Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SIERRA NEVADA BREWING COMPANY, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1986

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

1075 E. 20TH. STREET
CHICO, CA 95928

2b Employer Identification Number (EIN)
68-0025654

2c Plan Sponsor's telephone number
530-893-3520

2d Business code (see instructions)
312120

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.	10/07/2015	BILL BALES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	725
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)**	632
a(2) Total number of active participants at the end of the plan year	**6a(2)**	723
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	120
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	843
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	843
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	819
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	12
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:
2E 2F 2G 2J 2K 2R 2S 2T 3D

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SIERRA NEVADA BREWING COMPANY, 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
SIERRA NEVADA BREWERY COMPANY, INC.

D Employer Identification Number (EIN)
68-0025654

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	8438	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CETERA ADVISOR NETWORKS LLC

200 N SEPULVEDA BLVD STE 1300
EL SEGUNDO, CA 90245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	110709	Yes [ ] No [X]

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OAKMARK SELECT I	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DREYFUS S&P 500 INDX - DREYFUS TRA 200 PARK AVENUE NEW YORK, NY 10166	0.15%

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HEARTLAND VALUE INV - ALPS FUND SE 20-3247785	0.25%

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS EQUITY & INC A - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

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

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

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JH DSCPL VAL MDCP R2 - JOHN HANCOC 01-0233346	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR INTL GROWTH A - OFI GLOBAL	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

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

(d) Enter name and EIN (address) of source of indirect compensation		**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPHMR SMMIDCP VAL A - OFI GLOBAL	TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET, 14TH FLOOR NEW YORK, NY 10281	0.25%

Part I Service Provider Information (continued)

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

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY BALANCED A - CITI FUND SER 31-1249295	0.15%

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CETERA ADVISOR NETWORKS LLC	55	110709

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	---

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SIERRA NEVADA BREWING COMPANY, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SIERRA NEVADA BREWERY COMPANY, INC.

D Employer Identification Number (EIN)
68-0025654

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

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

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	3938637

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SIERRA NEVADA BREWING COMPANY, 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
SIERRA NEVADA BREWERY COMPANY, INC.

D Employer Identification Number (EIN)
68-0025654

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)	3207419	3682532
(2) Participant contributions	1b(2)	228168	285563
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	77250
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	216811
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1272632	1109113
(9) Value of interest in common/collective trusts	1c(9)	3500085	3938637
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	51950167	60173238
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	60158471	69483144
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	51
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	51
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	60158471	69483093

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)	2943675	
(B) Participants	2a(1)(B)	3684878	
(C) Others (including rollovers)	2a(1)(C)	811466	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7440019
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	56212	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		56216
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	3423	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4240489	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4243912
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	853095	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	859269	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-6174
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-10967	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-10967

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		36007
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		116913
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		11875926
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2527530	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2527530
f Corrective distributions (see instructions)	2f		18186
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	5588	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5588
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2551304
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9324622
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KCOE ISOM, LLP **(2)** EIN: 48-0567703

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		X	

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
SIERRA NEVADA BREWING COMPANY, 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
SIERRA NEVADA BREWERY COMPANY, INC.

D Employer Identification Number (EIN)
68-0025654

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Aberdeen	Aberdeen US Equity A		$ 156,865
	Blackrock	Blackrock Inflation Protected Bond Inv A		5,789
	Calvert	Calvert Equity A		107,755
*	Fidelity Investments	Fidelity Advisor Balanced A		12,007,953
*	Fidelity Investments	Fidelity Advisor Diversified Intl I		4,110,360
*	Fidelity Investments	Fidelity Advisor Dividend Growth I		2,529,115
*	Fidelity Investments	Fidelity Advisor Freedom 2005 I		33,486
*	Fidelity Investments	Fidelity Advisor Freedom 2010 I		38,280
*	Fidelity Investments	Fidelity Advisor Freedom 2015 I		1,111,885
*	Fidelity Investments	Fidelity Advisor Freedom 2020 I		2,215,623
*	Fidelity Investments	Fidelity Advisor Freedom 2025 I		867,275
*	Fidelity Investments	Fidelity Advisor Freedom 2030 I		761,820
*	Fidelity Investments	Fidelity Advisor Freedom 2035 I		1,186,841
*	Fidelity Investments	Fidelity Advisor Freedom 2040 I		1,160,898
*	Fidelity Investments	Fidelity Advisor Freedom 2045 I		824,521
*	Fidelity Investments	Fidelity Advisor Freedom 2050 I		931,693
*	Fidelity Investments	Fidelity Advisor Freedom 2055 INST		374,763
*	Fidelity Investments	Fidelity Advisor Freedom Income I		498
*	Fidelity Investments	Fidelity Advisor Governmental Income A		318,498
*	Fidelity Investments	Fidelity Advisor New Insights A		5,323,664
*	Fidelity Investments	Fidelity Advisor Real Estate A		920,048
*	Fidelity Investments	Fidelity Advisor Stock Sel All Cp I		1,515,492
*	Fidelity Investments	Fidelity Advisor Stock Selec Mid Cp I		1,992,168
*	Fidelity Investments	Fidelity Advisor Technology I		866,449
*	Fidelity Investments	Fidelity Advisor Stable Value		3,938,637
*	Fidelity Investments	Fidelity Prime Fund		9,963
*	Fidelity BrokerageLink	Dodge & Cox Stock		29,032
*	Fidelity BrokerageLink	Oakmark Select		30,578
*	Fidelity BrokerageLink	Royce Micro-Cap Trust Inc.		337
*	Fidelity BrokerageLink	Market Vectors TR Russia ETF		608
*	Fidelity BrokerageLink	BP Prudhoe Bay RTY TR Unit Ben Int		16,572
*	Fidelity BrokerageLink	Knot Offshore Partners LP Com		25,443
*	Fidelity BrokerageLink	New York MTG TR INC COM PAR $.02		28,910
*	Fidelity BrokerageLink	Magellan Midstream Partners LP		4,133
*	Fidelity BrokerageLink	Activision Blizzard Inc. Com		504
*	Fidelity BrokerageLink	Amyris Inc com USD		1,236
*	Fidelity BrokerageLink	Apple Computer Inc. NFS LLC		11,140
*	Fidelity BrokerageLink	Bellatrix Exploratoin LTD COM		14,196
*	Fidelity BrokerageLink	Berkshire Hathaway Inc Del		7,057
*	Fidelity BrokerageLink	CVSL Inc		4,497
*	Fidelity BrokerageLink	Cadus Pharmeceutical Corp.		2,593
*	Fidelity BrokerageLink	Cheverontexaco Corp		16,357
	Balance Forward			$ 43,503,532

* Party in interest.

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2014

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Brought Forward			$ 43,503,532
*	Fidelity BrokerageLink	China Suisse Income FD		8,401
*	Fidelity BrokerageLink	China HGS Real Estate Inc. Com		807
*	Fidelity BrokerageLink	Disney Walt Co Del. (Holding Company)		11,774
*	Fidelity BrokerageLink	First Solar Inc com		3,345
*	Fidelity BrokerageLink	Ford MTR Co Del Com		14,640
*	Fidelity BrokerageLink	Gevo Inc Com USD0.01		2,336
*	Fidelity BrokerageLink	Abraxas Pete corp		3,822
*	Fidelity BrokerageLink	Icon PLC SHS ISIN		3,059
*	Fidelity BrokerageLink	Hess Corp Com		9,246
*	Fidelity BrokerageLink	Wayfair Inc Com		5,340
*	Fidelity BrokerageLink	Valero Energy corp. NFS LLC		24,823
*	Fidelity BrokerageLink	Solarcity Corp Com		5,348
*	Fidelity BrokerageLink	Solazyme Inc Com		1,677
*	Fidelity BrokerageLink	Microsoft Corp NFS LLC		1,870
*	Fidelity BrokerageLink	Mol Global Inc Spon ADR Each Repr		35,417
*	Fidelity BrokerageLink	Originoil Inc Com New		1,958
*	Fidelity BrokerageLink	Phillips 66 Com		3,585
*	Fidelity BrokerageLink	Prospect Energy Corp		16,933
*	Fidelity BrokerageLink	Proteon Therapeutics Inc com		582
*	Fidelity BrokerageLink	Roxgold Inc Com New ISIN		3,324
*	Fidelity BrokerageLink	Fidelity Cash Reserves		67,237
	Invesco	Invesco Equity and Income A		3,203,748
	Janus	Janus Flexible Bond S		1,115,298
	John Hancock	Jhancock Disciplined Value Midcap R2		2,330,943
	Oppenheimer	Oppenheimer International Growth A		1,220,448
	Spartan	Spartan 500 Index Advtg		2,382,261
	Spartan	Spartan Sm Cp Idx Advtg		1,949,624
	Undiscovered Managers	Undiscovered Mgrs Behavioral Value A		337,785
	Victory	Victory Diversified Stock A		8,136,722
*	Participant notes receivable	Maturities less than 10 years, secured by participant account balances, with interest rates at 4.25% - 10.0%		1,109,113
	Total Assets Held for Investment Purposes			$ 65,514,998

* Party in interest.

Sierra Nevada Brewing Company, Inc.
401(k) Profit Sharing Plan

Chico, California

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION WITH INDEPENDENT AUDITORS' REPORT

December 31, 2014 and 2013



K·COE ISOM

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

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December 31, 2014

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K·COE ISOM

INDEPENDENT AUDITORS' REPORT

To the Plan Trustees
Sierra Nevada Brewing Company, Inc.
401(k) Profit Sharing Plan
Chico, California

We have audited the accompanying financial statements of Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013; the related statement of changes in net assets available for benefits for the years then ended; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

INDEPENDENT AUDITORS' REPORT
(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

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

KCoe Isom, LLP

September 28, 2015
Chico, California

FINANCIAL SECTION

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31	2014	2013
ASSETS		
Investments	$ 64,405,885	$ 55,450,252
Employer contributions receivable	3,682,532	3,207,419
Participant contributions receivable	285,563	228,168
Notes receivable from participants	1,109,113	1,272,632
TOTAL ASSETS	69,483,093	60,158,471
NET ASSETS AVAILABLE FOR BENEFITS	$ 69,483,093	$ 60,158,471

The accompanying notes are an integral part of these financial statements.

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net appreciation in fair value of investments	$ 135,780	$ 7,917,355
Dividends and interest	4,243,915	2,120,081
Total Investment Income	4,379,695	10,037,436
Interest income on notes receivable from participants	56,212	54,748
Contributions		
Employer	3,684,878	3,117,031
Participant	2,943,675	2,409,515
Rollover	811,466	586,542
Total Contributions	7,440,019	6,113,088
TOTAL ADDITIONS	11,875,926	16,205,272
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	2,545,716	1,016,229
Administrative expenses	5,588	6,754
TOTAL DEDUCTIONS	2,551,304	1,022,983
Net Increase	9,324,622	15,182,289
Net Assets Available for Benefits - Beginning of Year	60,158,471	44,976,182
Net Assets Available for Benefits - End of Year	$ 69,483,093	$ 60,158,471

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF THE PLAN

The following description of Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General The Plan is a defined contribution plan covering substantially all employees of Sierra Nevada Brewing Company, Inc. (the Company). The Company is a craft brewer of specialty draught with facilities located in Chico, California, and Mills River, North Carolina. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan trustees are responsible for the oversight of the Plan, the determination of the appropriateness of the investment offerings, and for monitoring the investments performance.

Eligibility Employees are eligible to participate in the Plan upon completing three months of service and meeting the minimum age requirement of 21. Employees are eligible for the Company matching and nonelective contribution upon completing one year of service in which the employee worked at least 1,000 hours.

Automatic Enrollment The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their salary deferral (pre-tax 401(k) deferrals) rate set at 6% of eligible compensation and their contributions invested in a designated target date fund until changed by the participant. Unless the participant elects otherwise, their deferral contribution rate is increased by 1% each year until it reaches a maximum of 10%.

Contributions Participants may elect to contribute to the Plan, in the form of employee 401(k) salary deferral contributions (pre-tax 401(k) deferrals and Roth 401(k) deferrals). Participants may elect to contribute up to the lesser of 100% of their eligible annual compensation or the maximum annual deferral allowable by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company makes matching contributions using a discretionary formula. In addition, the Company makes nonelective contributions at the discretion of the Board Director. Total employer matching contributions of $2,235,723 and $1,878,384 were made for the years ended December 31, 2014 and 2013, respectively. In addition, total employer nonelective contributions of $1,449,155 and $1,238,647 were made for the years ended December 31, 2014 and 2013, respectively.

Participant Accounts Each participant's account is credited with the participant's salary deferral contribution, the Company's matching and nonelective contribution, and an allocation of plan earnings and administrative expenses. Allocations of plan earnings and administrative costs are based on participant account balances. The Company's nonelective contribution is allocated in the same ratio that each participant's compensation for the plan year bears to the total compensation of all participants for the year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Vesting in the Company's matching contribution is based on a vesting schedule whereby a participant is 100% vested after five years of credited service. Participants are 100% vested in the Company's nonelective contribution after three years of credited service.

Notes Receivable From Participants Participants may borrow from their accounts a minimum of $1,000 and up to a maximum of $50,000 or 50% of their vested account balance. Interest earned on each loan is added to the borrowing participant's account balance. Loan repayment terms generally may not exceed five years, except in the case of the purchase of a primary residence. Only one loan may be outstanding per participant. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan's sponsor. As of December 31, 2014, the interest rate on outstanding participant loans was 4.25% to 10.00%. Principal and interest is paid ratably through bi-weekly payroll deductions.

Investment Options Upon enrollment in the Plan, a participant may direct salary deferral and employer contributions into various investment options with Fidelity Investments Institutional Operations Company, Inc. (Fidelity). The Plan currently offers a money market fund, various mutual funds, and a common trust as investment options for participants. Participants may change their investment options at any time. In May 2014, the Plan added a self-directed brokerage feature which allows participants to invest in individual securities not included in the Plan's core investment offerings.

Payment of Benefits Withdrawals are allowed in the event of termination, disability, death, retirement, or attainment of age 59 1/2. Depending upon the event, the withdrawal may be subject to early withdrawal penalties imposed by the Internal Revenue Code and the California Revenue and Taxation Code. Payments are made in the form of a lump-sum distribution, partial distribution, or annual installments over a period of time that is not more than the participant's life expectancy.

Forfeited Accounts The nonvested portion of a terminated participant's account remains in the Plan and may be used to reduce administrative expenses. Any remaining amounts will be used to reduce employer contributions. Forfeited nonvested accounts available to reduce future employer contributions totaled $252 and $17,121 at December 31, 2014 and 2013, respectively. Employer contributions were reduced by $54,162 and $90,388 from forfeited nonvested accounts for the years ended December 31, 2014 and 2013, respectively.

Plan Termination Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants will become 100% vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable From Participants Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Investment Valuation and Income Recognition Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See below for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute 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 would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits, as well as the statement of changes in net assets available for benefits, presents the fair value of the fully benefit-responsive investment contracts.

Fair Value Measurements Financial Accounting Standards Board (FASB), Accounting Standards Codification, (ASC) 820, *Fair Value Measurements and Disclosures*, 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 ASC 820 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; or, 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 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended December 31, 2014 and 2013.

Money Market Funds: Value at the net asset value of shares held by the Plan at year end.

Mutual Funds: The mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the SEC. These mutual funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Common Trust: The common trust (the Trust), maintained by Fidelity Management Trust Company, is defined as a fully benefit-responsive investment contract. The Trust invests in a synthetic guaranteed investment contract (SGIC). The underlying investments of the SGIC are primarily fixed income securities such as non-convertible bonds, government securities, private and public mortgage-backed securities, and other asset-backed securities. There is no immediate recognition of gains and losses on the pool of securities. Instead, the gain or loss is recognized over time by adjusting the interest rate credited to the pool. The fair value of the Trust is based on the daily closing market price of the pooled assets and the proportionate share of the Plan's assets compared to the total pool. The closing market price is determined by an independent pricing service; and, though there is no guarantee, the Trust's goal is to maintain a stable NAV of one dollar per unit. Participant transactions (issuances and redemptions) may occur daily. If the Plan trustees were to initiate a full redemption of the common trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities' liquidations will be carried out in an orderly business manner.

See note 3 for the classification of these assets within the fair value hierarchy.

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

Payment of Benefits Benefits are recorded when paid.

Expenses Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events The Plan has evaluated the need for disclosures or adjustments resulting from subsequent events through September 28, 2015, the date the financial statements were available to be issued.

3. INVESTMENTS

Investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

December 31	2014	2013
Mutual Funds		
Fidelity Advisor Balanced A	$ 12,007,953	$ 10,451,951
Fidelity Advisor Diversified INTL A	-	4,120,349
Fidelity Advisor New Insights A	5,323,664	3,026,434
Victory Diversified Stock A	8,136,722	7,643,469
Fidelity Advisor Diversified Intl I	4,110,360	-
Subtotal	29,578,699	25,242,203
Common trust - Fidelity Advisor Stable Value	3,938,637	3,500,085
All others with balances of less than 5% of the Plan's net assets available for benefits	30,888,549	26,707,964
Total Investments	$ 64,405,885	$ 55,450,252

The Plan's investments appreciated (depreciated) in value as follows:

Years Ended December 31	2014	2013
Mutual funds	$ 116,914	$ 7,926,484
Common stock	(17,141)	-
Common trust	36,007	(9,129)
Net Appreciation in Fair Value of Investments	$ 135,780	$ 7,917,355

The market yield on the common trust pool of investments was 1.69% and 1.70% for the years ended December 31, 2014 and 2013, respectively; and the interest yield credited to participant accounts was 1.06% and 0.92% for the years ended December 31, 2014 and 2013, respectively. The interest credit rate is typically reset on a quarterly basis and is guaranteed to not be less than zero. The common trust adjustment from contract value and fair market value was $69,354 and $66,621 for the years ended December 31, 2014 and 2013, respectively.

The table below sets forth the Plan's assets by level within the fair value hierarchy:

December 31, 2014	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 77,199	$ -	$ -	$ 77,199
Mutual Funds				-
Large cap value fund	3,232,780	-	-	3,232,780
Large cap blend funds	22,743,125	-	-	22,743,125
Large cap growth funds	25,152,122	-	-	25,152,122
Mid cap value funds	2,330,943	-	-	2,330,943
Mid cap blend funds	920,048	-	-	920,048
Mid cap growth funds	1,996,301	-	-	1,996,301
Small cap value funds	392,138	-	-	392,138
Small cap blend funds	1,966,196	-	-	1,966,196
Fixed income funds	1,439,585	-	-	1,439,585
Total Mutual Funds	60,173,238	-	-	60,173,238
Common Stocks				
Basic materials	83,168	-	-	83,168
Consumer goods	25,780	-	-	25,780
Financial	33,198	-	-	33,198
Healthcare	6,234	-	-	6,234
Services	57,027	-	-	57,027
Technology	11,404	-	-	11,404
Total Common Stocks	216,811	-	-	216,811
Common Trust - Fixed Income	-	3,938,637	-	3,938,637
Total Investments at Fair Value	$ 60,467,248	$ 3,938,637	$ -	$ 64,405,885

December 31, 2013	Level 1	Level 2	Level 3	Total
Mutual Funds				
Large cap blend funds	$ 22,786,518	$ -	$ -	$ 22,786,518
Large cap growth funds	21,659,824	-	-	21,659,824
Mid cap value funds	1,909,588	-	-	1,909,588
Mid cap blend funds	683,865	-	-	683,865
Mid cap growth funds	1,657,088	-	-	1,657,088
Small cap value funds	358,359	-	-	358,359
Small cap blend funds	1,844,828	-	-	1,844,828
Fixed income funds	1,050,097	-	-	1,050,097
Total Mutual Funds	51,950,167	-	-	51,950,167
Common Trust - Fixed Income	-	3,500,085	-	3,500,085
Total Investments at Fair Value	$ 51,950,167	$ 3,500,085	$ -	$ 55,450,252

4. RELATED-PARTY TRANSACTIONS

The Plan's investments are managed by Fidelity, a fiduciary as defined by the Plan. Fidelity is the trustee and recordkeeper for the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services net against net appreciation in fair value investments.

Fidelity provides certain administrative services to the Plan and receives revenue from mutual fund and collective trust fund service providers for services Fidelity provides to the funds. This revenue is used to offset certain amounts owed to Fidelity for its administrative services to the Plan. If the revenue received by Fidelity from such mutual fund or collective trust fund service providers exceeds the amount owed, Fidelity remits the excess to the Plan's trust on a quarterly basis. The Plan or Plan Sponsor may make a payment to Fidelity for administrative expenses not covered by revenue sharing.

5. TAX STATUS

On July 1, 2001, the Plan was restated to adopt a prototype plan established by Fidelity Management & Research Co. The prototype plan received its most recent opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the *Internal Revenue Code*. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and operating in compliance with the applicable requirements of the *Internal Revenue Code;* and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more than likely would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; 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 2011.

6. RISKS AND UNCERTAINTIES

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

7. FUTURE FASB IMPLEMENTATION

In May 2015, FASB issued Accounting Standards Update No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value Per Share (or Its Equivalent).* This update will simplify the accounting and financial reporting of employee benefit plans that measure the fair value of investments using the net asset value per share (or its equivalent) and must be applied retrospectively. The Plan's management has not yet determined the impact that implementation of this update, which is effective for fiscal years beginning after December 15, 2016, will have on the Plan's financial statements, if any. Early application of the update is permitted, but the Plan has chosen not to apply the standards for the year ended December 31, 2014.

In July 2015, FASB issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965).* This update will simplify accounting for employee benefit plans by designating contract value as the only required measure for fully benefit-responsive investment contracts. This designation will eliminate the need for reconciliation from contract value to fair value on the face of the financial statements for employee benefit plans that hold fully benefit-responsive investment contracts. The Plan should apply the Part I revisions retrospectively for all financial statements presented. Additionally, this update will simplify investment disclosures by eliminating disclosures that do not include useful information. These eliminated disclosures include individual investments that represent 5% or more of net assets available for benefits, net appreciation or depreciation for investments by general type, and the disaggregation of the investments by nature and risk. The Plan should also apply the Part II revisions retrospectively for all financial statements presented. Finally, this update will provide a practical expedient to permit plans to measure investments as of a month-end date that is closest to the Plan's fiscal year-end when the fiscal period does not coincide with a month-end. In this case, the Plan should apply the Part III revisions prospectively. Plan management has not yet determined the impact that implementation of this update, which is effective for fiscal years after December 15, 2015, will have on the Plan's financial statements, if any. Early application is permitted, but the Plan has chosen not to apply the standards for the year ended December 31, 2014.

SUPPLEMENTAL INFORMATION SECTION

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Aberdeen	Aberdeen US Equity A		$ 156,865
	Blackrock	Blackrock Inflation Protected Bond Inv A		5,789
	Calvert	Calvert Equity A		107,755
*	Fidelity Investments	Fidelity Advisor Balanced A		12,007,953
*	Fidelity Investments	Fidelity Advisor Diversified Intl I		4,110,360
*	Fidelity Investments	Fidelity Advisor Dividend Growth I		2,529,115
*	Fidelity Investments	Fidelity Advisor Freedom 2005 I		33,486
*	Fidelity Investments	Fidelity Advisor Freedom 2010 I		38,280
*	Fidelity Investments	Fidelity Advisor Freedom 2015 I		1,111,885
*	Fidelity Investments	Fidelity Advisor Freedom 2020 I		2,215,623
*	Fidelity Investments	Fidelity Advisor Freedom 2025 I		867,275
*	Fidelity Investments	Fidelity Advisor Freedom 2030 I		761,820
*	Fidelity Investments	Fidelity Advisor Freedom 2035 I		1,186,841
*	Fidelity Investments	Fidelity Advisor Freedom 2040 I		1,160,898
*	Fidelity Investments	Fidelity Advisor Freedom 2045 I		824,521
*	Fidelity Investments	Fidelity Advisor Freedom 2050 I		931,693
*	Fidelity Investments	Fidelity Advisor Freedom 2055 INST		374,763
*	Fidelity Investments	Fidelity Advisor Freedom Income I		498
*	Fidelity Investments	Fidelity Advisor Governmental Income A		318,498
*	Fidelity Investments	Fidelity Advisor New Insights A		5,323,664
*	Fidelity Investments	Fidelity Advisor Real Estate A		920,048
*	Fidelity Investments	Fidelity Advisor Stock Sel All Cp I		1,515,492
*	Fidelity Investments	Fidelity Advisor Stock Selec Mid Cp I		1,992,168
*	Fidelity Investments	Fidelity Advisor Technology I		866,449
*	Fidelity Investments	Fidelity Advisor Stable Value		3,938,637
*	Fidelity Investments	Fidelity Prime Fund		9,963
*	Fidelity BrokerageLink	Dodge & Cox Stock		29,032
*	Fidelity BrokerageLink	Oakmark Select		30,578
*	Fidelity BrokerageLink	Royce Micro-Cap Trust Inc.		337
*	Fidelity BrokerageLink	Market Vectors TR Russia ETF		608
*	Fidelity BrokerageLink	BP Prudhoe Bay RTY TR Unit Ben Int		16,572
*	Fidelity BrokerageLink	Knot Offshore Partners LP Com		25,443
*	Fidelity BrokerageLink	New York MTG TR INC COM PAR $.02		28,910
*	Fidelity BrokerageLink	Magellan Midstream Partners LP		4,133
*	Fidelity BrokerageLink	Activision Blizzard Inc. Com		504
*	Fidelity BrokerageLink	Amyris Inc com USD		1,236
*	Fidelity BrokerageLink	Apple Computer Inc. NFS LLC		11,140
*	Fidelity BrokerageLink	Bellatrix Exploratoin LTD COM		14,196
*	Fidelity BrokerageLink	Berkshire Hathaway Inc Del		7,057
*	Fidelity BrokerageLink	CVSL Inc		4,497
*	Fidelity BrokerageLink	Cadus Pharmeceutical Corp.		2,593
*	Fidelity BrokerageLink	Cheverontexaco Corp		16,357
	Balance Forward			$ 43,503,532

* Party in interest.

Sierra Nevada Brewing Company, Inc. 401(k) Profit Sharing Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2014

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Balance Brought Forward			$ 43,503,532
*	Fidelity BrokerageLink	China Suisse Income FD		8,401
*	Fidelity BrokerageLink	China HGS Real Estate Inc. Com		807
*	Fidelity BrokerageLink	Disney Walt Co Del. (Holding Company)		11,774
*	Fidelity BrokerageLink	First Solar Inc com		3,345
*	Fidelity BrokerageLink	Ford MTR Co Del Com		14,640
*	Fidelity BrokerageLink	Gevo Inc Com USD0.01		2,336
*	Fidelity BrokerageLink	Abraxas Pete corp		3,822
*	Fidelity BrokerageLink	Icon PLC SHS ISIN		3,059
*	Fidelity BrokerageLink	Hess Corp Com		9,246
*	Fidelity BrokerageLink	Wayfair Inc Com		5,340
*	Fidelity BrokerageLink	Valero Energy corp. NFS LLC		24,823
*	Fidelity BrokerageLink	Solarcity Corp Com		5,348
*	Fidelity BrokerageLink	Solazyme Inc Com		1,677
*	Fidelity BrokerageLink	Microsoft Corp NFS LLC		1,870
*	Fidelity BrokerageLink	Mol Global Inc Spon ADR Each Repr		35,417
*	Fidelity BrokerageLink	Originoil Inc Com New		1,958
*	Fidelity BrokerageLink	Phillips 66 Com		3,585
*	Fidelity BrokerageLink	Prospect Energy Corp		16,933
*	Fidelity BrokerageLink	Proteon Therapeutics Inc com		582
*	Fidelity BrokerageLink	Roxgold Inc Com New ISIN		3,324
*	Fidelity BrokerageLink	Fidelity Cash Reserves		67,237
	Invesco	Invesco Equity and Income A		3,203,748
	Janus	Janus Flexible Bond S		1,115,298
	John Hancock	Jhancock Disciplined Value Midcap R2		2,330,943
	Oppenheimer	Oppenheimer International Growth A		1,220,448
	Spartan	Spartan 500 Index Advtg		2,382,261
	Spartan	Spartan Sm Cp Idx Advtg		1,949,624
	Undiscovered Managers	Undiscovered Mgrs Behavioral Value A		337,785
	Victory	Victory Diversified Stock A		8,136,722
*	Participant notes receivable	Maturities less than 10 years, secured by participant account balances, with interest rates at 4.25% - 10.0%		1,109,113
	Total Assets Held for Investment Purposes			$ 65,514,998

* Party in interest.