

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A	This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan	
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	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan <u>SAMUEL ADAMS BREWERY COMPANY, LTD. LOCAL UNION NO. 1199 PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>07/01/1991</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SAMUEL ADAMS BREWERY COMPANY, LTD.</u> <u>1625 CENTRAL PARKWAY</u> <u>CINCINNATI, OH 45214</u>	2b	Employer Identification Number (EIN) <u>31-1501402</u>
		2c	Sponsor's telephone number <u>513-412-3210</u>
		2d	Business code (see instructions) <u>312120</u>
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>THE BOSTON BEER COMPANY BENEFITS COMMITTEE ONE DESIGN CENTER PLACE, SUITE 850</u> <u>BOSTON, MA 02210</u>	3b	Administrator's EIN <u>04-3537265</u>
		3c	Administrator's telephone number <u>617-368-5000</u>
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>105</u>
b	Total number of participants at the end of the plan year.....	5b	<u>106</u>
c	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c	
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	<u>1733365</u>	<u>1756750</u>
b	Total plan liabilities	7b		
c	Net plan assets (subtract line 7b from line 7a).....	7c	<u>1733365</u>	<u>1756750</u>
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:			
(1)	Employers	8a(1)	<u>159798</u>	
(2)	Participants	8a(2)		
(3)	Others (including rollovers).....	8a(3)		
b	Other income (loss)	8b	<u>-87359</u>	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		<u>72439</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>46059</u>	
e	Certain deemed and/or corrective distributions (see instructions)....	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	<u>2995</u>	
g	Other expenses.....	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u>49054</u>
i	Net income (loss) (subtract line 8h from line 8c).....	8i		<u>23385</u>
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

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

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		1500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/25/2012	WILLIAM URICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/25/2012	MARTIN ROPER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SAMUEL ADAMS BREWERY COMPANY, LTD. LOCAL UNION NO. 1199 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAMUEL ADAMS BREWERY COMPANY, LTD.</u>	D Employer Identification Number (EIN) <u>31-1501402</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>1719133</u>
b Actuarial value	2b <u>1625467</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>18</u> (1) Number of participants <u>479926</u> (2) Funding Target
b For terminated vested participants	3b <u>28</u> <u>201855</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>50980</u>
(2) Vested benefits	3c(2) <u>1064972</u>
(3) Total active	3c(3) <u>59</u> <u>1115952</u>
d Total	3d <u>105</u> <u>1797733</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.13 %</u>
6 Target normal cost	6 <u>112715</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/27/2012</u>
Signature of actuary <u>RANDALL N. SMITH</u>	Date <u>11-06649</u>
Type or print name of actuary <u>CUNI, RUST & STRENK</u>	Most recent enrollment number <u>513-891-0270</u>
Firm name <u>4555 LAKE FOREST DRIVE, SUITE 620</u> <u>CINCINNATI, OH 45242</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	38284	5226
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	38284	5226
10 Interest on line 9 using prior year's actual return of <u>10.79</u> %	4131	564
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		299278
b Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions)		19962
c Total available at beginning of current plan year to add to prefunding balance		319240
d Portion of (c) to be added to prefunding balance		319240
12 Other reductions in balances due to elections or deemed elections	42415	317523
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7507

Part III Funding percentages		
14 Funding target attainment percentage	14	90.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	76.93 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	39126	0			
07/08/2011	39126	0			
10/13/2011	34437	0			
01/17/2012	34437	0			
07/25/2012	12562	0			
			Totals ►	18(b)	159688
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	153096
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	112715	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	179773		40338
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	153053	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	153053	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	153096	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	43	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, line 24 – Change in Actuarial Assumptions

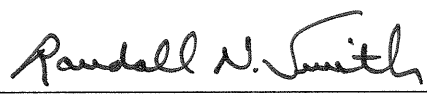
Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

Effective with the January 1, 2011 valuation, the following assumption was changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense assumption was changed to \$0 per year.

 (signed)

Randall N. Smith

Enrollment # 11-06649

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

<u>Type</u>	Present Value of Remaining <u>Installments</u>	<u>Date</u> <u>Established</u>	<u>Rem.</u> <u>Years</u>	<u>Amortization</u> <u>Installment</u>
Shortfall	\$ 63,927	01/01/2008	4	\$ 16,683
Shortfall	4,316	01/01/2009	5	914
Shortfall	224,508	01/01/2010	6	40,998
Shortfall	<u>(112,978)</u>	01/01/2011	7	<u>(18,257)</u>
Total	\$ 179,773			\$ 40,338

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

1. Effective Date: July 1, 1991.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees of the Samuel Adams Brewery Company, Ltd. who are members of Local Union No. 1199.
4. Eligibility: 1st of the month following the completion of 12 consecutive months during which at least 750 Hours of Service are earned.
5. Vesting Service: 1 Year of Service is granted if at least 750 Hours of Service are earned during the Plan Year.
6. Credited Service: 1 Year of Service is granted if at least 1,500 Hours of Service are earned during the Plan Year. A partial Year of Service will be granted if more than 749 Hours of Service are earned during the Plan Year.
7. Actuarial Equivalent:
 - a. Other than Lump Sums UP 1984 Mortality at 7.00%.
 - b. Lump Sums 2011 IRS Applicable Mortality Table and the 417(e) segment interest rates for the November prior to the Plan Year.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

8. Normal Retirement:

- a. Eligibility Age 65 and 5th anniversary of Plan participation.
- b. Monthly Benefit Sum of the Benefit Credits earned in a given time period based on Credited Service earned after July 1, 1991 (maximum 30 years).

<u>Time Period</u>	<u>Benefit Credit</u>
07/01/1991 - 12/31/1993	\$ 20.00
01/01/1994 - 12/31/1995	\$ 21.00
01/01/1996 - 12/31/1999	\$ 25.00
01/01/2000 - 12/31/2000	\$ 26.00
01/01/2001 - 12/31/2001	\$ 27.00
01/01/2002 - 12/31/2003	\$ 30.00
01/01/2004 - 12/31/2005	\$ 32.00
01/01/2006 - 12/31/2006	\$ 36.50
01/01/2007 - 12/31/2007	\$ 37.50
01/01/2008 - 12/31/2008	\$ 38.50
01/01/2009 - 12/31/2009	\$ 39.75
01/01/2010 - 12/31/2010	\$ 41.00
01/01/2011 and thereafter	\$ 42.25

9. Early Retirement:

- a. Eligibility Age 55 and 10 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement Actuarially reduced to reflect commencement prior to Normal Retirement.

10. Vested Retirement:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement. Participant may elect to receive benefit calculated as for Early Retirement.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

11. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Disabled and 15 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately without reduction for early commencement. |

12. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 5 Years of Vesting Service. |
| b. Monthly Benefit | Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement. |

13. Normal Payment Form:

Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.

14. Changes Since Last Year:

None.

Schedule SB, line 22 – Description of Weighted Average Retirement Age.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

(A) Early Retirement Age	(B) Retirement Rates	(C) Fraction Remaining	(D) Probability Distribution	(E) Sum of Weighted Average Ages
60	5%	0.95000	5.00%	3.00000
61	5%	0.90250	4.75%	2.89750
62	20%	0.72200	18.05%	11.19100
63	5%	0.68590	3.61%	2.27430
64	5%	0.65161	3.43%	2.19488
65	100%	0.00000	65.16%	42.35433
Weighted Average Retirement Age:				64

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2011 Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

	Contribution	Number of	Discounted
<u>Date</u>	<u>Amount</u>	Days to	Contributions at
		<u>1/1/2011</u>	<u>6.13%</u>
4/14/2011	\$39,126	103	\$38,475
7/8/2011	\$39,126	188	\$37,945
10/13/2011	\$34,437	285	\$32,874
1/17/2012	\$34,437	381	\$32,355
7/25/2012	<u>\$12,562</u>	571	<u>\$11,447</u>
TOTAL	\$159,688		\$153,096

Effective Interest Rate: 6.13%

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**Samuel Adams Brewing Company, LTD Local Union 1199 Pension Plan**B Three-digit**

plan number (PN) ►

002**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**Samuel Adams Brewing Company, LTD**D Employer Identification Number (EIN)**31-1501402**E Type of plan:** ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2011**2 Assets:**

	2a	
a Market value		<u>1,719,133</u>
b Actuarial value	2b	<u>1,625,467</u>

3 Funding target/participant count breakdown**(1) Number of participants****(2) Funding Target**

		3a		3b	
a For retired participants and beneficiaries receiving payment			<u>18</u>		<u>479,926</u>
b For terminated vested participants			<u>28</u>		<u>201,855</u>
c For active participants:					
(1) Non-vested benefits	3c(1)				<u>50,980</u>
(2) Vested benefits	3c(2)				<u>1,064,972</u>
(3) Total active	3c(3)		<u>59</u>		<u>1,115,952</u>
d Total	3d		<u>105</u>		<u>1,797,733</u>

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 6.13**6** Target normal cost **6** 112,715**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

RANDALL N. SMITH

Type or print name of actuary

CUNI, RUST & STRENK

Firm name

4555 LAKE FOREST DRIVE, SUITE 620US CINCINNATIOH 45242

Address of the firm

07/27/2012

Date

11-06649

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	38,284	5,226
8 Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	38,284	5,226
10 Interest on line 9 using prior year's actual return of <u>10.79%</u>	4,131	564
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		299,278
b Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions)		19,962
c Total available at beginning of current plan year to add to prefunding balance..		319,240
d Portion of (c) to be added to prefunding balance		319,240
12 Other reductions in balances due to elections or deemed elections	42,415	317,523
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	7,507

Part III Funding percentages

14 Funding target attainment percentage	14	90.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	76.93 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	39,126	0			
07/08/2011	39,126	0			
10/13/2011	34,437	0			
01/17/2012	34,437	0			
07/25/2012	12,562	0			
Totals ▶ 18(b)				159,688	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	153,096

20 Quarterly contributions and liquidity shortfall(s):

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)			
a Target normal cost (line 6)	31a	112,715	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	179,773	40,338	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	153,053	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected to use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	153,053	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	153,096	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	43	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contribution for all years	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

1. Segment Rates (1st / 2nd / 3rd): 2.94%/5.82%/6.46% (January 2011).

2. FAS 35 Interest Rate: 7.00%

3. Mortality Rates: 2011 Combined Static Mortality Table with Small Plan Adjustment.

4. Retirement Rates:

a. Actives

<u>Age</u>	<u>Rate</u>
60	0.05
61	0.05
62	0.20
63	0.05
64	0.05
65	1.00

b. Terminated Vesteds

Age 65.

5. Disability/Termination Rates:

<u>Age</u>	<u>Disability</u>	<u>Termination</u>
20	0.000300	0.079384
25	0.000300	0.077242
30	0.000400	0.073966
35	0.000500	0.068583
40	0.000700	0.061129
45	0.001000	0.051633
50	0.001800	0.036161
55	0.003600	0.013713
60	0.009000	0.001315
65	0.000000	0.000000

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

Plan Name: Samuel Adams Brewing Company, LTD Local Union No. 1199 Pension Plan

EIN: 31-1501402

PN: 002

6. Percent Married/Spousal Age: 90% with wives 3 years younger than husbands.
7. Actuarial Cost Method: Unit Credit.
8. Number of Hours Worked: 1,500 per year.
9. Expense Load: \$0 per year.
10. Actuarial Value of Assets: Asset smoothing as allowed under the Pension Protection of 2006 (PPA).
11. Changes Since Last Year: The expense assumption has been changed and the mortality and interest rates were changed as mandated by the IRS.

PN: 002

[illegible]