

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                        |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>D. G. YUENGLING & SON, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ 002                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br>05/01/1985                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>D.G. YUENGLING & SON, INC.<br><br>310 MILL CREEK AVENUE<br>POTTSVILLE, PA 17901 | <b>2b</b> Employer Identification Number (EIN)<br>23-1244850<br><br><b>2c</b> Plan Sponsor's telephone number<br>570-622-4141<br><br><b>2d</b> Business code (see instructions)<br>312120 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/03/2023 | RICHARD L YUENGLING JR                                       |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/03/2023 | RICHARD L YUENGLING JR                                       |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 347<br><b>6a(2)</b> 337<br><b>6b</b> 6<br><b>6c</b> 47<br><b>6d</b> 390<br><b>6e</b> 1<br><b>6f</b> 391<br><b>6g</b> 377<br><b>6h</b> 12                                                                                                                                                                                                                                                                                        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>D. G. YUENGLING & SON, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN       | B Three-digit plan number (PN) ►                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>D.G. YUENGLING & SON, INC.       | D Employer Identification Number (EIN)<br>23-1244850 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 63778                                 | 378                                                                         | 01/01/2022              | 12/31/2022 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 103193                               | 15401                         |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
CORNERSTONE INSTITUTIONAL INVESTORS 74 W. BROAD STREET  
SUITE 340  
BETHLEHEM, PA 18018

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 103193                                        |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE PARAGON ALLIANCE GROUP 300 HARLEYSVILLE PIKE  
SOUDERTON, PA 18964

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                  | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose      |                       |
|                                               | 15401                           | TPA COMPENSATION | 5                     |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 255847   |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 46995295 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

213388

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

41250

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

2062

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

34

▶ **TOTAL PLAN EXPENSE REDUCTION CREDIT**

(6) Total additions.....

**7c(6)**

43346

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

256734

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

887

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

(5) Total deductions.....

**7e(5)**

887

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

255847

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid .....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                           | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                  |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                      | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                         |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                      |                 |                 |  |
| (A) Commissions .....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                          | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies .....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                   | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                           |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                 |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves .....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                            |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>D. G. YUENGLING & SON, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN       | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>D.G. YUENGLING & SON, INC.       | D Employer Identification Number (EIN)<br>23-1244850 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ 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 |
| JOHN HANCOCK LIFE INS. COMPANY                                                                             |
| 01-0233346                                                                                                 |

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

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

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

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

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

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

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

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

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

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**(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)

JOHN HANCOCK LIFE INS. CO. (U.S.A.)

01-0233346

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 59<br>60 62 63<br>67 68 | RECORDKEEPER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

CORNERSTONE INSTITUTIONAL

27-2218037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27                  | INVESTMENT ADVISORS                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PARAGON ALLIANCE GROUP, LLC

23-3044062

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17                     | THIRD PARTY ADMINISTRATOR                                                                         | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2022</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection.</b></p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">D. G. YUENGLING &amp; SON, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN</span>                              | <b>B</b> Three-digit plan number (PN) ▶                                                       | <span style="color: blue;">002</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">D.G. YUENGLING &amp; SON, INC.</span>                       | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">23-1244850</span> |                                       |

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

|                                                                                                         |                                                          |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2065 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">42586</span>   |
|                                                                                                         |                                                          |                                                                                                                                               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2060 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">272916</span>  |
|                                                                                                         |                                                          |                                                                                                                                               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2055 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">914444</span>  |
|                                                                                                         |                                                          |                                                                                                                                               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2050 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">2316464</span> |
|                                                                                                         |                                                          |                                                                                                                                               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2045 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">2068077</span> |
|                                                                                                         |                                                          |                                                                                                                                               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2040 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">2999022</span> |
|                                                                                                         |                                                          |                                                                                                                                               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AMERICAN FUNDS 2035 TD</span> |                                                          |                                                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK USA</span>    |                                                          |                                                                                                                                               |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                        | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">749129</span>  |

|                                                                       |                        |                                                                                                             |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1358714 |

|                                                                       |                        |                                                                                                             |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TD |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1184114 |

|                                                                       |                        |                                                                                                            |
|-----------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TD |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125113 |

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1848591 |

|                                                                          |                        |                                                                                                             |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6823297 |

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4649421 |

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1990803 |

|                                                                           |                        |                                                                                                             |
|---------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1738391 |

|                                                                    |                        |                                                                                                            |
|--------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA MODERATE  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 591702 |

|                                                                       |                        |                                                                                                            |
|-----------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA CONSERVATIVE |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162991 |

|                                                                               |                        |                                                                                                             |
|-------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH       |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 339250  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND             |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1420428 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 316653  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1010110 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF SMALL-CAP BLEND IDX  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256123  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND                 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3156516 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 369332  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL INDEX   |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 594055  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1219600 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH FUND                |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1692017 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AF AMERICAN BALANCED FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>435829</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **FEDERATED TOTAL RETURN BOND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>350862</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TOTAL BOND MARKET FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>308512</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MONEY MARKET FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>01-0233346-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5690229</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>D. G. YUENGLING &amp; SON, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN</u>                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>D.G. YUENGLING &amp; SON, INC.</u>                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><u>23-1244850</u>                                                                                                                                                                                                           |                                                                                           |

| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                      |                              |                        |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                            | 40073                        | 20486                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                         | 2040622                      | 2066699                |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                         |                              | 321                    |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                         |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                         |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                         |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                      |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                      |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                      |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                      |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                         |                              |                        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                         |                              |                        |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                         |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                         |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                         |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                        | 57437630                     | 46995295               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                        |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                        |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                        |                              |                        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                        | 213388                       | 255847                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                        |                              |                        |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 59731713              | 49338648        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 59731713 | 49338648 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2066699    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1970762    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 25355      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4062816   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (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) |            | -10004896 |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -5942080  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 4260765    |           |
| (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)  |            | 4260765   |
| 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)  | 80         |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 190140     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 190220    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 4450985   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -10393065 |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BOYER AND BITTER**

(2) EIN: **23-1311005**

**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:

**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.) .....

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

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

**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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>D. G. YUENGLING & SON, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>D.G. YUENGLING & SON, INC.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>23-1244850                                            |
| 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):<br><br>EIN(s): 01-0233346                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.</p> <p><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**D. G. YUENGLING & SON, INC.  
401(k) SAVINGS &  
PROFIT SHARING PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2022**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator  
D. G. Yuengling & Son, Inc.  
401(k) Savings & Profit Sharing Plan  
Pottsville, Pennsylvania

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the financial statements of D.G. Yuengling & Son, Inc., 401(k) Savings & Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

## **Opinion (Continued)**

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

## **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, which raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## Other Matters

### Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script, reading "Boyer & Ritter". The signature is written in black ink and is positioned above the typed name and date.

Camp Hill, Pennsylvania  
July 26, 2023

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS & PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**December 31, 2022 and 2021**

| <b>ASSETS</b>                                 | <b>2022</b>          | <b>2021</b>          |
|-----------------------------------------------|----------------------|----------------------|
| Investments, at fair value                    |                      |                      |
| Group annuity contract with insurance company |                      |                      |
| Pooled separate accounts                      | \$ 46,995,295        | \$ 57,437,630        |
| Guaranteed interest account                   | 255,847              | 213,388              |
| <b>Total investments</b>                      | <b>47,251,142</b>    | <b>57,651,018</b>    |
| Receivables                                   |                      |                      |
| Employer contributions                        | 2,066,699            | 2,040,622            |
| Other contributions                           | 321                  | -                    |
|                                               | <b>2,067,020</b>     | <b>2,040,622</b>     |
| Cash, noninterest-bearing                     | 20,486               | 40,073               |
| <b>Net assets available for plan benefits</b> | <b>\$ 49,338,648</b> | <b>\$ 59,731,713</b> |

See Notes to Financial Statements.

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS & PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**Year Ended December 31, 2022**

|                                               |                      |
|-----------------------------------------------|----------------------|
| Additions to Net Assets Attributed to:        |                      |
| Investment income (loss)                      |                      |
| Net depreciation in fair value of investments | \$ (10,006,958)      |
| Interest income                               | 2,062                |
|                                               | <u>(10,004,896)</u>  |
| Contributions                                 |                      |
| Participants                                  | 1,970,762            |
| Employer                                      | 2,066,699            |
| Rollovers                                     | 25,355               |
|                                               | <u>4,062,816</u>     |
| <b>Total additions</b>                        | <u>(5,942,080)</u>   |
| Deductions from Net Assets Attributed to:     |                      |
| Benefits paid to participants                 | 4,260,765            |
| Administrative expenses                       | 190,220              |
| <b>Total deductions</b>                       | <u>4,450,985</u>     |
| <b>Net decrease</b>                           | (10,393,065)         |
| Net Assets Available for Plan Benefits:       |                      |
| January 1, 2022                               | 59,731,713           |
| December 31, 2022                             | <u>\$ 49,338,648</u> |

See Notes to Financial Statements.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Plan Description**

The following description of D. G. Yuengling & Son, Inc., 401(k) Savings & Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General: The Plan is a defined contribution employee benefit plan which was established January 1, 1985. The Plan is available to all eligible employees of Yuengling Beer Co. Inc., Yuengling Brewery Museum & Gift Shop, Yuengling Brewing Company of Tampa, Inc., and D. G. Yuengling & Son, Inc., (the Corporation). To participate in salary deferral and employer match, an employee must attain age 21 and complete 60 days of service. To participate in the employer discretionary profit-sharing contribution, an employee must attain age 21, complete one year of service and be employed at year end. Bargaining and hourly rate non-bargaining employees of D. G. Yuengling & Son, Inc. are not eligible for the employer discretionary profit-sharing amount because the Corporation also sponsors a qualified defined-benefit plan for these employees, unless they have elected to cease additional benefit accruals under the defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments: Effective January 1, 2017, the Plan was amended to exclude union and part-time employees from plan participation.

Effective July 1, 2021, the Plan added an automatic enrollment provision whereby participants will automatically have five percent of their compensation deferred into the Plan as a pre-tax 401 (k) deferral unless they elect otherwise. The automatic deferral provision applies to all participants who become a participant in the Plan on or after July 1, 2021. Additionally, as of October 1, 2021, the automatic deferral provisions will apply to all existing participants except for those who have a salary deferral agreement in effect as of October 1, 2021, provided that the deferral amount under the agreement is at least equal to automatic enrollment provision.

Contributions: Each year, participants may elect to contribute up to the maximum allowable per IRC Section 415 deferral limitations. Employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. At its discretion, the Corporation may make a matching contribution equal to a uniform percentage of salary deferral. An additional discretionary profit-sharing amount may be contributed at the option of the Corporation allocated to participants in proportion to each participant's compensation to the compensation of all participants eligible to share in the contribution for each designated classification among the participating companies. Contributions are subject to certain limitations.

Participant's Accounts: Each participant's account is credited with the participant's contributions, allocations of the Corporation's contribution and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Plan Description (Continued)**

Vesting: Participants are vested immediately in their contributions and actual earnings thereon. Vesting in the Corporation's contribution is based upon years of service. After two years of service, participants become vested at twenty percent (20%). Vesting increases twenty percent (20%) per year thereafter, until fully vested at six years of service.

Payment of Benefits: A participant shall be entitled to receive the balance held in his or her account upon retirement, reaching age 59 ½, upon death or disability or upon termination of employment. Participant benefits are paid in a lump sum. There is an option of taking an annuity payment on the portion of the participant's balance attributable to the D.G. Yuengling & Son, Inc., Money Purchase Pension Plan that was merged into this Plan. Effective April 1, 2018, the Plan was amended to permit hardship distributions.

Administrative Expenses: Expenses incurred for administration of the Plan are paid by the Plan through revenue sharing amounts and by the Corporation.

Forfeitures: Forfeitures represent the non-vested portion of a participant's account upon termination and shall be used to reduce future employer contributions or pay plan expenses. At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$20,486 and \$40,073, respectively. During 2022, forfeitures of \$57,712, were used to reduce employer contributions.

**Note 2. Significant Accounting Policies**

Basis of Accounting: The accounting records of the Plan are maintained on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 2. Significant Accounting Policies (Continued)**

Investment Contracts: Investment contracts held by a defined-contribution plan are required to be reported at fair value if not benefit responsive. The Plan invests in investment contracts through an insurance company group annuity contract with an investment option available in a guaranteed interest account. The Plan's guaranteed interest contract is not fully benefit responsive as the contract does not meet the basic criteria to be considered a benefit responsive contract under accounting standards. Transfers from the guaranteed interest account to other investments options may be subject to a market value adjustment (i.e., valued at the lesser of contract or market). However, the Plan Administrator has determined that the contract value of the guaranteed interest account approximates fair value as of December 31, 2021 and 2020, and any adjustment from contract value to fair value is not material to the financial statements.

Payment of Benefits: Benefit payments are recorded when paid.

Subsequent Events: In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 26, 2023, the date the financial statements were available to be issued. See Note 10.

**Note 3. Information Certified by the Custodian**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2022 and 2021, and net appreciation in fair value of investments, interest and dividends, for the year ended December 31, 2022, was obtained by management and agreed to information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), (the custodian of the Plan).

**Note 4. Investments and Fair Value Measurements**

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification *Fair Value Measurement*, which 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 three levels of the fair value hierarchy are as follows:

- |         |                                                                                                                                                                                                                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that are accessible to the Plan. These generally provide the most reliable evidence and are used to measure fair value whenever available. |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 4. Investments and Fair Value Measurements (Continued)**

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted prices for similar assets in active markets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                       |

The asset'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. The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

The Plan's investments are held by John Hancock Life Insurance Company (U.S.A.) in pooled separate accounts and in a guaranteed interest account. The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Pooled separate accounts: Units of participation in pooled separate accounts are reported at the accumulated value of units held by the Plan at year-end, as reported to the Plan by the insurance company. The accumulated unit value is determined by John Hancock Life Insurance Company (U.S.A.) and is based on the net asset value of shares in the underlying fund, the fund's dividends and the contract's separate account charges. Pooled separate accounts are stated at fair value as determined by observable Level 1 inputs. While some pooled separate accounts may have publicly quoted pricing inputs (Level 1), the account values of separate accounts are not publicly quoted and are therefore classified as Level 2 investments.

Guaranteed interest account: The insurance Company's guaranteed interest account consists of an investment in the general assets of John Hancock Life Insurance Company and is stated at contract value, which approximates fair value. Contract value represents contributions made under the contract plus earnings, less participant withdrawals and administrative expenses. Fair value is based on a formula that incorporates prevailing interest rates. Inputs used to determine the fair value of the general account are considered to be Level 2.

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 4. Investments and Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Investments at Fair Value as of December 31, 2022

|                                  | Level 1 | Level 2       | Level 3 | Total         |
|----------------------------------|---------|---------------|---------|---------------|
| Pooled separate accounts         | \$ -    | \$ 46,995,295 | \$ -    | \$ 46,995,295 |
| Guaranteed interest account      | -       | 255,847       | -       | 255,847       |
| Total investments, at fair value | \$ -    | \$ 47,251,142 | \$ -    | \$ 47,251,142 |

Investments at Fair Value as of December 31, 2021

|                                  | Level 1 | Level 2       | Level 3 | Total         |
|----------------------------------|---------|---------------|---------|---------------|
| Pooled separate accounts         | \$ -    | \$ 57,437,630 | \$ -    | \$ 57,437,630 |
| Guaranteed interest account      | -       | 213,388       | -       | 213,388       |
| Total investments, at fair value | \$ -    | \$ 57,651,018 | \$ -    | \$ 57,651,018 |

**Note 5. Investment Contract with Insurance Company**

The Plan has entered into a group annuity contract with John Hancock which provides for investments in various pooled separate accounts and a guaranteed interest account. The pooled separate accounts consist of multiple investment funds with diverse investment objectives. The guaranteed interest account guarantees the return of principal plus compound interest earned over the selected term of three years. New contributions each year earn the current interest rate published at the beginning of the month of contribution. A dollar-weighted composite rate of interest is computed at the end of each contribution year, which is used to compute earnings for the remainder of the guaranteed term. Withdrawals from the guaranteed interest account prior to end of the guarantee period are subject to a market value adjustment. Contract value represents the aggregate of all contributions, interest earned, less administrative fees and participant withdrawals. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

As described in Note 2, the guaranteed interest account is not fully benefit-responsive. Transfers from a participant's guaranteed accounts to pooled separate accounts are subject to certain restrictions.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 6. Plan Termination**

Although it has not expressed any intent to do so, the Corporation had the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account.

**Note 7. Tax Status**

The Plan has adopted a defined contribution volume submitter profit sharing plan with CODA sponsored by the Paragon Alliance Group, LLC. The volume submitter plan received a favorable opinion letter dated June 30, 2020, from the Internal Revenue Service indicating the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The volume submitter plan opinion letter has been relied upon by this Plan. The volume submitter plan has been amended since receiving the opinion letter; however, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 8. Related Party Transactions**

Plan investments include shares of pooled separate accounts and a guaranteed interest account managed by John Hancock Life Insurance Company (U.S.A.). John Hancock Life Insurance Company (U.S.A.) is the Custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

**Note 9. Risks and Uncertainties**

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 10. Subsequent Events**

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The provisions of SECURE 2.0 continue the themes and reforms that began with the 2019 SECURE Act passing. Most of the provisions will become effective in 2024 and forward, therefore there is no current impact to the Plan. Since the provisions include both required and optional elements, management is evaluating the optional provisions to elect.

## **SUPPLEMENTARY INFORMATION**

**D. G. YUENGLING & SON, INC.****401(k) SAVINGS & PROFIT SHARING PLAN****EIN: 23-1244850, Plan 002****SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****December 31, 2022**

| Identity of issue, borrower, lessor, or<br>(a) (b) similar party    |                                      | Description of investment including<br>maturity date, rate of interest,<br>(c) collateral, par, or maturity value |       | (e) Current value |
|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------|-------------------|
| <u>JOHN HANCOCK LIFE INSURANCE COMPANY POOLED SEPARATE ACCOUNTS</u> |                                      |                                                                                                                   |       |                   |
| *                                                                   | 500 Index Fund                       | 56806.19                                                                                                          | Units | \$ 3,156,516      |
| *                                                                   | American Fund Balanced               | 9692.07                                                                                                           | Units | 435,829           |
| *                                                                   | American Funds 2020 TD               | 7583.01                                                                                                           | Units | 125,114           |
| *                                                                   | American Funds 2025 TD               | 65561.06                                                                                                          | Units | 1,184,114         |
| *                                                                   | American Funds 2030 TD               | 68537.95                                                                                                          | Units | 1,358,715         |
| *                                                                   | American Funds 2035 TD               | 35382.45                                                                                                          | Units | 749,128           |
| *                                                                   | American Funds 2040 TD               | 136685.95                                                                                                         | Units | 2,999,022         |
| *                                                                   | American Funds 2045 TD               | 92873.66                                                                                                          | Units | 2,068,078         |
| *                                                                   | American Funds 2050 TD               | 106654.40                                                                                                         | Units | 2,316,464         |
| *                                                                   | American Funds 2055 TD               | 34287.80                                                                                                          | Units | 914,444           |
| *                                                                   | American Funds 2060 TD               | 15884.83                                                                                                          | Units | 272,916           |
| *                                                                   | American Funds 2065 TD               | 3071.76                                                                                                           | Units | 42,587            |
| *                                                                   | EuroPacific Growth Fund              | 5423.58                                                                                                           | Units | 369,332           |
| *                                                                   | Federated Total Return Bond          | 29384.21                                                                                                          | Units | 350,862           |
| *                                                                   | Fidelity International Index Fund    | 12309.54                                                                                                          | Units | 594,055           |
| *                                                                   | Invesco Small Cap Growth             | 4167.72                                                                                                           | Units | 339,250           |
| *                                                                   | JH Disciplined Value                 | 32364.12                                                                                                          | Units | 1,219,601         |
| *                                                                   | JH Lifestyle Aggressive Portfolio    | 63838.29                                                                                                          | Units | 1,848,591         |
| *                                                                   | JH Lifestyle Balanced Portfolio      | 193043.91                                                                                                         | Units | 4,649,421         |
| *                                                                   | JH Lifestyle Conservative Portfolio  | 98483.65                                                                                                          | Units | 1,738,391         |
| *                                                                   | JH Lifestyle Growth Portfolio        | 248075.27                                                                                                         | Units | 6,823,297         |
| *                                                                   | JH Lifestyle Moderate Portfolio      | 97490.28                                                                                                          | Units | 1,990,803         |
| *                                                                   | JH Money Market                      | 5280950.04                                                                                                        | Units | 5,690,229         |
| *                                                                   | MFS Growth Fund                      | 12661.30                                                                                                          | Units | 1,692,017         |
| *                                                                   | Mid Cap Index Fund                   | 33699.67                                                                                                          | Units | 1,420,428         |
| *                                                                   | Royce Opportunity Fund               | 10454.62                                                                                                          | Units | 316,653           |
| *                                                                   | Science & Technology Fund            | 14611.93                                                                                                          | Units | 1,010,110         |
| *                                                                   | Select Asset Allocation Conservative | 11052.19                                                                                                          | Units | 162,991           |
| *                                                                   | Select Asset Allocation Moderate     | 33563.73                                                                                                          | Units | 591,702           |
| *                                                                   | TIAA-CREF Small-Cap Blend Index Fund | 8867.33                                                                                                           | Units | 256,123           |
| *                                                                   | Total Bond Market Fund               | 28008.29                                                                                                          | Units | 308,512           |
| <u>GUARANTEED INTEREST ACCOUNT</u>                                  |                                      |                                                                                                                   |       |                   |
| *                                                                   | John Hancock Life Insurance Co.      | 3 Year Term                                                                                                       |       | \$ 255,847        |
| *                                                                   | Represents a party-in-interest       |                                                                                                                   |       |                   |

NOTE: Schedule format conforms with IRS Form 5500 requirements.

**D. G. YUENGLING & SON, INC.  
401(k) SAVINGS &  
PROFIT SHARING PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2022**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator  
D. G. Yuengling & Son, Inc.  
401(k) Savings & Profit Sharing Plan  
Pottsville, Pennsylvania

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the financial statements of D.G. Yuengling & Son, Inc., 401(k) Savings & Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

## **Opinion (Continued)**

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

## **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, which raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## Other Matters

### Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script, reading "Boyer & Ritter". The signature is written in black ink and is positioned above the typed name and date.

Camp Hill, Pennsylvania  
July 26, 2023

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS & PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**December 31, 2022 and 2021**

| <b>ASSETS</b>                                 | <b>2022</b>          | <b>2021</b>          |
|-----------------------------------------------|----------------------|----------------------|
| Investments, at fair value                    |                      |                      |
| Group annuity contract with insurance company |                      |                      |
| Pooled separate accounts                      | \$ 46,995,295        | \$ 57,437,630        |
| Guaranteed interest account                   | 255,847              | 213,388              |
| <b>Total investments</b>                      | <b>47,251,142</b>    | <b>57,651,018</b>    |
| Receivables                                   |                      |                      |
| Employer contributions                        | 2,066,699            | 2,040,622            |
| Other contributions                           | 321                  | -                    |
|                                               | <b>2,067,020</b>     | <b>2,040,622</b>     |
| Cash, noninterest-bearing                     | 20,486               | 40,073               |
| <b>Net assets available for plan benefits</b> | <b>\$ 49,338,648</b> | <b>\$ 59,731,713</b> |

See Notes to Financial Statements.

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS & PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**Year Ended December 31, 2022**

|                                               |                      |
|-----------------------------------------------|----------------------|
| Additions to Net Assets Attributed to:        |                      |
| Investment income (loss)                      |                      |
| Net depreciation in fair value of investments | \$ (10,006,958)      |
| Interest income                               | 2,062                |
|                                               | <u>(10,004,896)</u>  |
| Contributions                                 |                      |
| Participants                                  | 1,970,762            |
| Employer                                      | 2,066,699            |
| Rollovers                                     | 25,355               |
|                                               | <u>4,062,816</u>     |
| <b>Total additions</b>                        | <u>(5,942,080)</u>   |
| Deductions from Net Assets Attributed to:     |                      |
| Benefits paid to participants                 | 4,260,765            |
| Administrative expenses                       | 190,220              |
| <b>Total deductions</b>                       | <u>4,450,985</u>     |
| <b>Net decrease</b>                           | (10,393,065)         |
| Net Assets Available for Plan Benefits:       |                      |
| January 1, 2022                               | 59,731,713           |
| December 31, 2022                             | <u>\$ 49,338,648</u> |

See Notes to Financial Statements.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Plan Description**

The following description of D. G. Yuengling & Son, Inc., 401(k) Savings & Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General: The Plan is a defined contribution employee benefit plan which was established January 1, 1985. The Plan is available to all eligible employees of Yuengling Beer Co. Inc., Yuengling Brewery Museum & Gift Shop, Yuengling Brewing Company of Tampa, Inc., and D. G. Yuengling & Son, Inc., (the Corporation). To participate in salary deferral and employer match, an employee must attain age 21 and complete 60 days of service. To participate in the employer discretionary profit-sharing contribution, an employee must attain age 21, complete one year of service and be employed at year end. Bargaining and hourly rate non-bargaining employees of D. G. Yuengling & Son, Inc. are not eligible for the employer discretionary profit-sharing amount because the Corporation also sponsors a qualified defined-benefit plan for these employees, unless they have elected to cease additional benefit accruals under the defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments: Effective January 1, 2017, the Plan was amended to exclude union and part-time employees from plan participation.

Effective July 1, 2021, the Plan added an automatic enrollment provision whereby participants will automatically have five percent of their compensation deferred into the Plan as a pre-tax 401 (k) deferral unless they elect otherwise. The automatic deferral provision applies to all participants who become a participant in the Plan on or after July 1, 2021. Additionally, as of October 1, 2021, the automatic deferral provisions will apply to all existing participants except for those who have a salary deferral agreement in effect as of October 1, 2021, provided that the deferral amount under the agreement is at least equal to automatic enrollment provision.

Contributions: Each year, participants may elect to contribute up to the maximum allowable per IRC Section 415 deferral limitations. Employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. At its discretion, the Corporation may make a matching contribution equal to a uniform percentage of salary deferral. An additional discretionary profit-sharing amount may be contributed at the option of the Corporation allocated to participants in proportion to each participant's compensation to the compensation of all participants eligible to share in the contribution for each designated classification among the participating companies. Contributions are subject to certain limitations.

Participant's Accounts: Each participant's account is credited with the participant's contributions, allocations of the Corporation's contribution and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Plan Description (Continued)**

Vesting: Participants are vested immediately in their contributions and actual earnings thereon. Vesting in the Corporation's contribution is based upon years of service. After two years of service, participants become vested at twenty percent (20%). Vesting increases twenty percent (20%) per year thereafter, until fully vested at six years of service.

Payment of Benefits: A participant shall be entitled to receive the balance held in his or her account upon retirement, reaching age 59 ½, upon death or disability or upon termination of employment. Participant benefits are paid in a lump sum. There is an option of taking an annuity payment on the portion of the participant's balance attributable to the D.G. Yuengling & Son, Inc., Money Purchase Pension Plan that was merged into this Plan. Effective April 1, 2018, the Plan was amended to permit hardship distributions.

Administrative Expenses: Expenses incurred for administration of the Plan are paid by the Plan through revenue sharing amounts and by the Corporation.

Forfeitures: Forfeitures represent the non-vested portion of a participant's account upon termination and shall be used to reduce future employer contributions or pay plan expenses. At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$20,486 and \$40,073, respectively. During 2022, forfeitures of \$57,712, were used to reduce employer contributions.

**Note 2. Significant Accounting Policies**

Basis of Accounting: The accounting records of the Plan are maintained on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 2. Significant Accounting Policies (Continued)**

Investment Contracts: Investment contracts held by a defined-contribution plan are required to be reported at fair value if not benefit responsive. The Plan invests in investment contracts through an insurance company group annuity contract with an investment option available in a guaranteed interest account. The Plan's guaranteed interest contract is not fully benefit responsive as the contract does not meet the basic criteria to be considered a benefit responsive contract under accounting standards. Transfers from the guaranteed interest account to other investments options may be subject to a market value adjustment (i.e., valued at the lesser of contract or market). However, the Plan Administrator has determined that the contract value of the guaranteed interest account approximates fair value as of December 31, 2021 and 2020, and any adjustment from contract value to fair value is not material to the financial statements.

Payment of Benefits: Benefit payments are recorded when paid.

Subsequent Events: In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 26, 2023, the date the financial statements were available to be issued. See Note 10.

**Note 3. Information Certified by the Custodian**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2022 and 2021, and net appreciation in fair value of investments, interest and dividends, for the year ended December 31, 2022, was obtained by management and agreed to information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), (the custodian of the Plan).

**Note 4. Investments and Fair Value Measurements**

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification *Fair Value Measurement*, which 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 three levels of the fair value hierarchy are as follows:

- |         |                                                                                                                                                                                                                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that are accessible to the Plan. These generally provide the most reliable evidence and are used to measure fair value whenever available. |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 4. Investments and Fair Value Measurements (Continued)**

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted prices for similar assets in active markets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                       |

The asset'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. The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

The Plan's investments are held by John Hancock Life Insurance Company (U.S.A.) in pooled separate accounts and in a guaranteed interest account. The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Pooled separate accounts: Units of participation in pooled separate accounts are reported at the accumulated value of units held by the Plan at year-end, as reported to the Plan by the insurance company. The accumulated unit value is determined by John Hancock Life Insurance Company (U.S.A.) and is based on the net asset value of shares in the underlying fund, the fund's dividends and the contract's separate account charges. Pooled separate accounts are stated at fair value as determined by observable Level 1 inputs. While some pooled separate accounts may have publicly quoted pricing inputs (Level 1), the account values of separate accounts are not publicly quoted and are therefore classified as Level 2 investments.

Guaranteed interest account: The insurance Company's guaranteed interest account consists of an investment in the general assets of John Hancock Life Insurance Company and is stated at contract value, which approximates fair value. Contract value represents contributions made under the contract plus earnings, less participant withdrawals and administrative expenses. Fair value is based on a formula that incorporates prevailing interest rates. Inputs used to determine the fair value of the general account are considered to be Level 2.

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 4. Investments and Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Investments at Fair Value as of December 31, 2022

|                                  | Level 1 | Level 2       | Level 3 | Total         |
|----------------------------------|---------|---------------|---------|---------------|
| Pooled separate accounts         | \$ -    | \$ 46,995,295 | \$ -    | \$ 46,995,295 |
| Guaranteed interest account      | -       | 255,847       | -       | 255,847       |
| Total investments, at fair value | \$ -    | \$ 47,251,142 | \$ -    | \$ 47,251,142 |

Investments at Fair Value as of December 31, 2021

|                                  | Level 1 | Level 2       | Level 3 | Total         |
|----------------------------------|---------|---------------|---------|---------------|
| Pooled separate accounts         | \$ -    | \$ 57,437,630 | \$ -    | \$ 57,437,630 |
| Guaranteed interest account      | -       | 213,388       | -       | 213,388       |
| Total investments, at fair value | \$ -    | \$ 57,651,018 | \$ -    | \$ 57,651,018 |

**Note 5. Investment Contract with Insurance Company**

The Plan has entered into a group annuity contract with John Hancock which provides for investments in various pooled separate accounts and a guaranteed interest account. The pooled separate accounts consist of multiple investment funds with diverse investment objectives. The guaranteed interest account guarantees the return of principal plus compound interest earned over the selected term of three years. New contributions each year earn the current interest rate published at the beginning of the month of contribution. A dollar-weighted composite rate of interest is computed at the end of each contribution year, which is used to compute earnings for the remainder of the guaranteed term. Withdrawals from the guaranteed interest account prior to end of the guarantee period are subject to a market value adjustment. Contract value represents the aggregate of all contributions, interest earned, less administrative fees and participant withdrawals. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

As described in Note 2, the guaranteed interest account is not fully benefit-responsive. Transfers from a participant's guaranteed accounts to pooled separate accounts are subject to certain restrictions.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 6. Plan Termination**

Although it has not expressed any intent to do so, the Corporation had the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account.

**Note 7. Tax Status**

The Plan has adopted a defined contribution volume submitter profit sharing plan with CODA sponsored by the Paragon Alliance Group, LLC. The volume submitter plan received a favorable opinion letter dated June 30, 2020, from the Internal Revenue Service indicating the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The volume submitter plan opinion letter has been relied upon by this Plan. The volume submitter plan has been amended since receiving the opinion letter; however, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 8. Related Party Transactions**

Plan investments include shares of pooled separate accounts and a guaranteed interest account managed by John Hancock Life Insurance Company (U.S.A.). John Hancock Life Insurance Company (U.S.A.) is the Custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

**Note 9. Risks and Uncertainties**

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 10. Subsequent Events**

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The provisions of SECURE 2.0 continue the themes and reforms that began with the 2019 SECURE Act passing. Most of the provisions will become effective in 2024 and forward, therefore there is no current impact to the Plan. Since the provisions include both required and optional elements, management is evaluating the optional provisions to elect.

## **SUPPLEMENTARY INFORMATION**

**D. G. YUENGLING & SON, INC.****401(k) SAVINGS & PROFIT SHARING PLAN****EIN: 23-1244850, Plan 002****SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****December 31, 2022**

| Identity of issue, borrower, lessor, or similar party               |                                      | Description of investment including maturity date, rate of interest, collateral, par, or maturity value |       | (e) | Current value |
|---------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------|-------|-----|---------------|
| (a)                                                                 | (b)                                  | (c)                                                                                                     |       |     |               |
| <u>JOHN HANCOCK LIFE INSURANCE COMPANY POOLED SEPARATE ACCOUNTS</u> |                                      |                                                                                                         |       |     |               |
| *                                                                   | 500 Index Fund                       | 56806.19                                                                                                | Units | \$  | 3,156,516     |
| *                                                                   | American Fund Balanced               | 9692.07                                                                                                 | Units |     | 435,829       |
| *                                                                   | American Funds 2020 TD               | 7583.01                                                                                                 | Units |     | 125,114       |
| *                                                                   | American Funds 2025 TD               | 65561.06                                                                                                | Units |     | 1,184,114     |
| *                                                                   | American Funds 2030 TD               | 68537.95                                                                                                | Units |     | 1,358,715     |
| *                                                                   | American Funds 2035 TD               | 35382.45                                                                                                | Units |     | 749,128       |
| *                                                                   | American Funds 2040 TD               | 136685.95                                                                                               | Units |     | 2,999,022     |
| *                                                                   | American Funds 2045 TD               | 92873.66                                                                                                | Units |     | 2,068,078     |
| *                                                                   | American Funds 2050 TD               | 106654.40                                                                                               | Units |     | 2,316,464     |
| *                                                                   | American Funds 2055 TD               | 34287.80                                                                                                | Units |     | 914,444       |
| *                                                                   | American Funds 2060 TD               | 15884.83                                                                                                | Units |     | 272,916       |
| *                                                                   | American Funds 2065 TD               | 3071.76                                                                                                 | Units |     | 42,587        |
| *                                                                   | EuroPacific Growth Fund              | 5423.58                                                                                                 | Units |     | 369,332       |
| *                                                                   | Federated Total Return Bond          | 29384.21                                                                                                | Units |     | 350,862       |
| *                                                                   | Fidelity International Index Fund    | 12309.54                                                                                                | Units |     | 594,055       |
| *                                                                   | Invesco Small Cap Growth             | 4167.72                                                                                                 | Units |     | 339,250       |
| *                                                                   | JH Disciplined Value                 | 32364.12                                                                                                | Units |     | 1,219,601     |
| *                                                                   | JH Lifestyle Aggressive Portfolio    | 63838.29                                                                                                | Units |     | 1,848,591     |
| *                                                                   | JH Lifestyle Balanced Portfolio      | 193043.91                                                                                               | Units |     | 4,649,421     |
| *                                                                   | JH Lifestyle Conservative Portfolio  | 98483.65                                                                                                | Units |     | 1,738,391     |
| *                                                                   | JH Lifestyle Growth Portfolio        | 248075.27                                                                                               | Units |     | 6,823,297     |
| *                                                                   | JH Lifestyle Moderate Portfolio      | 97490.28                                                                                                | Units |     | 1,990,803     |
| *                                                                   | JH Money Market                      | 5280950.04                                                                                              | Units |     | 5,690,229     |
| *                                                                   | MFS Growth Fund                      | 12661.30                                                                                                | Units |     | 1,692,017     |
| *                                                                   | Mid Cap Index Fund                   | 33699.67                                                                                                | Units |     | 1,420,428     |
| *                                                                   | Royce Opportunity Fund               | 10454.62                                                                                                | Units |     | 316,653       |
| *                                                                   | Science & Technology Fund            | 14611.93                                                                                                | Units |     | 1,010,110     |
| *                                                                   | Select Asset Allocation Conservative | 11052.19                                                                                                | Units |     | 162,991       |
| *                                                                   | Select Asset Allocation Moderate     | 33563.73                                                                                                | Units |     | 591,702       |
| *                                                                   | TIAA-CREF Small-Cap Blend Index Fund | 8867.33                                                                                                 | Units |     | 256,123       |
| *                                                                   | Total Bond Market Fund               | 28008.29                                                                                                | Units |     | 308,512       |
| <u>GUARANTEED INTEREST ACCOUNT</u>                                  |                                      |                                                                                                         |       |     |               |
| *                                                                   | John Hancock Life Insurance Co.      | 3 Year Term                                                                                             |       | \$  | 255,847       |
| *                                                                   | Represents a party-in-interest       |                                                                                                         |       |     |               |

NOTE: Schedule format conforms with IRS Form 5500 requirements.

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS &  
PROFIT SHARING PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2022**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator  
D. G. Yuengling & Son, Inc.  
401(k) Savings & Profit Sharing Plan  
Pottsville, Pennsylvania

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the financial statements of D.G. Yuengling & Son, Inc., 401(k) Savings & Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

## **Opinion (Continued)**

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

## **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events considered in the aggregate, which raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## Other Matters

### Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script, reading "Boyer & Ritter". The signature is written in black ink and is positioned above the typed name and date.

Camp Hill, Pennsylvania  
July 26, 2023

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS & PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**December 31, 2022 and 2021**

| <b>ASSETS</b>                                 | <b>2022</b>          | <b>2021</b>          |
|-----------------------------------------------|----------------------|----------------------|
| Investments, at fair value                    |                      |                      |
| Group annuity contract with insurance company |                      |                      |
| Pooled separate accounts                      | \$ 46,995,295        | \$ 57,437,630        |
| Guaranteed interest account                   | 255,847              | 213,388              |
| <b>Total investments</b>                      | <b>47,251,142</b>    | <b>57,651,018</b>    |
| Receivables                                   |                      |                      |
| Employer contributions                        | 2,066,699            | 2,040,622            |
| Other contributions                           | 321                  | -                    |
|                                               | <b>2,067,020</b>     | <b>2,040,622</b>     |
| Cash, noninterest-bearing                     | 20,486               | 40,073               |
| <b>Net assets available for plan benefits</b> | <b>\$ 49,338,648</b> | <b>\$ 59,731,713</b> |

See Notes to Financial Statements.

**D. G. YUENGLING & SON, INC.**  
**401(k) SAVINGS & PROFIT SHARING PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**Year Ended December 31, 2022**

|                                               |                      |
|-----------------------------------------------|----------------------|
| Additions to Net Assets Attributed to:        |                      |
| Investment income (loss)                      |                      |
| Net depreciation in fair value of investments | \$ (10,006,958)      |
| Interest income                               | 2,062                |
|                                               | <u>(10,004,896)</u>  |
| Contributions                                 |                      |
| Participants                                  | 1,970,762            |
| Employer                                      | 2,066,699            |
| Rollovers                                     | 25,355               |
|                                               | <u>4,062,816</u>     |
| <b>Total additions</b>                        | <u>(5,942,080)</u>   |
| Deductions from Net Assets Attributed to:     |                      |
| Benefits paid to participants                 | 4,260,765            |
| Administrative expenses                       | 190,220              |
| <b>Total deductions</b>                       | <u>4,450,985</u>     |
| <b>Net decrease</b>                           | (10,393,065)         |
| Net Assets Available for Plan Benefits:       |                      |
| January 1, 2022                               | 59,731,713           |
| December 31, 2022                             | <u>\$ 49,338,648</u> |

See Notes to Financial Statements.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Plan Description**

The following description of D. G. Yuengling & Son, Inc., 401(k) Savings & Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General: The Plan is a defined contribution employee benefit plan which was established January 1, 1985. The Plan is available to all eligible employees of Yuengling Beer Co. Inc., Yuengling Brewery Museum & Gift Shop, Yuengling Brewing Company of Tampa, Inc., and D. G. Yuengling & Son, Inc., (the Corporation). To participate in salary deferral and employer match, an employee must attain age 21 and complete 60 days of service. To participate in the employer discretionary profit-sharing contribution, an employee must attain age 21, complete one year of service and be employed at year end. Bargaining and hourly rate non-bargaining employees of D. G. Yuengling & Son, Inc. are not eligible for the employer discretionary profit-sharing amount because the Corporation also sponsors a qualified defined-benefit plan for these employees, unless they have elected to cease additional benefit accruals under the defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments: Effective January 1, 2017, the Plan was amended to exclude union and part-time employees from plan participation.

Effective July 1, 2021, the Plan added an automatic enrollment provision whereby participants will automatically have five percent of their compensation deferred into the Plan as a pre-tax 401 (k) deferral unless they elect otherwise. The automatic deferral provision applies to all participants who become a participant in the Plan on or after July 1, 2021. Additionally, as of October 1, 2021, the automatic deferral provisions will apply to all existing participants except for those who have a salary deferral agreement in effect as of October 1, 2021, provided that the deferral amount under the agreement is at least equal to automatic enrollment provision.

Contributions: Each year, participants may elect to contribute up to the maximum allowable per IRC Section 415 deferral limitations. Employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. At its discretion, the Corporation may make a matching contribution equal to a uniform percentage of salary deferral. An additional discretionary profit-sharing amount may be contributed at the option of the Corporation allocated to participants in proportion to each participant's compensation to the compensation of all participants eligible to share in the contribution for each designated classification among the participating companies. Contributions are subject to certain limitations.

Participant's Accounts: Each participant's account is credited with the participant's contributions, allocations of the Corporation's contribution and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 1. Plan Description (Continued)**

Vesting: Participants are vested immediately in their contributions and actual earnings thereon. Vesting in the Corporation's contribution is based upon years of service. After two years of service, participants become vested at twenty percent (20%). Vesting increases twenty percent (20%) per year thereafter, until fully vested at six years of service.

Payment of Benefits: A participant shall be entitled to receive the balance held in his or her account upon retirement, reaching age 59 ½, upon death or disability or upon termination of employment. Participant benefits are paid in a lump sum. There is an option of taking an annuity payment on the portion of the participant's balance attributable to the D.G. Yuengling & Son, Inc., Money Purchase Pension Plan that was merged into this Plan. Effective April 1, 2018, the Plan was amended to permit hardship distributions.

Administrative Expenses: Expenses incurred for administration of the Plan are paid by the Plan through revenue sharing amounts and by the Corporation.

Forfeitures: Forfeitures represent the non-vested portion of a participant's account upon termination and shall be used to reduce future employer contributions or pay plan expenses. At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$20,486 and \$40,073, respectively. During 2022, forfeitures of \$57,712, were used to reduce employer contributions.

**Note 2. Significant Accounting Policies**

Basis of Accounting: The accounting records of the Plan are maintained on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 2. Significant Accounting Policies (Continued)**

Investment Contracts: Investment contracts held by a defined-contribution plan are required to be reported at fair value if not benefit responsive. The Plan invests in investment contracts through an insurance company group annuity contract with an investment option available in a guaranteed interest account. The Plan's guaranteed interest contract is not fully benefit responsive as the contract does not meet the basic criteria to be considered a benefit responsive contract under accounting standards. Transfers from the guaranteed interest account to other investments options may be subject to a market value adjustment (i.e., valued at the lesser of contract or market). However, the Plan Administrator has determined that the contract value of the guaranteed interest account approximates fair value as of December 31, 2021 and 2020, and any adjustment from contract value to fair value is not material to the financial statements.

Payment of Benefits: Benefit payments are recorded when paid.

Subsequent Events: In preparing these financial statements, the Plan Administrator has evaluated events and transactions for potential recognition or disclosure through July 26, 2023, the date the financial statements were available to be issued. See Note 10.

**Note 3. Information Certified by the Custodian**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2022 and 2021, and net appreciation in fair value of investments, interest and dividends, for the year ended December 31, 2022, was obtained by management and agreed to information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.), (the custodian of the Plan).

**Note 4. Investments and Fair Value Measurements**

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification *Fair Value Measurement*, which 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 three levels of the fair value hierarchy are as follows:

- |         |                                                                                                                                                                                                                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that are accessible to the Plan. These generally provide the most reliable evidence and are used to measure fair value whenever available. |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 4. Investments and Fair Value Measurements (Continued)**

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 2 | Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted prices for similar assets in active markets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                       |

The asset'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. The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

The Plan's investments are held by John Hancock Life Insurance Company (U.S.A.) in pooled separate accounts and in a guaranteed interest account. The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Pooled separate accounts: Units of participation in pooled separate accounts are reported at the accumulated value of units held by the Plan at year-end, as reported to the Plan by the insurance company. The accumulated unit value is determined by John Hancock Life Insurance Company (U.S.A.) and is based on the net asset value of shares in the underlying fund, the fund's dividends and the contract's separate account charges. Pooled separate accounts are stated at fair value as determined by observable Level 1 inputs. While some pooled separate accounts may have publicly quoted pricing inputs (Level 1), the account values of separate accounts are not publicly quoted and are therefore classified as Level 2 investments.

Guaranteed interest account: The insurance Company's guaranteed interest account consists of an investment in the general assets of John Hancock Life Insurance Company and is stated at contract value, which approximates fair value. Contract value represents contributions made under the contract plus earnings, less participant withdrawals and administrative expenses. Fair value is based on a formula that incorporates prevailing interest rates. Inputs used to determine the fair value of the general account are considered to be Level 2.

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 4. Investments and Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Investments at Fair Value as of December 31, 2022

|                                  | Level 1 | Level 2       | Level 3 | Total         |
|----------------------------------|---------|---------------|---------|---------------|
| Pooled separate accounts         | \$ -    | \$ 46,995,295 | \$ -    | \$ 46,995,295 |
| Guaranteed interest account      | -       | 255,847       | -       | 255,847       |
| Total investments, at fair value | \$ -    | \$ 47,251,142 | \$ -    | \$ 47,251,142 |

Investments at Fair Value as of December 31, 2021

|                                  | Level 1 | Level 2       | Level 3 | Total         |
|----------------------------------|---------|---------------|---------|---------------|
| Pooled separate accounts         | \$ -    | \$ 57,437,630 | \$ -    | \$ 57,437,630 |
| Guaranteed interest account      | -       | 213,388       | -       | 213,388       |
| Total investments, at fair value | \$ -    | \$ 57,651,018 | \$ -    | \$ 57,651,018 |

**Note 5. Investment Contract with Insurance Company**

The Plan has entered into a group annuity contract with John Hancock which provides for investments in various pooled separate accounts and a guaranteed interest account. The pooled separate accounts consist of multiple investment funds with diverse investment objectives. The guaranteed interest account guarantees the return of principal plus compound interest earned over the selected term of three years. New contributions each year earn the current interest rate published at the beginning of the month of contribution. A dollar-weighted composite rate of interest is computed at the end of each contribution year, which is used to compute earnings for the remainder of the guaranteed term. Withdrawals from the guaranteed interest account prior to end of the guarantee period are subject to a market value adjustment. Contract value represents the aggregate of all contributions, interest earned, less administrative fees and participant withdrawals. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

As described in Note 2, the guaranteed interest account is not fully benefit-responsive. Transfers from a participant's guaranteed accounts to pooled separate accounts are subject to certain restrictions.

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 6. Plan Termination**

Although it has not expressed any intent to do so, the Corporation had the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account.

**Note 7. Tax Status**

The Plan has adopted a defined contribution volume submitter profit sharing plan with CODA sponsored by the Paragon Alliance Group, LLC. The volume submitter plan received a favorable opinion letter dated June 30, 2020, from the Internal Revenue Service indicating the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The volume submitter plan opinion letter has been relied upon by this Plan. The volume submitter plan has been amended since receiving the opinion letter; however, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

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 Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 8. Related Party Transactions**

Plan investments include shares of pooled separate accounts and a guaranteed interest account managed by John Hancock Life Insurance Company (U.S.A.). John Hancock Life Insurance Company (U.S.A.) is the Custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

**Note 9. Risks and Uncertainties**

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

**D. G. YUENGLING & SON, INC. 401(k)  
SAVINGS & PROFIT SHARING PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**Note 10. Subsequent Events**

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The provisions of SECURE 2.0 continue the themes and reforms that began with the 2019 SECURE Act passing. Most of the provisions will become effective in 2024 and forward, therefore there is no current impact to the Plan. Since the provisions include both required and optional elements, management is evaluating the optional provisions to elect.

## **SUPPLEMENTARY INFORMATION**

**D. G. YUENGLING & SON, INC.****401(k) SAVINGS & PROFIT SHARING PLAN****EIN: 23-1244850, Plan 002****SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****December 31, 2022**

| Identity of issue, borrower, lessor, or<br>(a) (b) similar party    |                                      | Description of investment including<br>maturity date, rate of interest,<br>(c) collateral, par, or maturity value |       | (e) Current value |
|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------|-------------------|
| <u>JOHN HANCOCK LIFE INSURANCE COMPANY POOLED SEPARATE ACCOUNTS</u> |                                      |                                                                                                                   |       |                   |
| *                                                                   | 500 Index Fund                       | 56806.19                                                                                                          | Units | \$ 3,156,516      |
| *                                                                   | American Fund Balanced               | 9692.07                                                                                                           | Units | 435,829           |
| *                                                                   | American Funds 2020 TD               | 7583.01                                                                                                           | Units | 125,114           |
| *                                                                   | American Funds 2025 TD               | 65561.06                                                                                                          | Units | 1,184,114         |
| *                                                                   | American Funds 2030 TD               | 68537.95                                                                                                          | Units | 1,358,715         |
| *                                                                   | American Funds 2035 TD               | 35382.45                                                                                                          | Units | 749,128           |
| *                                                                   | American Funds 2040 TD               | 136685.95                                                                                                         | Units | 2,999,022         |
| *                                                                   | American Funds 2045 TD               | 92873.66                                                                                                          | Units | 2,068,078         |
| *                                                                   | American Funds 2050 TD               | 106654.40                                                                                                         | Units | 2,316,464         |
| *                                                                   | American Funds 2055 TD               | 34287.80                                                                                                          | Units | 914,444           |
| *                                                                   | American Funds 2060 TD               | 15884.83                                                                                                          | Units | 272,916           |
| *                                                                   | American Funds 2065 TD               | 3071.76                                                                                                           | Units | 42,587            |
| *                                                                   | EuroPacific Growth Fund              | 5423.58                                                                                                           | Units | 369,332           |
| *                                                                   | Federated Total Return Bond          | 29384.21                                                                                                          | Units | 350,862           |
| *                                                                   | Fidelity International Index Fund    | 12309.54                                                                                                          | Units | 594,055           |
| *                                                                   | Invesco Small Cap Growth             | 4167.72                                                                                                           | Units | 339,250           |
| *                                                                   | JH Disciplined Value                 | 32364.12                                                                                                          | Units | 1,219,601         |
| *                                                                   | JH Lifestyle Aggressive Portfolio    | 63838.29                                                                                                          | Units | 1,848,591         |
| *                                                                   | JH Lifestyle Balanced Portfolio      | 193043.91                                                                                                         | Units | 4,649,421         |
| *                                                                   | JH Lifestyle Conservative Portfolio  | 98483.65                                                                                                          | Units | 1,738,391         |
| *                                                                   | JH Lifestyle Growth Portfolio        | 248075.27                                                                                                         | Units | 6,823,297         |
| *                                                                   | JH Lifestyle Moderate Portfolio      | 97490.28                                                                                                          | Units | 1,990,803         |
| *                                                                   | JH Money Market                      | 5280950.04                                                                                                        | Units | 5,690,229         |
| *                                                                   | MFS Growth Fund                      | 12661.30                                                                                                          | Units | 1,692,017         |
| *                                                                   | Mid Cap Index Fund                   | 33699.67                                                                                                          | Units | 1,420,428         |
| *                                                                   | Royce Opportunity Fund               | 10454.62                                                                                                          | Units | 316,653           |
| *                                                                   | Science & Technology Fund            | 14611.93                                                                                                          | Units | 1,010,110         |
| *                                                                   | Select Asset Allocation Conservative | 11052.19                                                                                                          | Units | 162,991           |
| *                                                                   | Select Asset Allocation Moderate     | 33563.73                                                                                                          | Units | 591,702           |
| *                                                                   | TIAA-CREF Small-Cap Blend Index Fund | 8867.33                                                                                                           | Units | 256,123           |
| *                                                                   | Total Bond Market Fund               | 28008.29                                                                                                          | Units | 308,512           |
| <u>GUARANTEED INTEREST ACCOUNT</u>                                  |                                      |                                                                                                                   |       |                   |
| *                                                                   | John Hancock Life Insurance Co.      | 3 Year Term                                                                                                       |       | \$ 255,847        |
| *                                                                   | Represents a party-in-interest       |                                                                                                                   |       |                   |

NOTE: Schedule format conforms with IRS Form 5500 requirements.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| For calendar plan year 2022 or fiscal plan year beginning | 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b> This return/report is for:                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)<br><b>C</b> If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/><br><b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____<br><b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|----------------------------------|------------|------------------------------------------------|------------|----------------------------------------------------------|--|--------------------------------------------|--------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |
| <b>1a</b> Name of plan<br>D. G. Yuengling & Son, Inc. 401(k) Savings and Profit Sharing Plan<br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>D.G. Yuengling & Son, Inc.<br><br>310 Mill Creek Avenue<br><br>Pottsville PA 17901 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="text-align: center;">002</td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>1c</b> Effective date of plan</td> <td style="text-align: center;">05/01/1985</td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>2b</b> Employer Identification Number (EIN)</td> <td style="text-align: center;">23-1244850</td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>2c</b> Plan Sponsor's telephone number (570) 622-4141</td> <td></td> </tr> <tr> <td style="background-color: #f2f2f2;"><b>2d</b> Business code (see instructions)</td> <td style="text-align: center;">312120</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | 002 | <b>1c</b> Effective date of plan | 05/01/1985 | <b>2b</b> Employer Identification Number (EIN) | 23-1244850 | <b>2c</b> Plan Sponsor's telephone number (570) 622-4141 |  | <b>2d</b> Business code (see instructions) | 312120 |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                | 002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |
| <b>1c</b> Effective date of plan                                                                                                                                                                                                                                                                                                                                                                                                                        | 05/01/1985                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                                                                                          | 23-1244850                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |
| <b>2c</b> Plan Sponsor's telephone number (570) 622-4141                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |
| <b>2d</b> Business code (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                              | 312120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |     |                                  |            |                                                |            |                                                          |  |                                            |        |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |  |                 |                                                                                        |
|------------------|--|-----------------|----------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 10/4/23<br>Date | RICHARD L YUENGLING JR<br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 10/4/23<br>Date | RICHARD L YUENGLING JR<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |  | Date            | Enter name of individual signing as DFE                                                |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)  
v. 220413