Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part	I Annual Report	t Identification Information						
For cal	endar plan year 2015 or f	iscal plan year beginning 01/01/2	2015 and ending 12	2/31/20)15			
A Thi	s return/report is for:	☑ a single-employer plan☑ a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	•	-			
B This	return/report is	x the first return/reportan amended return/report	the final return/report a short plan year return/report (less than 12 me	onths)				
	eck box if filing under:	Form 5558 special extension (enter desc	· ,		DFVC progr	ram		
Part		ormation—enter all requested in	formation					
	ame of plan GETOWN BREWING RET	TREMENT PLAN			Three-digit plan number (PN)	001		
				1c	Effective date of 01/0	¹ plan 1/2015		
Ma	ailing address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.C	,		Employer Identif (EIN) 27-0	ication Number 017286		
HORTE	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TROUND CORPORATION GETOWN BREWING CO.			2c Sponsor's telephone number 206-766-8055				
000 DE	NIVED AVE. O			2d	Business code (see instructions)		
	NVER AVE. S. E, WA 98108				3121	20		
3a Pla	an administrator's name a	and address XSame as Plan Spons	sor.	3b	Administrator's I	EIN		
				3c	Administrator's t	elephone number		
na	ame, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed for this plan, enter the	4b				
a Sp	onsor's name			4c	PN			
5a ⊤o	otal number of participants	s at the beginning of the plan year		58		32		
b To	otal number of participants	s at the end of the plan year		5k	ס	34		
	· ·		the plan year (defined benefit plans do not	50	:	34		
d(1)	Total number of active pa	articipants at the beginning of the pl	lan year	5d(32		
d(2)	Total number of active pa	articipants at the end of the plan ye	ar	5d((2)	30		
tl	nan 100% vested		e plan year with accrued benefits that were less	5e		0		
			n/report will be assessed unless reasonable cau			-bl O-bb-l		
under	penaities of perjury and o	ther penalties set forth in the instru-	ctions, I declare that I have examined this return/rep	port, in	iciuaing, it applic	abie, a Schedule		

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

	Filed with authorized/valid electronic signature.	10/05/2016	ROGER BIALOUS				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individ	ual signing as employer or plan sponsor				
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number			

	Form 5500-SF 2015		Page 2								
b A	Were all of the plan's assets during the plan year invested in eligible to the plan year invested in eligible to the year claiming a waiver of the annual examination and report of ander 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cannot be the plan cannot be the plan to the plan cannot be the plan to the plan	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				X Ye	
C If	the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No		Not dete	rmined
Part	III Financial Information		1								
7 P	Plan Assets and Liabilities		(a) Beginning	of Ye				(b) E	nd of	Year	
	otal plan assets	. 7a			0					1129	619
	otal plan liabilities	. 7b			0					1120	1610
	let plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-	4	0			1129619 (b) Total			
	Contributions received or receivable from:		(a) Amou	unt				<u>(r</u>) 101	iai	
	1) Employers	. 8a(1)		76	269						
(;	2) Participants	. 8a(2)		167	742						
	3) Others (including rollovers)	. 8a(3)			574						
	Other income (loss)	. 8b		5	5034						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								1129	619
	provide benefits)	. 8d									
e 0	Certain deemed and/or corrective distributions (see instructions)	. 8e									
f A	dministrative service providers (salaries, fees, commissions)	. 8f									
g 0	Other expenses	. 8g									
<u>h</u> T	otal expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									
	let income (loss) (subtract line 8h from line 8c)	. 8i								1129	619
_ J T	ransfers to (from) the plan (see instructions)	8j									
Part											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	the ins	ructio	ons:	
В	f the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in th	ne instr	uctio	ns:	
Part	·				ı			I			
	During the plan year:				Yes	No	N/A			Amount	1
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest	•				>					
	reported on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X						120000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	her person ne or all of	s by an insurance the benefits under			X					
	the plan? (See instructions.)			10e							
	· · · · · · · · · · · · · · · · · · ·			10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part \	VI Pension Funding Compliance					1					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s No
	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial		telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Yes No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I		t Identification Information	<u> </u>								
For calen	idar plan year 2015 or f	fiscal plan year beginning 01/01/201		and ending 12							
A		X a single-employer plan	a multiple-employer	plan (not multiemployer	rer) (Filers checking this box must attach a						
A This re	return/report is for:	a one-participant plan		employer information in a	accordance with th	e form instructions)					
	p#6	a one-participant plan	a foreign plan								
B This re	eturn/report is	the first return/report	☐ the final return/report	the final return/report							
- III.	Authoport to	an amended return/report	=	urn/report (less than 12 n							
~ ~			a short bian year rete	minichour (ices mail 12 ii	—						
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC	program					
		special extension (enter descri			•						
Part II		ormation—enter all requested inf	formation								
1a Name					1b Three-digi	ſ					
GEORGET	TOWN BREWING RETI	IREMENT PLAN			plan numb	per 001					
					(PN) 1C Effective d						
					01/01/201						
2a Plan	sponsor's name (emplo	oyer, if for a single-employer plan)			2b Employer	Identification Number					
Maiiin City o	ig address (include rooi or town, state or provinc	om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta	. Box) al code (if foreign, see ins	tructions)	(EIN) 27-0	017286					
SHORTRO	OUND CORPORATION		Il code (il loreign, see inc.	ii delions;		telephone number					
GEORGET	OWN BREWING CO.					206) 766-8055					
EDOO DENV	VER AVE. S.				2d Business of 312120	code (see instructions)					
5200 DE111	/EK AVE. 3.				312120						
SEATTLE, V											
3a Plan a	administrator's name ar	nd address X Same as Plan Sponso	or.		3b Administrat	tor's EIN					
					6 - A J1-1-total						
					3c Administrator's telephone number						
4 If the	name and/or FIN of the	e plan sponsor has changed since the	ha last return/report filed f	facthin plan enter the	Ala ma						
name	e, EIN, and the plan num	e plan sponsor has changed since the mber from the last return/report.	Te last returniceport mos	Of this plan, enter the	4b EIN						
	sor's name				4c PN						
5a Total	number of participants	at the beginning of the plan year			5a	32					
		at the end of the plan year			5b	34					
C Numb	per of participants with a	account balances as of the end of th	he plan year (defined bene	efit plans do not	5c	34					
compl	lete this item)				ļ	34					
		rticipants at the beginning of the plan			5d(1)	32					
		rticipants at the end of the plan year			5d(2)	30					
e Numb	per of participants that t	terminated employment during the p	plan year with accrued ber	nefits that were less	5e	0					
Caution: A	A penalty for the late o	or incomplete filing of this return/	report will be assessed	unless reasonable cau	use is established	d.					
Under pena	alties of perjury and oth	ner penalties set forth in the instructi	tions, I declare that I have	examined this return/rep	port, including, if a	pplicable, a Schedule					
SB or Sche belief, it is a	edule MB completed and true, correct, and comp	nd signed by an enrolled actuary, as plete.	well as the electronic ver	sion of this return/report	, and to the best o	f my knowledge and					
SIGN	XX	The state of the s	19/30/16	X ROSER B	+ALOUS						
HERE	Signature of plan ad	dministrator	Date								
alon	Signature or plan at	IIIIIISuatoi	Date	Enter name of individu	Jat signing as plan	administrator					
SIGN HERE											
	Signature of employ	yer/plan sponsor ame, if applicable) and address (incl	Date	Enter name of individu							
riepaiore.	Hame (molding min he	mie, ii applicavie) and address (inci	lude room or suite number	¹⁾	Preparer's teleph	one number					
		Į.									
				i							

a Total plan assets 7a 0 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 0	X Yes No No Not determined Not determined 1129619 1129619 1129619
Part iii Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End at Total plan assets (a) Plan Asse	nd of Year 1129619 1129619)) Total
7 Plan Assets and Liabilities (a) Beginning of Year (b) Er a Total plan assets 7a 0 b Total plan liabilities 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers 8a(1) 76269 (2) Participants 8a(2) 167742 (3) Others (including rollovers) 8a(3) 880574 b Other income (loss) 8b 5034 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	1129619 1129619)) Total
a Total plan assets 7a 0 b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b a Contributions received or receivable from:	1129619 1129619)) Total
b Total plan liabilities	1129619)) Total
C Net plan assets (subtract line 7b from line 7a) 7c 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b a Contributions received or receivable from:) Total
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) a Contributions received or receivable from: (1) Employers) Total
a Contributions received or receivable from: 8a(1) 76269 (1) Employers	
(1) Employers 8a(1) 76269 (2) Participants 8a(2) 167742 (3) Others (including rollovers) 8a(3) 880574 b Other income (loss) 8b 5034 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c	1129619
(2) Participants (2) Sa(2) (3) Others (including rollovers) (8a(3) (880574) b Other income (loss) (8b (5034) (C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) (8c (2))	1129619
b Other income (loss) 8b	1129619
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1129619
	1129619
d Benefits paid (including direct rollovers and insurance premiums	
to provide benefits)	
Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	الرائيامية لاليا
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	1129619
j Transfers to (from) the plan (see instructions)	
B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instru Part V Compliance Questions	
10 During the plan year: Yes No N/A	Amount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	, , , , , , , , , , , , , , , , , , , ,
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	120000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	
f Has the plan failed to provide any benefit when due under the plan? 10f	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	
j Did the plan trust incur unrelated business taxable income?	
Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	103 NO

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	onth	nter the Day_	date of the	ne letter ru Year	ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter the minimum required contribution for this plan year		12b				
	Enter the amount contributed by the employer to the plan for this plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	
Part	Plan Terminations and Transfers of Assets	<u>-</u>		<u> </u>	_		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?				Yes X	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
ESS NUMBER							
Child Countries	Trust Information		446 =				
14a	Name of trust		14b Trust's EIN				
- 215a	Name of trustee or custodian			Trustee's telephone	or custodia number	an's	
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		Yes		No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-			No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ratio percentage test		Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes	s	No		
17a	Has the plan been timely amended for all required tax law changes?		Ye	3	No	∏N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a				structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial i	number		<u> </u>		or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	i's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	Islands)?	Yes				
19	Were in-service distributions made during the plan year?		Ye	<u> </u>	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of who retired), as required under section 401(a)(9)?	ether or not	Ye	3	No	□ N/A	