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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
J.R.C BEVERAGE INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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

169 GARDNER AVE
BROOKLYN, NY 11237

2b Employer Identification Number (EIN)
11-3101540

2c Plan Sponsor's telephone number
718-821-7200

2d Business code (see instructions)
424800

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.	10/14/2016	RALPH MAURIELLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	141
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)**	141
a(2) Total number of active participants at the end of the plan year	**6a(2)**	145
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	148
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	16
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2T 3D 3H

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
J.R.C BEVERAGE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JRC BEVERAGE

D Employer Identification Number (EIN)
11-3101540

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		5873
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4552	2915
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	244490	286489
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	249042	295277
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	249042	295277

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)	0	
(B) Participants	2a(1)(B)	77177	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		77177
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	201	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		201
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	17657	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		17657
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(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)		-25316
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		69719
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22778	
(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)		22778
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	3	
(2) Contract administrator fees	2i(2)	573	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	130	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		706
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23484
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		46235
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DOANE CPA FIRM LLC **(2)** EIN: 27-4431954

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	N/A	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	N/A	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			100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X			
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
J.R.C BEVERAGE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JRC BEVERAGE

D Employer Identification Number (EIN)
11-3101540

Part I Distributions

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

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

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

EIN(s): 16-1470238

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	0

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	0
b	Enter the amount contributed by the employer to the plan for this plan year	6b	0
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	0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b 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)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

J. R. C. BEVERAGE INC.

401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED

DECEMBER 31, 2015 AND 2014

* * * * * * * * * * * * * * * * * * * *

J.R.C. BEVERAGE INC.
401(K) PROFIT SHARING PLAN & TRUST

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Member: FICPA Member: AICPA

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee
of J.R.C. Beverage Inc
401(k) Profit Sharing Plan & Trust
Brooklyn, New York

Report on the Financial Statements

I was engaged to audit the financial statements of the J.R.C. Beverage Inc. 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2015, and the related statements of changes in net assets available for benefits for the year 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.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer opinion paragraph, however, I am not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Paychex, Inc., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedules. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplemental schedules of J.R.C. Beverage, Inc. 401(k) Profit Sharing Plan & Trust as of or for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedules referred to above.

The financial statements of the Plan, as of, and for the year ending, December 31, 2014 were prepared by the plan administrator and are included herein for comparison purposes.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Doane CPA Firm LLC
Watertown, New York

October 4, 2016

J.R.C. BEVERAGE INC.
401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	2015	2014 Unaudited
ASSETS		
INVESTMENTS - Fair market value		
Mutual Funds	$ 286,489	$ 244,490
Money Market Funds	5,873	-
Total investments	292,362	244,490
RECEIVABLES		
Notes receivable from participants	2,915	4,552
Total receivables	2,915	4,552
TOTAL ASSETS	$ 295,277	$ 249,042
LIABILITIES		
OTHER LIABILITIES - Note H	492	-
TOTAL LIABILITIES	492	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 294,785	$ 249,042

See independent accountant's report and notes to financial statements.

J.R.C. BEVERAGE INC.
401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	2015	2014 Unaudited
ADDITIONS		
Participants contributions	$ 77,173	$ 76,370
Loan interest income	201	-
Dividends	17,657	-
Net investment gain(loss)	(25,312)	13,118
Total additions	69,719	89,488
DISBURSEMENTS		
Amounts paid to participants and beneficiaries	23,270	43,440
Administrative and management fees	706	175
Total disbursements	23,976	43,615
NET INCREASE(DECREASE) IN NET ASSETS	45,743	45,873
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	249,042	203,169
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 294,785	$ 249,042

See independent accountant's report and notes to financial statements.

NOTE A - GENERAL DESCRIPTION OF THE PLAN

The following description of the J.R.C Beverage, Inc., ("the Company") 401(k) Profit Sharing Plan & Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Company comprises a "controlled group" of corporations under Code Sec 414(b).

General

The Plan is a defined contribution plan which was established January 1, 2010, covering all full-time and part-time employees of the Company and its affiliates who are over the age of 21 and have one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute the lower of up to 15% of pretax annual compensation or $18,000 in 2015 and $17,500 in 2014, as defined in the Plan. Participants over the age of 50 may contribute additional amounts as allowed by Internal Revenue Service regulations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Qualified nonelective contributions and Profit sharing amounts may be contributed at the discretion of the Company's Board of directors. Such contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and any potential employer's matching contribution plus allocations of (a) the Company's discretionary contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

Vesting

Participants are immediately vested in their contributions and earnings thereon. Company contributions are vested at various percentage rates from zero to six years of service.

Loan to Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant loan funds. Loan terms can range from 1-5 years or up to 25 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates are 5.25%. Principal and interest is paid ratably through weekly payroll deductions.

NOTE A - GENERAL DESCRIPTION OF THE PLAN (continued)

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeitures

Plan Forfeitures are first used to reduce plan expenses, then used to reduce employer contributions.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition (SFAS 157)

The Company has adopted SFAS No. 157, "Fair Value Measurements".
SFAS No. 157 applies to all financial instruments that are measured and reported on a fair value basis.

As defined in SFAS No. 157, 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. In determine fair value, the Company utilizes certain assumptions that market participants would be used in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Company is required to prove the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

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

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

Level 3 - Includes significant inputs to the valuation methodology that are unobservable and may include assumptions about market participant assumptions.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

MUTUAL FUNDS

Mutual funds are classified in Level 1 of the hierarchy as fair value is based on quoted prices in active markets for identical securities.

PARTICIPANT LOANS

Participant loans are valued at their outstanding balance, which approximates fair value. Participant loans are classified as level 3.

There is no market (quoted prices or observable inputs) for participant loans, and as such the valuation includes significant inputs based on assumptions about market participant assumptions.

INTEREST BEARING CASH (Money Market Fund)

Interest bearing cash is classified in Level 1. Funds are invested in Oppenheimer Cash Reserves Fund Class R.

The following table presents the financial instruments carried at fair value as of December 31, 2015, by the TOPIC ASC 820 valuation hierarchy, as described above.

	Level 1	Level 2	Level 3
Mutual Funds	286,489	-	-
Money Market Funds	5,873	-	-
Participant loans	-	-	2,915
Total assets at fair value	$ 292,362	$ -	$ 2,915

	Mutual Funds	Money Market Funds	Participant Loans
Balance, beginning of year	$ 249,042	$ -	$ 4,552
Contributions/(repayments)	77,173	-	(1,637)
Transfers in/(out) - net	(8,788)	5,873	
Investment income	17,657	-	-
Administrative fees	(706)	-	
Interest Accrual	201	-	-
Gains(losses)	(25,312)	-	-
Benefit payments and Loan Issues	(22,778)	-	-
Balance, end of year	$ 286,489	$ 5,873	$ 2,915

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Interest Income

Interest income is recorded as earned.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs, principally accounting and administrative fees, are paid directly by the Company. Other administrative expenses are paid by the Plan.

Participant Loans

Participant loans are recorded on the accrual basis, inclusive of accrued interest.
Interest income from participant loans is recorded when accrued.
No provision for uncollectible loans is recorded, as management records defaulted amounts as deemed uncollectible.

Risks and Uncertainties

The Plan provides for various investment options in any combination of a variety of mutual funds. Investments in mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain mutual funds and the level of uncertainty related to changes in the value of mutual funds, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statements of changes in net assets available for benefits.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE C - INVESTMENTS

Plan assets are currently held in participant separate accounts through Paychex Corporation, the current custodian.

Plan assets were held in participant separate accounts through ADP Corporation from January 1 through March 27, 2015. A notice of conversion, including blackout dates, was provided to plan participants. The conversion took place and the blackout was lifted May 15, 2015.

NOTE C- INVESTMENTS (Continued)

The total fair market value of individual assets investment that represent 5% or more of the Plan's net assets as of December 31 are as follows:

	2015
SSGA S&P 500	$ 54,780
TRP RTMNT 2040	$ 50,431
TRP RTMNT 2030	$ 29,346
JANUS Triton R	$ 23,845
VCTR RS LG CP ALP	$ 20,916
TRP RTMNT 2050	$ 19,561
VCTRY SYC RET VAL	$ 17,401
PUT Equity Income	$ 16,882
AC HERITAGE R	$ 16,858

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased(decreased) in value by $46,235 and $13,118, respectively.

A participant may direct contributions to any investment available through Paychex Corp. All investments are self directed.

NOTE D - INCOME TAX STATUS

The Internal Revenue Service has determined and informed Paychex Corporation by letter dated April 10, 2014, that their plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company has adopted the Paychex Inc. Plan and believes the plan to be in compliance with all IRS regulations.

NOTE E - 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.

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS

The following is a December 31, 2015, reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net assets available for benefits - per financial statement	$ 294,785
ADP/ACP Testing correction payable	492
Net assets available for benefits - per Form 5500 - Schedule H	$ 295,277

Note: Form 5500 was prepared by the Plan Administrator. We did not perform audit procedures beyond verifying the above reconciliation to the financial statements.

NOTE G - UNAUDITED INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

	2014	2013
Investments, at fair value:		
Investments	$ 292,362	$ 244,490
Employee loans	2,915	4,552
Investment gains(losses)	(25,312)	13,118
Loan interest income	201	-

NOTE H - CORRECTION OF ERRORS

The Plan failed to meet the ADP/ACP Nondiscrimination IRISA compliance requirements for the year ended December 31, 2015. The trustee is in the process of correcting significant mistakes, conforming with IRS Rev. Proc. Self Correction Program (SCP).

NOTE I - SUBSEQUENT EVENTS

The Plan administrator is has evaluated events subsequent to the issuance of these financial statements on October 4, 2016 and has determined no significant events have occurred.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE J - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Name of parties in interest and description of relationship:

Plan Sponsor	J.R.C Beverage Inc.	
Multi Employer Participants with common ownership		% of Total
J.R.C. Beverage, Inc.	11-3101540	92%
SKI WHOLESALE BEER CORP	11-2860703	5%
Ralph & Charlies Beverage Corporation	45-0581154	3%

Service Providers	Paychex Corporation ADP Corporation Mid Atlantic Trust
Plan Administrator	Ralph Mauriello
Attorney	NA
Independent Qualified CPA	Doane CPA Firm LLC

Controlling interest Stockholders of all Companies	
Ralph Mauriello	50%
Charlie Yim	50%

Significant Related Party Transactions:

Description	Amount
The Board of Directors for J.R.C. Beverage Inc. has elected to pay administrative audit fees for the Plan from company funds, as Plan Sponsors	
Firm paid: Doane CPA Firm, LLC	$3,500
Paychex Corporation	$133
Mid Atlantic Trust Co.	$573

SUPPLEMENTARY INFORMATION

SCHEDULE 1 - ASSETS HELD AT END OF YEAR
DECEMBER 31, 2015 AND 2014

(a)	(b) Identity of Issue	(c) Description of Investment	(d) **	(e) Current Value 2015	(e) Current Value 2014
*	Paychex, Inc.	SSGA S&P 500 Index		54,780	-
*	Paychex, Inc.	TRP RTMNT 2040 DA & DB		50,540	59,865
*	Paychex, Inc.	TRP RET 2050 1GA and 1GB		33,129	16,992
*	Paychex, Inc.	TRP RTMT 2030		29,346	24,753
*	Paychex, Inc.	JANUS TRITON		23,845	-
*	Paychex, Inc.	VCTR RS LG CP ALP BA		20,916	-
*	Paychex, Inc.	VCTRY SYC EST VAL		17,401	35,446
*	Paychex, Inc.	AC Heritage R 1JA and 1JB		17,247	3,757
*	Paychex, Inc.	PUT Equity Income		16,882	35,711
*	Paychex, Inc.	PIMCO Total Return A & B		12,165	18,939
*	Paychex, Inc.	Oppenheimer Cash Reserves		5,873	5,103
*	Paychex, Inc.	Janus Overseas R A&B		3,755	1,469
*	Participant Loans	Interest Rate 5.25%		2,915	4,552
*	Paychex, Inc.	Royce Val R		1,883	-
*	Paychex, Inc.	TRP RTMNT 2020 R 1LB		1,559	-
*	Paychex, Inc.	VCTR RS LG CP ALP 1BB		1,555	-
*	Paychex, Inc.	SSGA Small Cap AA and AB		1,124	-
*	Paychex, Inc.	Franklin Sm Cap Value		315	-
*	Paychex, Inc.	TRP INTLGFR&I R		47	1,923
*	ADP	SSGA RSCI VIII HEA & HEO		-	1,065
*	ADP	SSGA SP MC IDX JQA		-	1,876
*	ADP	INV STBL Asset 85 KFA		-	253
*	ADP	Labbett Dev Grth 4MA		-	9,043
*	ADP	RS LG CP ALPH 5EA & 5EO		-	5,677
*	ADP	Perkins SM CP VAL		-	10,729
*	ADP	TRP RT 2020 MA and MO		-	11,889
	Total			$ 295,277	$ 249,042

** Column (d) has not been presented as this information is not required.

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

J. R. C. BEVERAGE INC.

401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED

DECEMBER 31, 2015 AND 2014

* * * * * * * * * * * * * * * * * * * *

J.R.C. BEVERAGE INC.
401(K) PROFIT SHARING PLAN & TRUST

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Doane CPA Firm LLC
Watertown, New York

October 4, 2016

J.R.C. BEVERAGE INC.
401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
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J.R.C. BEVERAGE INC.
401(K) PROFIT SHARING PLAN & TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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NOTE A - GENERAL DESCRIPTION OF THE PLAN (continued)

Payment of Benefits

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Forfeitures

Plan Forfeitures are first used to reduce plan expenses, then used to reduce employer contributions.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition (SFAS 157)

The Company has adopted SFAS No. 157, "Fair Value Measurements".
SFAS No. 157 applies to all financial instruments that are measured and reported on a fair value basis.

As defined in SFAS No. 157, 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. In determine fair value, the Company utilizes certain assumptions that market participants would be used in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Company is required to prove the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

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

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

Level 3 - Includes significant inputs to the valuation methodology that are unobservable and may include assumptions about market participant assumptions.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

MUTUAL FUNDS

Mutual funds are classified in Level 1 of the hierarchy as fair value is based on quoted prices in active markets for identical securities.

PARTICIPANT LOANS

Participant loans are valued at their outstanding balance, which approximates fair value. Participant loans are classified as level 3.

There is no market (quoted prices or observable inputs) for participant loans, and as such the valuation includes significant inputs based on assumptions about market participant assumptions.

INTEREST BEARING CASH (Money Market Fund)

Interest bearing cash is classified in Level 1. Funds are invested in Oppenheimer Cash Reserves Fund Class R.

The following table presents the financial instruments carried at fair value as of December 31, 2015, by the TOPIC ASC 820 valuation hierarchy, as described above.

	Level 1	Level 2	Level 3
Mutual Funds	286,489	-	-
Money Market Funds	5,873	-	-
Participant loans	-	-	2,915
Total assets at fair value	$ 292,362	$ -	$ 2,915

	Mutual Funds	Money Market Funds	Participant Loans
Balance, beginning of year	$ 249,042	$ -	$ 4,552
Contributions/(repayments)	77,173	-	(1,637)
Transfers in/(out) - net	(8,788)	5,873	
Investment income	17,657	-	-
Administrative fees	(706)	-	
Interest Accrual	201	-	-
Gains(losses)	(25,312)	-	-
Benefit payments and Loan Issues	(22,778)	-	-
Balance, end of year	$ 286,489	$ 5,873	$ 2,915

NOTE B - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Interest Income

Interest income is recorded as earned.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs, principally accounting and administrative fees, are paid directly by the Company. Other administrative expenses are paid by the Plan.

Participant Loans

Participant loans are recorded on the accrual basis, inclusive of accrued interest.
Interest income from participant loans is recorded when accrued.
No provision for uncollectible loans is recorded, as management records defaulted amounts as deemed uncollectible.

Risks and Uncertainties

The Plan provides for various investment options in any combination of a variety of mutual funds. Investments in mutual funds are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain mutual funds and the level of uncertainty related to changes in the value of mutual funds, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statements of changes in net assets available for benefits.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE C - INVESTMENTS

Plan assets are currently held in participant separate accounts through Paychex Corporation, the current custodian.

Plan assets were held in participant separate accounts through ADP Corporation from January 1 through March 27, 2015. A notice of conversion, including blackout dates, was provided to plan participants. The conversion took place and the blackout was lifted May 15, 2015.

NOTE C- INVESTMENTS (Continued)

The total fair market value of individual assets investment that represent 5% or more of the Plan's net assets as of December 31 are as follows:

	2015
SSGA S&P 500	$ 54,780
TRP RTMNT 2040	$ 50,431
TRP RTMNT 2030	$ 29,346
JANUS Triton R	$ 23,845
VCTR RS LG CP ALP	$ 20,916
TRP RTMNT 2050	$ 19,561
VCTRY SYC RET VAL	$ 17,401
PUT Equity Income	$ 16,882
AC HERITAGE R	$ 16,858

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased(decreased) in value by $46,235 and $13,118, respectively.

A participant may direct contributions to any investment available through Paychex Corp. All investments are self directed.

NOTE D - INCOME TAX STATUS

The Internal Revenue Service has determined and informed Paychex Corporation by letter dated April 10, 2014, that their plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company has adopted the Paychex Inc. Plan and believes the plan to be in compliance with all IRS regulations.

NOTE E - 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.

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS

The following is a December 31, 2015, reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net assets available for benefits - per financial statement	$ 294,785
ADP/ACP Testing correction payable	492
Net assets available for benefits - per Form 5500 - Schedule H	$ 295,277

Note: Form 5500 was prepared by the Plan Administrator. We did not perform audit procedures beyond verifying the above reconciliation to the financial statements.

NOTE G - UNAUDITED INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

	2014	2013
Investments, at fair value:		
Investments	$ 292,362	$ 244,490
Employee loans	2,915	4,552
Investment gains(losses)	(25,312)	13,118
Loan interest income	201	-

NOTE H - CORRECTION OF ERRORS

The Plan failed to meet the ADP/ACP Nondiscrimination IRISA compliance requirements for the year ended December 31, 2015. The trustee is in the process of correcting significant mistakes, conforming with IRS Rev. Proc. Self Correction Program (SCP).

NOTE I - SUBSEQUENT EVENTS

The Plan administrator is has evaluated events subsequent to the issuance of these financial statements on October 4, 2016 and has determined no significant events have occurred.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

NOTE J - RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Name of parties in interest and description of relationship:

Plan Sponsor	J.R.C Beverage Inc.	
Multi Employer Participants with common ownership		% of Total
J.R.C. Beverage, Inc.	11-3101540	92%
SKI WHOLESALE BEER CORP	11-2860703	5%
Ralph & Charlies Beverage Corporation	45-0581154	3%

Service Providers	Paychex Corporation ADP Corporation Mid Atlantic Trust
Plan Administrator	Ralph Mauriello
Attorney	NA
Independent Qualified CPA	Doane CPA Firm LLC

Controlling interest Stockholders of all Companies	
Ralph Mauriello	50%
Charlie Yim	50%

Significant Related Party Transactions:

Description	Amount
The Board of Directors for J.R.C. Beverage Inc. has elected to pay administrative audit fees for the Plan from company funds, as Plan Sponsors	
Firm paid: Doane CPA Firm, LLC	$3,500
Paychex Corporation	$133
Mid Atlantic Trust Co.	$573

SUPPLEMENTARY INFORMATION

SCHEDULE 1 - ASSETS HELD AT END OF YEAR
DECEMBER 31, 2015 AND 2014

(a)	(b) Identity of Issue	(c) Description of Investment	(d) **	(e) Current Value 2015	(e) Current Value 2014
*	Paychex, Inc.	SSGA S&P 500 Index		54,780	-
*	Paychex, Inc.	TRP RTMNT 2040 DA & DB		50,540	59,865
*	Paychex, Inc.	TRP RET 2050 1GA and 1GB		33,129	16,992
*	Paychex, Inc.	TRP RTMT 2030		29,346	24,753
*	Paychex, Inc.	JANUS TRITON		23,845	-
*	Paychex, Inc.	VCTR RS LG CP ALP BA		20,916	-
*	Paychex, Inc.	VCTRY SYC EST VAL		17,401	35,446
*	Paychex, Inc.	AC Heritage R 1JA and 1JB		17,247	3,757
*	Paychex, Inc.	PUT Equity Income		16,882	35,711
*	Paychex, Inc.	PIMCO Total Return A & B		12,165	18,939
*	Paychex, Inc.	Oppenheimer Cash Reserves		5,873	5,103
*	Paychex, Inc.	Janus Overseas R A&B		3,755	1,469
*	Participant Loans	Interest Rate 5.25%		2,915	4,552
*	Paychex, Inc.	Royce Val R		1,883	-
*	Paychex, Inc.	TRP RTMNT 2020 R 1LB		1,559	-
*	Paychex, Inc.	VCTR RS LG CP ALP 1BB		1,555	-
*	Paychex, Inc.	SSGA Small Cap AA and AB		1,124	-
*	Paychex, Inc.	Franklin Sm Cap Value		315	-
*	Paychex, Inc.	TRP INTLGFR&I R		47	1,923
*	ADP	SSGA RSCI VIII HEA & HEO		-	1,065
*	ADP	SSGA SP MC IDX JQA		-	1,876
*	ADP	INV STBL Asset 85 KFA		-	253
*	ADP	Labbett Dev Grth 4MA		-	9,043
*	ADP	RS LG CP ALPH 5EA & 5EO		-	5,677
*	ADP	Perkins SM CP VAL		-	10,729
*	ADP	TRP RT 2020 MA and MO		-	11,889
	Total			$ 295,277	$ 249,042

** Column (d) has not been presented as this information is not required.

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