Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1993

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

BUDWEISER DISTRIBUTING COMPANY OF BORGER

100 S. PHILADELPHIA
AMARILLO, TX 79104

2b Employer Identification Number (EIN) 75-1325404

2c Sponsor's telephone number 806-373-1746

2d Business code (see instructions) 424800

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	DEAN MORRISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BUDWEISER DISTRIBUTING COMPANY OF BORGER

100 S. PHILADELPHIA
AMARILLO, TX 79104

3b Administrator's EIN
75-1325404

3c Administrator's telephone number
806-373-1746

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	147
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	123
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	144
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	104
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUDWEISER DISTRIBUTING COMPANY OF BORGER

D Employer Identification Number (EIN)
75-1325404

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

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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)

AMERICA S 401K, INC.

9696 SKILLMAN STREET
SUITE 380
DALLAS, TX 75243

75-2261114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	N/A	8264	Yes [X] No [ ]	Yes [ ] No [X]	10906	Yes [ ] No [X]

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

CLARKE LANZEN SKALLA INVESTMT FIRM

4020 SOUTH 147TH STREET
OMAHA, NE 68137

13-4109249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 51	N/A	28611	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	N/A	33431	Yes [X] No [ ]	Yes [ ] No [X]	34036	Yes [ ] No [X]

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)

NFP SECURITIES, INC.

1250 CAPITAL OF TEXAS, HWY S
BUILDING 2, STE 125
AUSTIN, TX 78746-3300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	21462	Yes [ ] No [X]

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

LPL FINANCIAL, LLC

9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121-0000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	5297	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	49 64	12752

(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.
CLARKE LANZEN SKALLA INVESTMNT FIRM 1250 CAPITAL OF TEXAS, HWY S BUILDING 2 STE 125 AUSTIN, TX 78746-3300	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	15 49	17561

(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.
ADVISOR ONE FUNDS 4020 S. 147TH STREET OMAHA, NE 68137	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICA S 401K, INC.	15 17	10906

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE/OV

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	15 49	1353

(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.
NATIONWIDE FUNDS GROUP ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	MUTUAL FUND PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NFP SECURITIES, INC.	27 49	20970

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL, LLC	27 49	5297

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUDWEISER DISTRIBUTING COMPANY OF BORGER

D Employer Identification Number (EIN)
75-1325404

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6596	5798
(2) Participant contributions	1b(2)	15738	13532
(3) Other	1b(3)	3539	3983
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	252807	299690
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5291373	5088597
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5570053	5411600
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1083	
k Total liabilities (add all amounts in lines 1g through1j)	1k	1083	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5568970	5411600

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	149022	
(B) Participants	2a(1)(B)	359258	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		508280
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14071	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14071
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(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)		-258090
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		264261
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	373870	
(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)		373870
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)	8264	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	39497	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		47761
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		421631
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-157370
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CORNELL & COMPANY, P.C. **(2)** EIN: 75-2535653

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 **Amount:**

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUDWEISER DISTRIBUTING COMPANY OF BORGER

D Employer Identification Number (EIN)
75-1325404

Part I Distributions

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

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

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

EIN(s): 31-1592130

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BUDWEISER DISTRIBUTING COMPANY OF BORGER
401(K) RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

AND YEARS THEN ENDED

BUDWEISER DISTRIBUTING COMPANY OF BORGER
401(K) RETIREMENT PLAN

AUDITED AND COMPILED FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

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CORNELL & COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

902 SOUTH MONROE • AMARILLO, TEXAS 79101 • PHONE (806) 372-4331 • FAX (806) 372-3963

Patricia D. Buzzell
Kelly W. Hill
Albert W. Cupell
Laurie D. Shepard

W.E. Swenson, Sr., C.P.A.
Founder
1926-1976

Independent Auditors' Report

Mr. Dean Morrison, Trustee
Budweiser Distributing Company of Borger 401(K) Retirement Plan
Amarillo, Texas

We were engaged to audit the financial statements of Budweiser Distributing Company of Borger 401 (K) Retirement Plan as of December 31, 2011, and for the year then ended, and the supplemental schedules as of and for the years ended December 31, 2011 and 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 5, 6 & 7 which were certified by Nationwide Financial Services, Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cornell & Company, P.C.

CORNELL & COMPANY, P.C.
Amarillo, Texas

October 4, 2012

MEMBERS • AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • PRIVATE COMPANIES PRACTICE SECTION • TEXAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31, 2011	December 31, 2010
ASSETS		
Assets Held in Trust - Notes 5, 6 & 7		
Investments at Fair Value as Determined by Quoted Market Price		
Mutual Funds	$ 5,088,597	$ 5,291,373
Receivables		
Participant Loans Receivable	299,690	252,807
Employer Contributions Receivable	5,798	6,596
Employee Contributions Receivable	13,532	15,738
Loan Repayments Receivable	3,983	3,539
	323,003	278,680
Total Assets Held in Trust	5,411,600	5,570,053
Total Assets	5,411,600	5,570,053
LIABILITIES		
Excess Match Payable	-	1,083
Total Liabilities	-	1,083
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 5,411,600	$ 5,568,970

See independent auditors' report and notes to financial statements

BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31, 2011	December 31, 2010
ADDITIONS		
Interest and Dividends	$ 14,071	$ 12,993
Contributions		
Employer	149,022	147,300
Participants	359,258	369,514
Rollover	-	6,000
Increase (Decrease) in Fair Value of Investments Held at Year End	(258,090)	574,921
Total Additions	264,261	1,110,728
DEDUCTIONS		
Benefits Paid to Participants	353,681	67,702
Deemed Distributions of Participant Loans	20,189	7,572
Administrative Expenses	47,761	35,514
Total Deductions	421,631	110,788
Increase (Decrease) in Net Assets Available for Plan Benefits	(157,370)	999,940
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	5,568,970	4,569,030
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 5,411,600	$ 5,568,970

See independent auditors' report and notes to financial statements

BUDWEISER DISTRIBUTING COMPANY OF BORGER
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

1. PLAN DESCRIPTION

The following description of the Budweiser Distributing Company of Borger 401(K) Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Contributions

Contributions are made at the discretion of the employer but the total contribution by the employer on behalf of a participant cannot exceed 15% of covered compensation. Participants may make contributions subject to Internal Revenue Service Regulations. The Company has the right under the Plan to discontinue such contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA, which generally require the net assets be vested and distributed to the participants.

C. Allocations to Participants

Allocation of the annual contribution and forfeitures are made pro-rata based on the participant's compensation to that of the total compensation of the participants in the plan. Earnings and losses for the year are allocated to the participants based on their balances at the beginning of the year.

D. Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum not to exceed 50% of their total vested account balance. The loans are secured by the balance in the participant’s account and bear interest at rates ranging from 5% to 9%, which are commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

E. Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Under normal conditions, vesting in the company contributions portion of their accounts plus earnings thereon starts after the 2nd year of service 50% and increases to 100% in the third year of service. Participants will also be 100% vested upon attainment of normal retirement, upon death, and upon permanent and total disability. The plan has provisions for accelerated vesting if the plan is determined to be top heavy as defined by the Internal Revenue Code.

F. Payment of Benefits

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

G. Forfeited Accounts

During 2011 and 2010 forfeited non-vested accounts totaled $6,127 and $8,149 respectively.

H. Plan Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investments Valuation

Investment in securities (U.S. Government and corporate bonds and common and preferred stocks) traded on a national securities exchange are valued at the last reported sales price on the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the mean between the last reported bid and asked prices; investments in restricted securities and other security investments not having an established market are valued at fair value as determined by the Trustee based upon the advice of his investment consultant. At December 31, 2011 and 2010, all investments were traded on national securities exchanges.

Contributions

Contributions from participants are recorded in the period Budweiser Distributing Company of Borger makes payroll deductions from participants' earnings. Contributions from Budweiser Distributing Company of Borger are accrued based upon the amount required to be funded under provisions of the 401(K) Trust and additional amounts authorized to be contributed by the employer.

Income Recognition

Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on an accrual basis. In accordance with the policy of stating investments at fair value, net unrealized asset appreciation or depreciation for the year is reflected in the statement of changes in net assets available for plan benefits.

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

3. TAX STATUS

The United States Treasury Department advised on December 1, 1993, that the Fund constitutes a qualified trust under Section 401(k) of the Internal Revenue Code and is therefore exempt from Federal Income taxes under provisions of Section 501(a). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The amendment had no effect on the Plan benefits or net assets.

4. TRANSACTIONS WITH PARTIES-IN-INTEREST

During the years ended December 31, 2011 and 2010, the plan did not enter into any prohibited transactions with parties-in-interest.

5. FAIR VALUE MEASUREMENTS

The Plan's Investments are reported at fair value in the accompanying statement of net assets available for benefit.

December 31, 2011

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Mutual Funds	$ 5,088,597	$ -	$ -	$ 5,088,597
Total	$ 5,088,597	$ -	$ -	$ 5,088,597

December 31, 2010

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Mutual Funds	$ 5,291,373	$ -	$ -	$ 5,291,373
Total	$ 5,291,373	$ -	$ -	$ 5,291,373

FASB ASC 820, *Fair Value Measurements and Disclosures* , establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs are primarily obtained from third party pricing services for identical or comparable assets. Level 3 inputs incorporate certain assumptions and projections that are not observable in the market and use significant professional judgment in determining the fair value assigned to such assets and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair value of common stock and corporate bonds are based on quoted market prices.

6. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2011	2010
AdvOne Sel Alloc	$ 434,633	$ 440,731
AdvOne Amerigo	1,396,776	1,445,717
AdvOne Descartes	600,280	599,905
NW MnyMkt	297,491	347,216
AdvOne Liahona	434,935	434,615
AdvOne Sel App	510,010	524,010
AdvOne Clermont	380,005	388,004

The Plan's investments (including investments purchased, sold and held during the year) increased (decreased) in value as follows:

Investments at Fair Value as Determined by Quoted Market Price:

	Dec 31, 2011	2010
Mutual Funds	$ (258,090)	$ 574,921
Net Change in Fair Value	$ (258,090)	$ 574,921

7. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

All information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Nationwide Financial Services, Inc.

8. RISKS AND UNCERTAINTIES

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

9. DISTRIBUTION PAYABLE

At December 31, 2011 and 2010, net assets available for plan benefits included $0 and $2,330, respectively, for distributions to participants who have requested a distribution from the Plan prior ot the end of the Plan year.

10. CLASSIFICATION

Differences in amounts included in the audited financial statements from those on the Form 5500 are due to classification of assets/income, but the overall total is the same.

11. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 4, 2012, the date on which the financial statements were available to be issued. The plan changed its trustee from Nationwide Financial Services, Inc. to Daily Access Corporation and the record keeper from Nationwide Funds to CLS WA AdvisorOne Conservative Model, effective June 10, 2012. In June 2012, CLS WA AdvisorOne Conservative Model was acquired, and recordkeeping responsibilities were assumed by Pinnacle Financial Group.

BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN 75-1325404
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE PERIOD ENDED DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	(d) Cost	(e) Current Value
	Mutual Funds			
	Nationwide Trust Company, FSB	AmCent Infl Adj Bd Adv		$ 4,364
	Nationwide Trust Company, FSB	AmCent Val A		10
	Nationwide Trust Company, FSB	AmFds Am Hi Inc Tr R5		19
	Nationwide Trust Company, FSB	AmFds Cap Wld Gr Inc R3		2,980
	Nationwide Trust Company, FSB	AmFds Gr Fd Am R5		130,280
	Nationwide Trust Company, FSB	Astn Optm MdCap N		2,189
	Nationwide Trust Company, FSB	AmFds EuroPacfc Gr R5		80,343
	Nationwide Trust Company, FSB	BlkRk Intl Oppr Inv A		17
	Nationwide Trust Company, FSB	BlkRk Hlth Scnc Oppr Inv A		10
	Nationwide Trust Company, FSB	AdvOne Sel App N		510,010
	Nationwide Trust Company, FSB	AdvOne Sel Alloc N		434,633
	Nationwide Trust Company, FSB	AdvOne Enhcd Inc N		111,334
	Nationwide Trust Company, FSB	AdvOne Amerigo N		1,396,776
	Nationwide Trust Company, FSB	AdvOne Descartes N		600,280
	Nationwide Trust Company, FSB	AdvOne Liahona N		434,935
	Nationwide Trust Company, FSB	AdvOne Flex Inc		131,048
	Nationwide Trust Company, FSB	AdvOne Clermont N		380,005
	Nationwide Trust Company, FSB	Diamond Hill SmCap A		6,632
	Nationwide Trust Company, FSB	Davis NY Vntr A		123,755
	Nationwide Trust Company, FSB	BV Divd Bldr A		14,126
	Nationwide Trust Company, FSB	FidAdv SmCap A		11,536
	Nationwide Trust Company, FSB	FidAdv Free 2020 A		1,029
	Nationwide Trust Company, FSB	Nuvn RealEst Sec A		8,093
	Nationwide Trust Company, FSB	FidAdv Eq Inc A		28,429
	Nationwide Trust Company, FSB	FidAdv Free 2030 A		995
	Nationwide Trust Company, FSB	FidAdv Free 2040 A		587
	Nationwide Trust Company, FSB	GdmnScs Hi Yld A		28,807
	Nationwide Trust Company, FSB	GdmnScs MdCap Val A		65,773
	Nationwide Trust Company, FSB	NW Mny Mkt Inst		297,491
	Nationwide Trust Company, FSB	Harbor Intl Inst		4,663
	Nationwide Trust Company, FSB	Harbor Intl Inv		25
	Nationwide Trust Company, FSB	BlkRk Eq Divd Inv A		7,193
	Nationwide Trust Company, FSB	MFS Rsrch Intl A		8,491
	Nationwide Trust Company, FSB	Opp Devl Mkt A		33,313
	Nationwide Trust Company, FSB	Opp Intl Bd A		2
	Nationwide Trust Company, FSB	DWS Eq Divd A		46
	Nationwide Trust Company, FSB	DWS Hi Inc Inst		10
	Nationwide Trust Company, FSB	Prudntl Jnisn MdCap Gr A		8,817
	Nationwide Trust Company, FSB	Prudntl Jnisn Natrl Rsrc A		136,927
	Nationwide Trust Company, FSB	Pionr Strat Inc A		35
	Nationwide Trust Company, FSB	PIMCO Real Rtn Inst		5,279
	Nationwide Trust Company, FSB	Opp Mn St SmCap A		12,162

BUDWEISER DISTRIBUTING COMPANY OF BORGER 401(K) RETIREMENT PLAN 75-1325404
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE PERIOD ENDED DECEMBER 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity		(d) Cost	(e) Current Value
	Nationwide Trust Company, FSB	T. Rowe Pr Grn Stk Fnd			65,140
	Nationwide Trust Company, FSB	WR Ivy Asset Strat Y			8
	Total Investments			$ -	$ 5,088,597
	Receivables	Due Date	Int Rate		
	Participant Loans	Various	3.25%-9%		299,690
	Employer Contributions Receivable				5,798
	Employee Contributions Receivable				13,532
	Loan Payment Receivable				3,983
	Total Receivables			-	323,003
	Total Assets			**$ -**	**$ 5,411,600**

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

Budweiser Distributing Company of Borger 401(k) Retirement Plan

Employer Identification Number

75-1325404

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Trust Company, FSB	AmCent Infl Adj Bd Adv		4,364
	Nationwide Trust Company, FSB	AmCent Val A		10
	Nationwide Trust Company, FSB	AmFds Am Hi Inc Tr R5		19
	Nationwide Trust Company, FSB	AmFds Cap Wld Gr Inc R3		2,980
	Nationwide Trust Company, FSB	AmFds Gr Fd Am R5		130,280
	Nationwide Trust Company, FSB	Astn Frpt MdCap N		2,189
	Nationwide Trust Company, FSB	AmFds EuroPacfc Gr R5		80,343
	Nationwide Trust Company, FSB	Opp Mn St SmMdCap A		12,162
	Nationwide Trust Company, FSB	BlkRk Intl Oppr Inv A		17
	Nationwide Trust Company, FSB	BlkRk Hlth Scnc Oppr Inv A		10
	Nationwide Trust Company, FSB	AdvOne Sel App N		510,010
	Nationwide Trust Company, FSB	AdvOne Sel Alloc N		434,633
	Nationwide Trust Company, FSB	AdvOne Enhcd Inc N		111,334
	Nationwide Trust Company, FSB	TRowePr Gr Stk		65,140
	Nationwide Trust Company, FSB	AdvOne Amerigo N		1,396,776
	Nationwide Trust Company, FSB	AdvOne Descartes N		600,280
	Nationwide Trust Company, FSB	AdvOne Liahona N		434,935
	Nationwide Trust Company, FSB	AdvOne Flex Inc		131,048
	Nationwide Trust Company, FSB	AdvOne Clermont N		380,005
	Nationwide Trust Company, FSB	WR Ivy Asst Strat Y		8
	Nationwide Trust Company, FSB	Diamond Hill SmCap A		6,632
	Nationwide Trust Company, FSB	Davis NY Vntr A		123,755
	Nationwide Trust Company, FSB	EV Divd Bldr A		14,126
	Nationwide Trust Company, FSB	FidAdv SmCap A		11,536
	Nationwide Trust Company, FSB	FidAdv Free 2020 A		1,029
	Nationwide Trust Company, FSB	Nuvn RealEst Sec A		8,093
	Nationwide Trust Company, FSB	FidAdv Eq Inc A		28,429
	Nationwide Trust Company, FSB	FidAdv Free 2030 A		995
	Nationwide Trust Company, FSB	FidAdv Free 2040 A		587
	Nationwide Trust Company, FSB	Prudntl Jnisn MdCap Gr A		8,817
	Nationwide Trust Company, FSB	GdmnScs Hi Yld A		28,807
	Nationwide Trust Company, FSB	GdmnScs MdCap Val A		65,773
	Nationwide Trust Company, FSB	NW Mny Mkt Inst		297,491
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	Nationwide Trust Company, FSB	Harbor Intl Inv		25
	Nationwide Trust Company, FSB	BlkRk Eq Divd Inv A		7,193
	Nationwide Trust Company, FSB	MFS Rsrch Intl A		8,491
	Nationwide Trust Company, FSB	Opp Devl Mkt A		33,313
	Nationwide Trust Company, FSB	Opp Intl Bd A		2

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2011 and ending 12/31/2011

Name of plan

Budweiser Distributing Company of Borger 401(k) Retirement Plan

Employer Identification Number

75-1325404

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Trust Company, FSB	DWS Eq Divd A		46
	Nationwide Trust Company, FSB	DWS Hi Inc Inst		10
	Nationwide Trust Company, FSB	Prudntl Jnisn Natrl Rsrc A		136,927
	Nationwide Trust Company, FSB	Pionr Strat Inc A		35
	Nationwide Trust Company, FSB	PIMCO Real Rtn Inst		5,279
	Participant Loans	Interest Rates (3.25%-9.00%)		299,689