

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
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>THE GREAT LAKES BREWING COMPANY CASH BALANCE PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan <u>01/01/2011</u>
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) <u>THE GREAT LAKES BREWING CO.</u> <u>2516 MARKET AVENUE</u> <u>CLEVELAND, OH 44113-3434</u>	2b Employer Identification Number (EIN) <u>34-1554625</u> 2c Plan Sponsor's telephone number <u>216-771-4404</u> 2d Business code (see instructions) <u>312120</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>01/11/2017</u>	<u>DANIEL CONWAY</u>
	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

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 179
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) 179
a(2) Total number of active participants at the end of the plan year	6a(2) 164
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 164
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 164
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 25
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: 1A 1C 1D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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)
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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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE GREAT LAKES BREWING COMPANY CASH BALANCE PLAN AND TRUST	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE GREAT LAKES BREWING CO.	D Employer Identification Number (EIN) 34-1554625
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2015
2	Assets:
a	Market value 1466583
b	Actuarial value 1466583
3	Funding target/participant count breakdown
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a	For retired participants and beneficiaries receiving payment 0 0 0
b	For terminated vested participants 0 0 0
c	For active participants 164 1437840 1437840
d	Total 164 1437840 1437840
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 5.83%
6	Target normal cost 6 357732

Statement by Enrolled Actuary

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

SIGN HERE		01/05/2017
	Signature of actuary	Date
	GLEN ARCHINAL, EA, MSPA, MAAA	14-02853
	Type or print name of actuary	Most recent enrollment number
	CBIZ RETIREMENT PLAN SERVICES	330-644-2044
	Firm name	Telephone number (including area code)
	13680 CLEVELAND AVENUE NW UNIONTOWN, OH 44685	
	Address of the firm	

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>1.90</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		8527
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.09</u> %		519
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		9046
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage.....	14	101.99 %
15	Adjusted funding target attainment percentage	15	101.99 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

Contributions made to the plan for the plan year by employer(s) and employee(s)							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/27/2016	385744	0					
			Totals ►	18(b)	385744	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	344454

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	357732	
b Excess assets, if applicable, but not greater than line 31a	31b	28743	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	328989	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	328989	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	344454	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	15465	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE 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
		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 THE GREAT LAKES BREWING COMPANY CASH BALANCE PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE GREAT LAKES BREWING CO.	D Employer Identification Number (EIN) 34-1554625	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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 ☐

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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 <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>THE GREAT LAKES BREWING COMPANY CASH BALANCE PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GREAT LAKES BREWING CO.</u>	D Employer Identification Number (EIN) <u>34-1554625</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	386517	385744
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	133443	33749
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	956450	1394579
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(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)	0	0
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(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)	0	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1476410	1814072

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	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1476410	1814072
---	-----------	---------	---------

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)	385744	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		385744
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	58117	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		58117
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)	-106199	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-106199

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		337662

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		337662
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ 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 ☒ No

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

(1) Name: HOBE & LUCAS CPAS, INC.

(2) EIN: 31-1488076

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.)		☒		
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.)		☒		

	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.)		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.)		X		
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		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

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 THE GREAT LAKES BREWING COMPANY CASH BALANCE PLAN AND TRUST				B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE GREAT LAKES BREWING CO.				D Employer Identification Number (EIN) 34-1554625	
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): _____ 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 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2015 v. 150123	

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
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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
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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

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
FINANCIAL STATEMENTS AND SCHEDULE
DECEMBER 31, 2015 AND 2014

THE GREAT LAKES BREWING CO. CASH BALANCE PENSION PLAN AND TRUST

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Hobe & Lucas

Certified Public Accountants, Inc.

4807 Rockside Road, Suite 510 Phone: (216) 524.8900
Independence, Ohio 44131 Fax: (216) 524.8777
<http://www.hobe.com>

INDEPENDENT AUDITORS' REPORT

To the Administrator and Participants of the
The Great Lakes Brewing Co.
Cash Balance Pension Plan and Trust
Cleveland, Ohio

Report on the Financial Statements

We have audited the accompanying financial statement of The Great Lakes Brewing Co. Cash Balance Pension Plan and Trust (the Plan), which comprise the of statements of net assets available for plan benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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

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 audit 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 auditor's 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 Member

B K R
INTERNATIONAL

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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, 2015 and 2014, and the changes in its net assets available for benefits for the years ended December 31, 2015 and 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets-held at year end as of December 31, 2015 and 2014, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are 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 audit 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.

October 4, 2016

Hoke & Lucas
Certified Public Accountants, Inc.

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND DECEMBER 31, 2014

ASSETS

	<u>2015</u>	<u>2014</u>
<u>Investments, At Fair Value</u>		
Non-interest bearing cash	\$ 33,749	\$ 133,443
Corporate bonds	1,394,579	956,450
Total Investments	<u>1,428,328</u>	<u>1,089,893</u>
<u>Plan Receivable</u>		
Employer contributions	<u>385,744</u>	<u>386,517</u>
Net Assets Available For Benefits	<u><u>\$ 1,814,072</u></u>	<u><u>\$ 1,476,410</u></u>

There are no liabilities for 2015 or 2014

See accompanying notes to financial statements

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>Additions</u>		
Additions to net assets attributed to:		
Employer contributions	\$ 385,744	\$ 386,517
Interest income	58,117	37,130
Unrealized gains/(losses)	<u>(106,199)</u>	<u>(9,443)</u>
<u>Net Increase In Net Assets Available For Benefits</u>	<u>337,662</u>	<u>414,204</u>
<u>Net Assets Available For Benefits, Beginning Of Year</u>	<u>1,476,410</u>	<u>1,062,206</u>
<u>Net Assets Available For Benefits, End Of Year</u>	<u><u>\$ 1,814,072</u></u>	<u><u>\$ 1,476,410</u></u>

See accompanying notes to financial statements

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of The Great Lakes Brewing Co. Cash Balance Pension Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit plan established on January 1, 2011 to provide retirement benefits for all employees of The Great Lakes Brewing Co. (the Company). Employees of the Company are eligible to participate in the Plan after having completed one year of service, with 1,000 hours of service being required during the eligibility completion period, and reaching a minimum age of 18 years old. The Plan qualifies under the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Benefits

A participant who completes three or more years of service in the employment of the Company shall be entitled to a non-forfeitable retirement benefit equal to the actuarial equivalent of the sum of a Participant's Hypothetical Account A and Hypothetical Account B at normal retirement age. Contribution credits for Hypothetical Account A for each plan year shall equal 3% of the participant's compensation as an active participant for such plan year subject to offsetting by non-elective contributions to the Company's 401k account. Contribution credits for Hypothetical Account B for each plan year shall equal (1) six times compensation for the plan year in excess of \$100,000 for the President of the Company and (2) three times compensation for the plan year in excess of \$100,000 plus zero for plan years prior to 2015 and \$30,000 for plan years beginning on or after January 1, 2015 for the Secretary/Treasurer of the Company. The participant benefits commence on the date of retirement and are based on the Normal Retirement Age. If a participant with at least three years of service terminates employment prior to the Normal Retirement Age, the Plan provides deferred retirement benefits.

Payment Of Benefits

The normal form of benefits under the Plan consists of monthly payments during the life of the participant. If a participant is married, the normal form of benefit payment is a joint and survivor annuity, unless the participant elects and the spouse consents otherwise. If a participant dies on or after the Annuity Starting Date, the Beneficiary (if any) will be eligible to receive the retirement benefits.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting, in conformity with generally accepted accounting principles.

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator and management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Benefit Distributions

Benefit distributions are recorded when paid to participants.

Administrative Services

The expenses necessary to administer the Plan are paid by the Plan or Plan sponsor including, but not limited to, those involved in retaining necessary professional assistance from an attorney, an accountant, an actuary, or an investment adviser. Investment related expenses are included in net appreciation of fair value of investments.

Investments

Investments are reflected at fair market value as determined by the trustee. Corporate bonds are valued at observable inputs for similar securities at year end. This includes basing value on yields available on comparable securities of issuers with similar credit ratings. Non-interest bearing cash is valued at its carrying value.

NOTE 3 - ACTUARIAL ASSUMPTIONS AND PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

CBIZ Retirement Plan Services, an independent actuary, performed the actuarial valuations of the Plan as of January 1, 2015. The valuations used the following assumptions:

Actuarial Cost Method:	Unit Credit as required under the Pension Protection Act of 2006
Mortality:	The 2015 Plan Year Applicable Mortality Table specified under §417(e)(3), for the month that includes the valuation date.
Rate of Return on Plan Assets:	3.68% - 2015, 3.94% - 2014
Interest Rate for Life Annuities:	5.00%
Annual Effective Interest Rate:	5.83% per year

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NOTE 3 - ACTUARIAL ASSUMPTIONS AND PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Retirement Age:

Normal Retirement Age

Accumulated plan benefits are determined by the Plan's actuary and are those future periodic payments for plan benefits that have accrued on the basis of each participant's service history as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present values of accumulated benefits are as follows:

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -0-	\$ -0-
All other vested participants	<u>2,016,431</u>	<u>1,553,462</u>
	\$ 2,016,431	\$ 1,553,462
Non-vested benefits	<u>-0-</u>	<u>-0-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 2,016,431</u>	<u>\$ 1,553,462</u>

The changes in the actuarial present value of accumulated plan benefits are attributable to the following:

	<u>2015</u>	<u>2014</u>
Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 1,553,462	\$ 1,110,128
Benefits accumulated	385,744	386,517
Interest costs	47,225	40,853
Benefits paid	-0-	-0-
Increase due to Plan provision	30,000	-0-
Other actuarial gains (losses)	<u>-0-</u>	<u>15,964</u>
Actuarial present values of accumulated plan benefits As of the end of the year	<u>\$ 2,016,431</u>	<u>\$ 1,553,462</u>

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NOTE 4 - TAX STATUS

The Internal Revenue Service has determined that the Plan meets the requirements of Section 401(a) of the Internal Revenue Code and is exempt for federal income tax under Section 501(a) if the code.

The plan obtained its latest determination letter on July 18, 2012, in which the Internal Revenue Service states that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not 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 2012.

NOTE 5 – FUNDING POLICIES

The Company has agreed to make sufficient contributions to provide the Plan with the assets required to pay retirement benefits to Plan participants. The Company's recorded contributions to the Plan for 2015 and 2014 are based on reports from a consulting actuary and meet the funding requirements of ERISA.

NOTE 6 - 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 of plan termination, participants will become 100% vested in their accounts, and the remaining assets in the Plan would be allocated to participants in accordance with the provisions of ERISA Section 4044.

NOTE 7 – ACCOUNTING CHANGES AND ERROR CORRECTIONS

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans* (Topic 960), *Defined Contribution Pension Plans* (Topic 962), *Health and Welfare Benefit Plans* (Topic 965): (Part I) *Fully Benefit-Responsive Investment Contracts*, (Part II) *Plan Investment Disclosures*, (Part III) *Measurement Date Practical Expedient*. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of

THE GREAT LAKES BREWING CO.
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NOTE 7 – ACCOUNTING CHANGES AND ERROR CORRECTIONS (CONTINUED)

investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to adopt parts I and II early.

NOTE 8 - INVESTMENTS

The plan uses PNC Investments as a third party custodian for its assets. Investment income totaled \$58,117 and \$37,130 for the years ended December 31, 2015 and December 31, 2014, respectively. Unrealized/Realized losses on investments totaled a (\$106,199) and (\$9,443) for the years ended December 31, 2015 and December 31, 2014, respectively.

NOTE 9 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board *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 below:

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 assets or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or by other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Non-interest bearing cash: Valued at carrying value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

Assets at Fair Value as of December 31, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Non-interest bearing cash	\$ 33,749	\$ -	\$ -	\$ 33,749
Corporate bonds	-	1,394,579	-	1,394,579
Total Assets at Fair Value	<u>\$ 33,749</u>	<u>\$1,394,579</u>	<u>\$ -</u>	<u>\$ 1,428,328</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Non-interest bearing cash	\$ 133,443	\$ -	\$ -	\$ 133,443
Corporate bonds	-	956,450	-	956,450
Total Assets at Fair Value	<u>\$ 133,443</u>	<u>\$ 956,450</u>	<u>\$ -</u>	<u>\$ 1,089,893</u>

The following tables summarizes investments measured at fair based on net asset value (NAVs) per share as of December 31, 2015 and December 31, 2014, respectively.

Investments as of December 31, 2015:

	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Air Lease Corp SR NT 3.375%	\$ 25,125	n/a	Daily	30 days
Avon Prod, Inc NT 4.200%	32,400	n/a	Daily	30 days
Bank Amer Corp SR 4.850%	32,032	n/a	n/a	n/a

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NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

Investments as of December 31, 2015 (Continued):

	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Bank Amer Corp SR 5.000%	\$ 10,719	n/a	Daily	30 days
Bank Amer Corp SR 6.350%	46,237	n/a	n/a	n/a
Bank Amer Corp Bond 2.600%	100,326	n/a	n/a	n/a
Dollar GenCorp Note 1.875%	24,759	n/a	Daily	30 days
Entertainment PPTYS TR 5.750%	13,648	n/a	n/a	n/a
Equity Commonwealth REIT 5.875%	21,494	n/a	Daily	30 days
Fidelity Natl Fin IN 5.500%	27,594	n/a	Daily	30 days
Freeport-McMoran NT 2.375%	39,000	n/a	Daily	30 days
Freeport-McMoran NT 4.000%	18,000	n/a	Daily	30 days
FS INVT Corp Note 4.250%	30,117	n/a	Daily	30 days
Gen Elec Cap Corp 5.000%	40,765	n/a	Daily	30 days
Genworth Finl SR NT 8.625%	42,332	n/a	Daily	30 days
Goldman Sachs Bond 2.625%	80,572	n/a	n/a	n/a
Hewlett Packard Co. Note 2.750%	39,976	n/a	Daily	30 days
HSBS Finance Corp Note 6.676%	21,806	n/a	n/a	n/a
Jefferies Grp NT 5.125%	66,564	n/a	Daily	30 days
Murphy Oil Corp Note 4.000%	25,019	n/a	Daily	30 days
Nabors Inds NT 4.250%	73,958	n/a	Daily	55 days
Nabors Inds NT 5.000%	26,321	n/a	Daily	55 days
Nabors Inds SR NT 6.150%	21,308	n/a	Daily	30 days
NASDAQ OMX GrpNT 5.550%	21,927	n/a	Daily	30 days
Nationsbank Sub NT 7.250%	48,303	n/a	Daily	30 days
Newmont Mining NT 5.125%	8,321	n/a	Daily	30 days
Pitney Bowes MTN 5.600%	31,406	n/a	Daily	30 days
Pitney Bowes Glbl MTNS 4.750%	9,517	n/a	Daily	30 days
Pride Intl Inc DEL Note 6.875%	27,855	n/a	Daily	30 days
Prospect Cap Corp 4.625%	10,893	n/a	n/a	n/a
Provident Cos SR NT 7.000%	22,131	n/a	n/a	n/a
Qwest Corp Note 6.750%	31,425	n/a	Daily	45 days
Raymond James Fin 8.600%	35,773	n/a	Daily	30 days
Realty Inc Corp Bond 6.750%	11,375	n/a	Daily	30 days
Rowan Cos, Inc. Note 4.875%	25,740	n/a	Daily	30 days
Safeway Inc SR NT 5.000%	46,625	n/a	Daily	45 days
Senior HSG PPYTS TR Note 6.750%	39,395	n/a	Daily	30 days
Suntrust BK Atlanta 5.450%	21,306	n/a	Daily	30 days
Suntrust BKS Sub NT 6.000%	44,320	n/a	Daily	30 days
Time Warner Cable NT 6.750%	98,195	n/a	Daily	30 days

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CASH BALANCE PENSION PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 9 - FAIR VALUE MEASUREMENTS (CONTINUED)

Investments as of December 31, 2014:

	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Air Lease Corp SR NT 3.375%	\$ 25,312	n/a	Daily	30 days
Avon Prod, Inc NT 4.200%	36,600	n/a	Daily	30 days
Bank Amer Corp SR 4.850%	32,284	n/a	n/a	n/a
Bank Amer Corp SR 5.000%	10,862	n/a	n/a	n/a
Bank Amer Corp SR 6.350%	46,858	n/a	n/a	n/a
Bank Amer Corp Bond 2.600%	60,467	n/a	n/a	n/a
Dollar GenCorp Note 1.875%	24,157	n/a	Daily	30 days
Freeport-McMoran NT 2.375%	49,450	n/a	Daily	30 days
Gen Elec Cap Corp 5.000%	40,805	n/a	Daily	30 days
Genworth Finl SR NT 8.625%	43,380	n/a	Daily	30 days
Goldman Sachs Bond 2.625%	80,489	n/a	n/a	n/a
Jefferies Grp NT 5.125%	67,495	n/a	Daily	30 days
Nabors Inds SR NT 6.150%	21,873	n/a	Daily	30 days
NASDAQ OMX GrpNT 5.550%	22,224	n/a	Daily	30 days
Nationsbank Sub NT 7.250%	49,061	n/a	Daily	30 days
Newmont Mining NT 5.125%	8,573	n/a	Daily	30 days
Pitney Bowes MTN 5.600%	9,783	n/a	Daily	30 days
Pitney Bowes Gbl MTNS 4.750%	31,941	n/a	Daily	30 days
Provident Cos SR NT 7.000%	22,859	n/a	n/a	n/a
Raymond James Fin 8.600%	37,247	n/a	Daily	30 days
Realty Inc Corp Bond 6.750%	11,780	n/a	Daily	30 days
Safeway Inc SR NT 5.000%	51,162	n/a	Daily	45 days
Suntrust BK Atlanta 5.450%	21,859	n/a	Daily	30 days
Suntrust BKS Sub NT 6.000%	46,710	n/a	Daily	30 days
Time Warner Cable NT 6.750%	103,219	n/a	Daily	30 days

Events that would limit the corporate bonds to transact at the NAV may include, but are not limited to, the following: mergers, mass layoffs, plan terminations, and implementation of early retirement incentive programs.

NOTE 10 – PARTY IN INTEREST TRANSACTIONS

Certain plan investments are investments managed by PNC Investments. PNC Investments provides custodial services to the Plan and therefore, these transactions qualify as party-in-interest transactions.

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NOTES TO FINANCIAL STATEMENTS
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NOTE 11 - SUBSEQUENT EVENTS

Subsequent events were reviewed through October 4, 2016, the date the financial statements were available for issuance. There were no subsequent events to report as of that date.

NOTE 12 – PLAN AMENDMENTS

Effective January 1, 2015, the Plan was restated for the Pension Protection Act (PPA).

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: The Great Lakes Brewing Company Cash Balance Pension Plan and Trust

EIN/PN: 34-1554625/002

Valuation Date: January 1, 2015

Years of Credited Service

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	TOTAL
Under 25	-	12	-	-	-	-	-	-	-	-	12
25 to 29	-	32	11	-	-	-	-	-	-	-	43
30 to 34	-	24	17	3	-	-	-	-	-	-	44
35 to 39	-	2	8	2	-	-	-	-	-	-	12
40 to 44	-	3	10	6	3	-	-	-	-	-	22
45 to 49	-	2	2	1	1	2	-	-	-	-	8
50 to 54	-	3	-	2	-	1	1	-	-	-	7
55 to 59	-	1	3	3	1	-	-	-	-	-	8
60 to 64	-	3	-	-	-	-	-	-	-	-	3
65 to 69	-	-	-	-	-	-	3	-	-	-	3
70 & Up	-	-	-	-	2	-	-	-	-	-	2
Total	-	82	51	17	7	3	4	-	-	-	164

SCHEDULE SB ATTACHMENT

ACTUARIAL ASSUMPTIONS

Actuarial Cost Method

Unit Credit as Required Under the Pension Protection Act of 2006

Interest rates used in the valuation

	Funding (Minimum)	Funding (Maximum)	417(e) Lump Sum
Segment I:	4.72%	1.22%	1.29%
Segment II:	6.11%	4.11%	3.81%
Segment III:	6.81%	5.20%	4.88%

Annual Effective Interest Rate 5.82%

Valuation Mortality Tables

Pre-Retirement: None.
Post-Retirement: The 2015 Plan Year Applicable Mortality Table specified under §417(e)(3), for the month that includes the valuation date (Jan)

Actuarial Equivalence

	Interest Rate:	Mortality Table:
Pre-Retirement:	417(e)	None.
Post-Retirement:	417(e)	The 2015 PY Applicable Mortality Table specified under §417(e)(3).

Assumptions for IRC 415 Maximum Benefit Actuarial Adjustments

Interest Rate for Non-Life Annuities: 5.50%
Assumed Interest Rate for Life Annuities: 5.00%
Mortality Table: The 2015 PY Applicable Mortality Table specified under §417(e)(3).

Future Interest Crediting Rate

Annual Interest Crediting Assumption: 3.50%

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

A Name of plan The Great Lakes Brewing Company Cash Balance Plan and Trust	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Great Lakes Brewing Co.	D Employer Identification Number (EIN) 34-1554625	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	1,466,583	
b Actuarial value	2b	1,466,583	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	164	1,437,840	1,437,840
d Total	164	1,437,840	1,437,840
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		
6 Target normal cost	6		
5.83% 357,732			

Statement by Enrolled Actuary

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

SIGN HERE	GLEN ARCHINAL, EA, MSPA, MAAA GA	1/05/2017 Date 1402853
Signature of actuary GLEN ARCHINAL, EA, MSPA, MAAA		Most recent enrollment number 330-644-2044
Type or print name of actuary CBIZ RETIREMENT PLAN SERVICES		Telephone number (including area code)
Firm name 13680 CLEVELAND AVENUE NW UNIONTOWN OH 44685		
Address of the firm		

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

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

**Schedule SB (Form 5500) 2015
v. 150123**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>1.90</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		8,527
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.09</u> %		519
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		9,046
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	101.99%
15 Adjusted funding target attainment percentage	15	101.99%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.30%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/27/2016	385,744	0			
Totals ▶			18(b)	385,744	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	344,454

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	357,732	
b Excess assets, if applicable, but not greater than line 31a	31b	28,743	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	328,989	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	328,989	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	344,454	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	15,465	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENT

Line 22 - Weighted Average Retirement Age

Plan Name: The Great Lakes Brewing Company Cash Balance Pension Plan and Trust

EIN/PN: 34-1554625/002

Valuation Date: January 1, 2015

Each participant is assumed to retire at his/her normal retirement age of 62.

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

Plan Name: The Great Lakes Brewing Company Cash Balance Pension Plan and Trust

EIN/PN: 34-1554625/002

Valuation Date: January 1, 2015

Total Contributed: \$385,744.11

Total Discounted to Valuation Date: \$344,500.00

Date	Amount	Plan Year	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
06/27/2016	385,744	2015	5.82%	31,094	10.82%	10,150	344,500

SCHEDULE SB ATTACHMENT
BENEFIT PROVISIONS USED IN THE VALUATION

Plan Sponsor	The Great Lakes Brewing Co.
Plan Name	The Great Lakes Brewing Co. Cash Balance Pension Plan and Trust
Plan Effective Date	January 1, 2011, last amended and restated effective January 1, 2015.
Plan Anniversary Date	January 1, 2015
Plan Year	January 1 - December 31
Status of the Plan	The Plan is ongoing.
Plan Eligibility	Completion of one Year of Eligibility Service.
Plan Entry	First pay date after January 1, April 1, July 1, or October 1, after completion of one Year of Eligibility Service.
Eligibility Service	One Year of Eligibility Service, based on the Eligibility Computation Period.
Vesting Service	One Year of Vesting Service based on the Vesting Computation Period.
Cash Balance Credits	Cash Balance Credits will be credited to Hypothetical Accounts as follows: <u>Hypothetical Account A</u> Annual credits are equal to 3% of Compensation <u>Hypothetical Account B</u> Group One: \$0 Group Two: 6 times Compensation in excess of \$100,000 Group Three: 3 times Compensation in excess of \$100,000
Interest Crediting Rate	Annual Interest Credits are made using the 30-Year Treasury Rate in effect for the third month preceding the Plan Year.
Cash Balance Account	The sum of Cash Balance Credits and Interest Credits.
Offset	Benefits accrued are offset by the profit sharing account balance of the participant under the 401(k) Profit Sharing Plan.
Accrued Benefit	The monthly annuity commencing at Normal Retirement which is the Actuarial Equivalent of the Cash Balance Account.

Vesting Schedule	100% after 3 Years of Service. In lieu of the service requirement, a Participant will become 100% vested upon attainment of Normal Retirement Age while an Employee or upon his death while an Employee.
Compensation	W-2 Compensation, not to exceed 401(a)(17) limits.
Normal Retirement Date	The first of the month following or coincident with the attainment of age 62.
Normal Retirement Benefit	The Cash Balance Account at Normal Retirement.
Early Retirement Benefit	None.
Disability Retirement Benefit	Eligibility: Three Years of Vesting Service and Totally and Permanently Disabled. Benefit: The Vested Accrued Benefit.
Pre-Retirement Death Benefit	The Actuarial Equivalent of a participant's Accrued Benefit.
Normal Form of Payment	Unless otherwise elected, the benefit payable to a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a Single Life Annuity.
Optional Forms	Benefits may be elected from: Single Life Annuity 50%, 75%, or 100% Joint & Survivor Lump Sum
Optional Form Conversion	Optional forms of benefit are calculated as actuarially equivalent to the Single Life Annuity using the following assumptions: <u>Lump Sum Distributions</u> : The lump sum is equal to the Participant's Cash Balance Account. <u>Annuities</u> Interest - The Interest Crediting Rate Mortality - Pre-retirement - None; Post-retirement – IRC Section 417(e)(3) Applicable Mortality Table for the Plan Year in which the annuity commences.
Changes in Plan Provision since the prior valuation	None.

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS-HELD AT YEAR END
EIN: 34-1554625, PLAN NO: 002
DECEMBER 31, 2015

(a) Party In Interest (*)	(b) Identity of issue, borrower, lessor or similar party	(c) Description (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Fair Value
*	PNC Investments, LLC	Non-interest bearing cash	\$ 33,749	\$ 33,749
		Corporate bonds:		
	Air Lease Corporation	Air Lease Corp SR NT 3.375%, 1/15/2019	25,646	25,125
	Avon Products, Inc.	Avon Products Inc NT 4.200%, 7/15/2018	41,249	32,400
	Bank of America Corporation	Bank Amer Corp SR Internotes 4.850%, 7/15/2019	31,941	32,032
	Bank of America Corporation	Bank Amer Corp SR Internotes 5.000%, 12/15/2019	10,767	10,719
	Bank of America Corporation	Bank Amer Corp SR Internotes 6.350%, 9/15/2018	46,308	46,237
	Bank of America Corporation	Bank Amer Corp Bond 2.600%, 1/15/2019	101,509	100,326
	Dollar General Corporation	Dollar General Corp Note 1.875%, 4/15/2018	24,531	24,759
	EPR Properties	Entertainment Properties Trust 5.750%, 8/15/2022	14,113	13,648
	Equity Commonwealth	Commonwealth REIT 5.875%, 9/15/2020	21,956	21,494
	Fidelity	Fidelity National Financial IN 5.500%, 9/1/2022	27,900	27,594
	Freeport-McMoran, Inc.	Freeport-McMoran Inc SR NT 2.375%, 3/15/2018	50,704	39,000
	Freeport-McMoran, Inc.	Freeport-McMoran Inc SR NT 4.000%, 11/14/2021	29,826	18,000
	FS Investment Corporation	FS INVT Corp Note 4.250%, 1/15/2020	30,841	30,117
	General Electric	General Electric Capital Corp 5.000%, 1/15/2029	41,753	40,765
	Genworth Financial, Inc.	Genworth Finl Inc SR NT 8.625%, 12/15/2016	43,269	42,332
	Goldman Sachs Group, Inc.	Goldman Sachs Group Inc Bond 2.625%, 1/15/2019	80,991	80,572
	Hewlett Packard Company	Hewlett Packard Co. Note 2.750%, 1/14/2019	41,306	39,976
	HSBS Finance Corporation	HSBS Finance Corp. Note 6.676%, 1/15/2021	22,005	21,806
	Jefferies Group, Inc.	Jefferies Group Inc NT 5.125%, 4/13/2018	66,964	66,564
	Murphy Oil Corp	Murphy Oil Corp Note 4.000%, 6/1/2022	31,711	25,019
	Nabors Industries, Inc.	Nabors Inds Inc NT 4.625%, 9/15/2021	89,452	73,958
	Nabors Industries, Inc.	Nabors Inds Inc NT 5.000%, 9/15/2020	31,470	26,321
	Nabors Industries, Inc.	Nabors Inds Inc gtd SR NT 6.150%, 2/15/2018	22,447	21,308
	NASDAQ	NASDAQ OMX Group Note 5.550%, 1/15/2020	21,087	21,927
	Nationsbank	Nationsbank Corp Sub NT 7.250%, 10/15/2025	44,194	48,303
	Newmont Mining Corporation	Newmont Mining Corp NT 5.125%, 10/1/2019	8,478	8,321
	Pitney Bowes, Inc.	Pitney Bowes Inc Gbl MTNS 4.750%, 05/15/2018	31,328	31,406
	Pitney Bowes, Inc.	Pitney Bowes Inc MTN 5.600%, 3/15/2018	9,529	9,517
	Pride International Inc.	Pride Intl Inc. DEL Note 6.875%, 8/15/2020	34,345	27,855
	Prospect Capital Corporation	Prospect Cap. Corp. 4.625%, 8/15/2020	11,074	10,893
	Provident Companies, Inc.	Provident Cos Inc SR NT 7.000%, 7/15/2018	22,005	22,131
	Qwest Corporation	Qwest Corp Note 6.750%, 12/1/2021	33,270	31,425
	Raymond James Financial, Inc.	Raymond James Financial 8.600%, 8/15/2019	35,061	35,773
	Realty Income Corporation	Realty Income Corp Bond 6.750%, 8/15/2019	11,302	11,375
	Rowan Companies, Inc.	Rowan Cos, Inc. Note 4.875%, 6/1/2022	35,710	25,740
	Safeway, Inc.	Safeway Inc SR NT 5.000%, 8/15/2019	51,770	46,625
	Senior Housing Properties Trust	Senior HSG PPTYS TR Note 6.750%, 12/15/2021	40,206	39,395
	Suntrust Banks, Inc.	Suntrust BK Atlanta 5.450%, 12/1/2017	20,864	21,306
	Suntrust Banks, Inc.	Suntrust BKS Inc Sub NT 6.000%, 2/15/2026	44,749	44,320
	Time Warner Cable, Inc.	Time Warner Cable Inc NT 6.750%, 7/1/2018	97,300	98,195
		Total corporate bonds	1,480,931	1,394,579
	Total investments		\$ 1,514,680	\$ 1,428,328

See accompanying notes to financial statements

THE GREAT LAKES BREWING CO.
CASH BALANCE PENSION PLAN AND TRUST
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS-HELD AT YEAR END
EIN: 34-1554625, PLAN NO: 002
DECEMBER 31, 2014

(a) Party In Interest (*)	(b) Identity of issue, borrower, lessor or similar party	(c) Description (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost	(e) Fair Value
*	PNC Investments, LLC	Non-interest bearing cash	\$ 133,443	\$ 133,443
		Corporate bonds:		
	Air Lease Corporation	Air Lease Corp SR NT 3.375%, 1/15/2019	25,848	25,312
	Avon Products, Inc.	Avon Products Inc NT 4.200%, 7/15/2018	41,717	36,600
	Bank of America Corporation	Bank Amer Corp SR Internotes 4.850%, 7/15/2019	32,454	32,284
	Bank of America Corporation	Bank Amer Corp SR Internotes 5.000%, 12/15/2019	10,947	10,862
	Bank of America Corporation	Bank Amer Corp SR Internotes 6.350%, 9/15/2018	47,832	46,858
	Bank of America Corporation	Bank Amer Corp Bond 2.600%, 1/15/2019	60,704	60,467
	Dollar General Corporation	Dollar General Corp Note 1.875%, 4/15/2018	24,531	24,157
	Freeport-McMoran, Inc.	Freeport-McMoran Inc SR NT 2.375%, 3/15/2018	51,014	49,450
	General Electric	General Electric Capital Corp 5.000%, 1/15/2029	41,969	40,805
	Genworth Financial, Inc.	Genworth Finl Inc SR NT 8.625%, 12/15/2016	45,582	43,380
	Goldman Sachs Group, Inc.	Goldman Sachs Group Inc Bond 2.625%, 1/15/2019	81,298	80,489
	Jefferies Group, Inc.	Jefferies Group Inc NT 5.125%, 4/13/2018	68,201	67,495
	Nabors Industries, Inc.	Nabors Inds Inc gtd SR NT 6.150%, 2/15/2018	23,101	21,873
	NASDAQ	NASDAQ OMX Group Note 5.550%, 1/15/2020	21,330	22,224
	Nationsbank	Nationsbank Corp Sub NT 7.250%, 10/15/2025	44,504	49,061
	Newmont Mining Corporation	Newmont Mining Corp NT 5.125%, 10/1/2019	8,595	8,573
	Pitney Bowes, Inc.	Pitney Bowes Inc MTN 5.600%, 3/15/2018	9,759	9,783
	Pitney Bowes, Inc.	Pitney Bowes Inc Gbl MTNS 4.750%, 05/15/2018	31,862	31,941
	Provident Companies, Inc.	Provident Cos Inc SR NT 7.000%, 7/15/2018	22,756	22,859
	Raymond James Financial, Inc.	Raymond James Financial 8.600%, 8/15/2019	36,348	37,247
	Realty Income Corporation	Realty Income Corp Bond 6.750%, 8/15/2019	11,638	11,780
	Safeway, Inc.	Safeway Inc SR NT 5.000%, 8/15/2019	52,216	51,162
	Suntrust Banks, Inc.	Suntrust BK Atlanta 5.450%, 12/1/2017	21,295	21,859
	Suntrust Banks, Inc.	Suntrust BKS Inc Sub NT 6.000%, 2/15/2026	45,111	46,710
	Time Warner Cable, Inc.	Time Warner Cable Inc NT 6.750%, 7/1/2018	100,055	103,219
		Total corporate bonds	960,667	956,450
	Total investments		\$ 1,094,110	\$ 1,089,893

See accompanying notes to financial statements