sector Fund	Mutual Funds	210,540	254,580
	SPDRs - S&P Mid-Cap Index Fund	Mutual Funds	278,320	704,940
	SPDRs - S&P Regional Bank Fund	Mutual Funds	125,779	263,950
	Vanguard Small-Cap Index	Mutual Funds	125,748	307,780
	iShares NASDAQ Biotechnology Fund	Mutual Funds	185,042	208,950
	American Funds Europacific GR R6	Mutual Funds	**	8,858
	Blackrock Lifepath Index 2020	Mutual Funds	**	483,125
	Blackrock Lifepath Index 2025	Mutual Funds	**	166,469

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

Schedule H Line 4i Form 5500 - Schedule of Assets (Held at End of Year)
EIN: 95-2701458 Plan No. 001
September 30, 2019

(a)	*(b) Identity of Issuer*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	Blackrock Lifepath Index 2030	Mutual Funds	**	$ 1,021,033
	Blackrock Lifepath Index 2035	Mutual Funds	**	86,740
	Blackrock Lifepath Index 2040	Mutual Funds	**	192,601
	Blackrock Lifepath Index 2045	Mutual Funds	**	13,648
	Blackrock Lifepath Index 2050	Mutual Funds	**	71,845
	Blackrock Lifepath Index 2055	Mutual Funds	**	27,621
	Goldman Sachs Smal Cap Value R6	Mutual Funds	**	1,593
	Harbor Capital Appreciation Retirement	Mutual Funds	**	8,521
	Invesco Oppenheimer Developing Mkts	Mutual Funds	**	75,275
	Janus Henderson Triton N	Mutual Funds	**	172,301
	MFS Mid Cap Value R6	Mutual Funds	**	53,317
	PGIM Total Return Bond	Mutual Funds	**	130,324
	Pioneer Select Mid Cap Growth K	Mutual Funds	**	72,530
	Principal Equity Income Inst	Mutual Funds	**	99,010
	Principal Real Estate Securities Inst.	Mutual Funds	**	37,339
	Vanguard 500 Index Admiral	Mutual Funds	**	155,386
	Vanguard Extended Market IDX ADM	Mutual Funds	**	178,688
	Vanguard Total Bond Market IDX ADM	Mutual Funds	**	972
	Vanguard Total Intl Stock Index ADM	Mutual Funds	**	128,860
			$ 4,402,573	$ 8,741,666
	Key Guaranteed Portfolio Fund	Guaranteed Investment	**	$ 101,183
	Short Term Investment Fund	Money Market	$ 8,495,028	$ 8,495,028
	Wells Fargo Bank	Cash, 1%	$ 32,441	$ 32,441
*	Participant loans - participant directed	5.25% - 7.00%	-0-	$ 78,258
*	Participant loans - nonparticipant directed	9%	-0-	544,766
			$ -	$ 623,024
			$ 20,698,851	$ 31,121,584

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