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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

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

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
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1955

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

TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

ONE BUSCH PLACE, 202-4N
ST LOUIS, MO 63118-1852

2b Employer Identification Number (EIN) 43-6026016

2c Sponsor's telephone number 314-577-2000

2d 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.

SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2015	ROBERT GARTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2015	CHRISTINE ALLISON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1410
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**	352
b	Retired or separated participants receiving benefits	**6b**	767
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1179
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	216
f	Total. Add lines **6d** and **6e**.	**6f**	1395
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [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)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

A Name of plan
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

D Employer Identification Number (EIN)
43-6026016

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2013

2 Assets:

a Market value	**2a**	230548221
b Actuarial value	**2b**	219882173

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	1039	183782772
b For terminated vested participants	**3b**	65	2693216
c For active participants:			
(1) Non-vested benefits	**3c(1)**		5745420
(2) Vested benefits	**3c(2)**		33142431
(3) Total active	**3c(3)**	359	38887851
d Total	**3d**	1463	225363839

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.59 %
6 Target normal cost	**6**	2792314

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	04/15/2015 Date
DAVID N. STROM, FSA, MAAA Type or print name of actuary	14-02851 Most recent enrollment number
SEGAL CONSULTING Firm name	312-984-8500 Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606-1724 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	20966889	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	20966889	0
10	Interest on line 9 using prior year's actual return of 8.70 %	1824119	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		49020
	b Interest on (a) using prior year's effective interest rate of 6.92 % except as otherwise provided (see instructions)		3392
	c Total available at beginning of current plan year to add to prefunding balance		52412
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	22791008	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.45 %
15	Adjusted funding target attainment percentage	15	84.69 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/12/2013	1879	0	05/19/2014	1198	0
12/16/2013	1715	0	06/25/2014	1198	0
01/28/2014	1797	0	07/31/2014	1143	0
03/03/2014	1253	0	09/02/2014	1253	0
03/21/2014	1089	0	10/20/2014	1198	0
04/14/2014	1144	0		0	34250
			Totals ► 18(b)	14867	18(c) 34250

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	14380

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	59

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2792314
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	28272674	12961293
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	15753607

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	15753607	0	15753607

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	14380

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	14380
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	14380
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

D Employer Identification Number (EIN)
43-6026016

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).. . . . . [X] 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

THE BANK OF NEW YORK MELLON

13-5160382

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

(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

(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

(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

(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

(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

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)

THE SEGAL COMPANY

13-1975125

(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?
11 17 50	ACTUARY	106397	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(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?
13 50	CONTRACT ADMIN	90050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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?
21 24 28 50 51	INVESTMENT MANAGER	55036	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

ARMSTRONG TEASDALE LLP

43-0685392

(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?
29 50	LEGAL	51424	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON

25-6078093

(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?
50 51 59 99	INVESTMENT MANAGER	23772	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 19 50	CUSTODIAN	20437	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

GRANT THORNTON LLP

36-6055558

(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?
10 50	AUDITOR	13500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
28 51	INVESTMENT MANAGER	11770	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

RUBINBROWN, LLP

43-0765316

(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?
10 50	AUDITOR	6140	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

D Employer Identification Number (EIN)
43-6026016

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

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX USA NL FUND ZVG9			
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY			
c EIN-PN 90-0337987-159	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18335921
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX NON-SL			
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO NA			
c EIN-PN 26-3797251-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	88375237
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL STOCK INDEX FUND			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-215	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	64244599
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL MARKET COMPLETION FUND			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-228	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12661206
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED TERM CREDIT BOND IDX NONSL			
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO NABLAC			
c EIN-PN 26-3774399-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52326146
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	**d** Entity code	**e** 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):			
c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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):

c EIN-PN	**d** Entity code	**e** 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 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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

D Employer Identification Number (EIN)
43-6026016

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)	6230654	1198
(2) Participant contributions	1b(2)	3243	2652
(3) Other	1b(3)	0	396
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2010376	2615611
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	222462950	235943109
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(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	230707223	238562966
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	45749	39397
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	45749	39397
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	230661474	238523569

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)	14866	
	(B) Participants	2a(1)(B)	34248	
	(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)		49114
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	357	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		357
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		26980160
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		274
d Total income. Add all **income** amounts in column (b) and enter total	2d		27029905
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18444990	
(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)		18444990
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)	150856	
(2) Contract administrator fees	2i(2)	78188	
(3) Investment advisory and management fees	2i(3)	137620	
(4) Other	2i(4)	356156	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		722820
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19167810
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7862095
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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			
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? If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ **Yes** ☒ **No** **Amount:**

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

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

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

A Name of plan
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

D Employer Identification Number (EIN)
43-6026016

Part I Distributions

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

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

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

EIN(s): 90-0012958

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 46.0% Investment-Grade Debt: 54.0% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

Contents

Page

Independent Auditors' Report ..... 1 - 2

Financial Statements

Statements Of Net Assets Available For Benefits 3

Statements Of Changes In Net Assets Available For Benefits 4

Notes To Financial Statements ..... 5 - 14

Supplemental Schedules

Schedule Of Assets Held At End Of Year 15

Schedule Of Reportable Transactions 16

Grant Thornton LLP
175 W Jackson Boulevard, 20th Floor
Chicago, IL 60604-2687

T 312.856.0200
F 312.565.4719
GrantThornton.com
linkd.in/GrantThorntonUS
twitter.com/GrantThorntonUS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Participants and Administrator of
International Brotherhood of Teamsters Bottlers
Local No. 1187 Pension Plan

We have audited the accompanying financial statements of the International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan's net assets available for benefits as of September 30, 2014, and changes therein for the year then ended, and its financial status as of September 30, 2013, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Supplementary information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of September 30, 2013, and of reportable transactions for the year ended September 30, 2014, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such supplementary information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling the information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole.

Grant Thornton LLP

Chicago, Illinois
July 1, 2015

INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2014	2013
Assets		
Investments, At Fair Value		
Collective employee benefit trust funds	**$ 235,943,109**	$ 222,462,950
Short term investments	**2,615,611**	2,010,376
Total Investments, At Fair Value	**238,558,720**	224,473,326
Receivables		
Employer contributions	**1,198**	6,230,654
Participant contributions	**2,652**	3,243
Total Receivables	**3,850**	6,233,897
Other Assets	**7,770**	7,374
Total Assets	**238,570,340**	230,714,597
Liabilities		
Accrued expenses	**46,771**	53,123
Net Assets Available For Benefits	**$ 238,523,569**	$ 230,661,474

INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended September 30,	
	2014	2013
Additions To Net Assets Attributed To:		
Contributions		
Employer contributions	**$ 14,866**	$ 18,223,390
Participant contributions	**34,248**	34,254
Total Contributions	**49,114**	18,257,644
Other Income	**274**	671,209
Total Additions	**49,388**	18,928,853
Deductions From Net Assets Attributed To:		
Benefit payments	**18,444,990**	17,855,193
Administrative expenses	**722,820**	962,802
Total Deductions	**19,167,810**	18,817,995
Investment Income		
Net appreciation in fair value of investments	**26,980,160**	17,573,563
Interest	**357**	386
Net Investment Income	**26,980,517**	17,573,949
Net Increase	**7,862,095**	17,684,807
Net Assets Available For Benefits - Beginning Of Year	**230,661,474**	212,976,667
Net Assets Available For Benefits - End Of Year	**$ 238,523,569**	$ 230,661,474

1. Description Of The Plan

The following description of the International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan (the Plan) is provided for general information only. Participants should refer to the Plan Document and Summary Plan Description for more information on the Plan's provisions.

General

The Plan is a defined benefit pension plan which was established pursuant to collective bargaining agreements in order to provide pension benefits for hourly employees within the bargaining units represented by participating unions. The Plan is currently operated under an agreement between Anheuser-Busch LLC (the Employer) and the International Brotherhood of Teamsters Local No. 6 (the Union), as successor to the International Brotherhood of Teamsters Bottlers Local No. 1187.

The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended

Plan Participation

A participant is defined in the Plan as a member, full-time officer or business agent of the Union who has met certain employment requirements and made appropriate written application to the Joint Board of Trustees (the Board).

Plan Benefits

Participants who retire at age 65 (normal retirement) are entitled to monthly pension benefits equal to a defined monthly retirement benefit multiplied by the number of years of credited service. The Plan also provides early, deferred vested, death and disability retirement benefits to participants meeting certain eligibility requirements.

A year of vesting service is earned for each calendar year during which an individual completes at least one thousand hours of service. A participant terminating employment on or after March 1, 1989 is entitled to a deferred vested pension if at least five years of vesting service have been accrued.

Plan Administration

The Plan is administered by the Board, which consists of three representatives of the Union and three representatives of the Employer. The Union and the Employer are each represented by equal votes.

The Plan's custodian and trustee is the Bank of New York Mellon (the Trustee). The Trustee's responsibilities are to ensure the collection and safekeeping of contributions, to secure experienced investment counsel, to invest funds, to value those investments and to act as the custodian for certain investments selected by the Board.

Plan Expenses

Expenses incurred in the administration of the Plan are paid by the Plan.

Termination Of The Plan

The Employer anticipates the Plan will continue without interruption but reserves the right to discontinue its participation in the Plan. In the event that such discontinuance results in termination of the Plan, the Plan provides that the net assets will be allocated among the participants and beneficiaries of the Plan in the order of preference and in the manner outlined in the Plan Document. In the event of such a termination, the net assets of the Plan generally will be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

The following is a summary of the significant accounting policies used in preparing the financial statements of the Plan.

Basis Of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting, except that benefit payments to participants are recorded upon distribution.

Use Of Estimates And Assumptions

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation And Income Recognition

Investments are stated at fair market 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 7 for further discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. Funding Policy

Plan contributions, which are funded by the Employer and participants, are determined as specified in the collective bargaining agreement between the Employer and the Union.

Participants' accumulated contributions at September 30, 2014 and 2013 were approximately $955,000 and $1,370,000, respectively, including interest. Interest was credited at a rate of 2.31% and 1.12% for the years ended September 30, 2014 and 2013, respectively, compounded annually.

Annually, the Plan's independent actuary performs a valuation of the Plan and related trust fund to determine the status of the fund and the normal cost and contribution limits prescribed by ERISA. The funding levels are determined based on certain actuarial assumptions relating to such items as mortality and investment earnings. Contributions for the years ended September 30, 2014 and 2013 met the minimum funding requirements of ERISA.

4. Tax Status Of The Plan

The Plan received a favorable determination letter from the Internal Revenue Service (the IRS) dated October 28, 2013, indicating that the Plan qualifies under the applicable provisions of Section 401 of the Internal Revenue Code (the IRC) and is therefore exempt from federal income taxes.

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 IRS or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for Plan years prior to 2011.

5. Actuarial Matters

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service multiplied by the benefit accrual rate. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

Significant actuarial assumptions used in determining the present value of accumulated plan benefits as of October 1, 2013 were as follows:

Mortality	RP-2000 separate annuitant and nonannuitant mortality tables with static projection to 2020 and 2028, respectively
Assumed Rate Of Return:	6.75%, net of fees

Retirement Age - Active:	Ages 57 to 66 based on expected retirement rates
Retirement Age - Inactive:	Ages 55 with 15 or more years of service; otherwise age 65

Actuarial present value of accumulated plan benefits as of October 1, 2013, and the changes in actuarial present value of accumulated plan benefits for the year then ended are set forth below:

Actuarial Present Value Of Accumulated Plan Benefits

Vested benefits:	
Retired participants and beneficiaries currently receiving payments	$ 180,357,735
Other participants	36,077,338
	216,435,073
Nonvested benefits	5,681,023
Total Actuarial Present Value Of Accumulated Plan Benefits	$ 222,116,096

Changes In Actuarial Present Value Of Accumulated Plan Benefits

Actuarial Present Value Of Accumulated Plan Benefits At October 1, 2012	$ 214,248,408
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	1,079,102
Change in actuarial assumptions	9,811,958
Interest	14,831,821
Benefits paid	(17,855,193)
Net decrease	7,867,688
Actuarial Present Value Of Accumulated Plan Benefits At October 1, 2013	$ 222,116,096

Change In Actuarial Assumptions

The following actuarial assumptions were recognized:

- The mortality rates were projected one year later than in the prior valuation, as required by law.
- The assumed rate of return decreased to 6.75% from 7.25% to better reflect expected investment returns.

- The assumed crediting interest rate on employee contributions was increased from 1.12% to 2.31%.

The Plan has and will continue to be funded in compliance with ERISA requirements and income tax regulations.

6. Investments

The following table presents the Plan's fair value of investments at September 30, 2014 and 2013.

	2014		2013	
Collective Employee Benefit Trust Funds				
BlackRock Long Term Credit Bond Index Fund	**$ 88,375,237**	*	$ 77,477,048	*
BlackRock Intermediate Credit Bond Fund	**52,326,146**	*	37,325,966	*
Mellon Non-SL Market Completion Index Fund	**12,661,206**	*	14,430,217	*
Mellon Non-SL Stock Index Fund	**64,244,599**	*	69,490,877	*
State Street MSCI ACWI Index Fund	**18,335,921**	*	23,738,842	*
	235,943,109		222,462,950	
Short Term Investments				
Dreyfus Treasury Prime Cash Fund	**1,047,530**		456,607	
Interest-bearing cash	**1,568,081**		1,553,769	
	2,615,611		2,010,376	
	$ 238,558,720		$ 224,473,326	

*Investments that represent 5% or more of the net assets available for benefits.

During 2014 and 2013, Plan investments in collective employee benefit trust funds, (including gains and losses on investments bought and sold, as well as held during the year), appreciated $26,980,160 and $17,573,563, respectively.

7. Fair Value Measurements

The Plan follows current accounting standards, which provide a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for investments measured at fair value:

Collective Employee Benefit Trust Funds

Valued at the net asset value (NAV) of units in the collective trust funds. The NAV, as provided by the collective trust funds, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not

used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Short Term Investments

Valued at cost, which approximates fair value.

The methods described above may produce fair value calculations 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 the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, Plan assets measured at fair value on a recurring basis as of September 30, 2014 and 2013:

	September 30, 2014			
	Quoted Prices In Active Markets For Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Collective Employee Benefit Trust Funds				
U.S. Index Funds (1)	$ —	$ 76,905,805	$ —	$ 76,905,805
International Index Fund (2)	—	18,335,921	—	18,335,921
Bond Funds (3)	—	140,701,383	—	140,701,383
Short-term investments	1,568,081	1,047,530	—	2,615,611
Total assets at fair value	$ 1,568,081	$ 236,990,639	$ —	$ 238,558,720

	September 30, 2013			
	Quoted Prices In Active Markets For Identified Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Collective Employee Benefit Trust Funds				
U.S. Index Funds (1)	$ —	$ 83,921,094	$ —	$ 83,921,094
International Index Fund (2)	—	23,738,842	—	23,738,842
Bond Funds (3)	—	114,803,014	—	114,803,014
Short-term investments	1,553,769	456,607	—	2,010,376
Total assets at fair value	$ 1,553,769	$ 222,919,557	$ —	$ 224,473,326

(1) Investment funds seek to follow the performance of the S&P 500 Index and the Dow Jones U.S. Completion Stock Market Index (all U.S. equities, excluding components of the S&P 500). These funds provide for daily redemptions at the reported NAV with no trading restrictions.

(2) Investment fund seeks to invest in equities of developed and emerging markets outside of the U.S. This fund provides for bi-monthly redemptions the reported NAV with no trading restrictions.

(3) Investment funds seek to invest in intermediate-term and long-term bonds providing the preservation of capital and fixed income. These funds provide for daily redemptions at the reported NAV with no trading restrictions.

There have been no changes to the methodologies used as of September 30, 2014 or 2013.

8. Transactions With Parties-In-Interest

Certain Plan investments are units of collective employee benefit trust funds managed by the Plan's Trustee. Therefore, these transactions qualify as allowable party-in-interest transactions.

Fees incurred by the Plan for investment management services totaled $90,576 and $79,601 for the years ended September 30, 2014 and 2013, respectively.

9. Risks And Uncertainties

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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. Subsequent Events

Effective January 1, 2015, the Employer and the Union have merged two other pension plans into the Plan (Merged Plan). The Merged Plan will be known as the Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan. The contribution and benefit provisions of each plan will not change as a result of the merger. As a result of the mergers, approximately 2,200 participants and $362,900,000 in assets were transferred into the Plan. The Plan also assumed the accumulated plan benefits totaling approximately $380,500,000.

Management has evaluated subsequent events through July 1, 2015, the date which the financial statements were available for issue.

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
BOTTLERS LOCAL NO. 1187 PENSION PLAN

EIN: 43-6026016 PLAN NO.: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2014

(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
Collective Employee Benefit Trust Funds				
	BlackRock	Long Term Credit Bond Index Fund	$ 66,301,258	$ 88,375,237
	BlackRock	Intermediate Credit Bond Fund	50,093,469	52,326,146
*	Mellon Capital Management Corp.	Non-SL Market Completion Index Fund	5,959,809	12,661,206
*	Mellon Capital Management Corp.	Non-SL Stock Index Fund	32,632,234	64,244,599
	State Street	MSCI ACWI Index Fund	13,769,010	18,335,921
Short-Term Investment				
	Dreyfus	Treasury Prime Cash Fund	1,047,530	1,047,530
Interest-Bearing Cash				
	Enterprise Bank	Checking Account	1,568,081	1,568,081
			$ 171,371,391	$ 238,558,720

*Allowable party-in-interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
BOTTLERS LOCAL NO. 1187 PENSION PLAN

EIN: 43-6026016 PLAN NO.: 001
SCHEDULE OF REPORTABLE TRANSACTIONS*
For The Year Ended September 30, 2014

(a) Identity Of Party Involved	(b) Description Of Asset (Include Interest Rate And Maturity In Case Of A Loan)	No. Of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost Of Asset	(h) Current Value Of Asset On Transaction Date	(i) Net Gain Or (Loss)
Single Transactions									
BlackRock	Intermediate Credit Bond Fund		$ 16,000,000	$ —	$ —	$ —	$ —	$ 16,000,000	$ —
Series Of Transactions									
Mellon Capital Management Corp.	Non-SL Stock Index Fund	3	$ —	$ 17,000,000	$ —	$ —	$ 9,627,597	$ —	$ 7,372,403
BlackRock	Intermediate Credit Bond Fund	2	16,000,000	3,000,000	—	—	2,906,531	16,000,000	93,469
Dreyfus	Treasury Prime Cash	46	20,591,922	20,001,000	—	—	20,001,000	20,591,922	—
Enterprise Bank	Money Market Account	24	16,025,525	19,207,502	—	—	19,207,502	16,025,525	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, Line 4j.

* Transactions or series of transactions in excess of 5% of the current value of the plan's assets as of the beginning of the Plan year as defined in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

2013 Schedule SB, Line 26 – Schedule of Active Participant Data

International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan EIN: 43-6026016 / PN: 001

	Years of Credited Service									
Age	Under 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up
Under 25	4	1	--	--	--	--	--	--	--	--
25 - 29	14	16	1	--	--	--	--	--	--	--
30 - 34	6	21	4	1	--	--	--	--	--	--
35 - 39	7	12	8	6	2	--	--	--	--	--
40 - 44	7	15	12	11	12	--	--	--	--	--
45 - 49	3	10	7	20	10	2	--	--	--	--
50 - 54	1	6	7	27	21	3	--	--	--	--
55 - 59	--	4	2	12	14	6	4	14	6	--
60 - 64	--	--	--	9	2	--	--	2	5	2
65 - 69	--	--	--	--	--	--	--	--	--	--
70 & Up	--	--	--	--	--	--	--	--	--	--

Interest:

The interest rates used for the 2013 plan year are the 24-month average corporate bond segment rates for October 2013 (no lookback) subject to interest rate stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (a 24-month average of corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. Under the Highway and Transportation Funding Act of 2014, the stabilization corridor is 10% for 2013. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization (under HATFA)	5.23%	6.51%	7.16%	6.59%
Current Year, without stabilization	1.35%	4.05%	5.05%	4.23%
Prior Year, reflecting stabilization (under MAP-21)	5.54%	6.85%	7.52%	6.92%
Prior Year, without stabilization	1.72%	4.58%	5.67%	4.75%

Mortality rates:

RP2000 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with static projection using Scale AA and no collar-adjustment. Mortality is projected from 2000 through the valuation date plus another 7 years for annuitants and through the valuation date plus another 15 years for non-annuitants. This assumption is one of the choices allowed by the regulations.

2013 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Sample decrement rates:

Age	Disability	Withdrawal*
20	0.08%	4.00%
25	0.11%	3.50%
30	0.14%	3.00%
35	0.18%	2.50%
40	0.28%	2.00%
45	0.45%	1.50%
50	0.76%	1.00%
55	1.26%	0.00%
60	1.76%	0.00%

*Only applicable before retirement eligibility.

Retirement (from active status) rates:

Age	Rates
55-56	0%
57	55%
58-59	30%
60-62	40%
63-64	25%
65	50%
66 and above	100%

Retirement from inactive status:	Age 55 with 15 or more years of service; otherwise 65.
Percent married:	85%
Spouse gender:	100% opposite sex.
Age difference:	Male spouses are assumed to be four years older than female spouses.
Form of payment:	If married, 50% joint and survivor. If single, life annuity.
Administrative expenses:	Plan-related expenses of $635,184 are expected to be paid by the plan during the year.

Weeks worked (for employee contributions):	47
Interest crediting rate on employee contributions:	2.31%
Unknown data for participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of active participants	Those who have contributions made on their behalf in the plan year ended immediately prior to the valuation date.
Asset method:	As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on assumed rates of return of 7.50% for the year ending September 30, 2012 and 7.25% for the year ending September 30, 2013, not to exceed the applicable third segment rates of 6.30% for the year ending September 30, 2012 and 7.52% for the year ending September 30, 2013.
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no benefit projection past the end of the year.

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
BOTTLERS LOCAL NO. 1187 PENSION PLAN

EIN: 43-6026016 PLAN NO.: 001
SCHEDULE OF REPORTABLE TRANSACTIONS*
For The Year Ended September 30, 2014

(a) Identity Of Party Involved	(b) Description Of Asset (Include Interest Rate And Maturity In Case Of A Loan)	No. Of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost Of Asset	(h) Current Value Of Asset On Transaction Date	(i) Net Gain Or (Loss)
Single Transactions									
BlackRock	Intermediate Credit Bond Fund		$ 16,000,000	$ —	$ —	$ —	$ —	$ 16,000,000	$ —
Series Of Transactions									
Mellon Capital Management Corp.	Non-SL Stock Index Fund	3	$ —	$ 17,000,000	$ —	$ —	$ 9,627,597	$ —	$ 7,372,403
BlackRock	Intermediate Credit Bond Fund	2	16,000,000	3,000,000	—	—	2,906,531	16,000,000	93,469
Dreyfus	Treasury Prime Cash	46	20,591,922	20,001,000	—	—	20,001,000	20,591,922	—
Enterprise Bank	Money Market Account	24	16,025,525	19,207,502	—	—	19,207,502	16,025,525	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, Line 4j.

* Transactions or series of transactions in excess of 5% of the current value of the plan's assets as of the beginning of the Plan year as defined in 29 CFR 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 10/01/2013 and ending 09/30/2014

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

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

A Name of plan
INTERNATIONAL BROTHERHOOD OF TEAMSTERS BOTTLERS LOCAL NO. 1187 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF I. B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN

D Employer Identification Number (EIN) 43-6026016

E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2013

2	Assets:			
	a Market value		2a	230548221
	b Actuarial value		2b	219882173
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	1039	183782772
	b For terminated vested participants	3b	65	2693216
	c For active participants:			
	(1) Non-vested benefits	3c(1)		5745420
	(2) Vested benefits	3c(2)		33142431
	(3) Total active	3c(3)	359	38887851
	d Total	3d	1463	225363839
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	6.59%
6	Target normal cost		6	2792314

Statement by Enrolled Actuary

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

SIGN HERE David N. Strom DNS

Signature of actuary

04/15/2015
Date

DAVID N. STROM, FSA, MAAA
Type or print name of actuary

1402851
Most recent enrollment number

SEGAL CONSULTING
Firm name

312-984-8500
Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606-1724
Address of the firm

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

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	20966889	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	20966889	0
10	Interest on line 9 using prior year's actual return of 8.70%	1824119	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		49020
	b Interest on (a) using prior year's effective interest rate of 6.92% except as otherwise provided (see instructions)		3392
	c Total available at beginning of current plan year to add to prefunding balance		52412
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	22791008	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.45%
15	Adjusted funding target attainment percentage	15	84.69%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/12/2013	1879	0			
12/16/2013	1715	0			
01/28/2014	1797	0			
03/03/2014	1253	0			
03/21/2014	1089	0			
04/14/2014	1144	0			
05/19/2014	1198	0			
06/25/2014	1198	0			
07/31/2014	1143	0			
09/02/2014	1253	0			
10/20/2014	1198	0			
	0	34250			
			Totals ► 18(b)	14867	18(c) 34250

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	14380

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.23%	6.51%	7.16%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	59

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	2792314
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	28272674	12961293
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	15753607

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	15753607	0	15753607

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	14380
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	14380
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	14380
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0

2013 Schedule SB, Line 18 – Other Attachment

1) Employee contributions are made periodically throughout the year.

2) Effective January 1, 2015, the Anheuser-Busch/Local 947 Pension Plan and the Anheuser-Busch/Teamsters Local No. 284 Pension Plan merged into this Plan. This is not expected to require a material increase in plan costs or required contribution rates.

2013 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Retirement (from active status) rates:

Age	Rates
55-56	0%
57	55%
58-59	30%
60-62	40%
63-64	25%
65	50%
66 and above	100%

Average retirement age for Schedule SB, line 22:

59, determined as follows: The individual weighted-average retirement age for each participant is calculated as the sum of the product of every potential retirement age times the probability of retirement at that age. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the October 1, 2013 actuarial valuation.

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: ONGOING	
Normal retirement:	
Age requirement:	65
Service requirement:	None
Amount:	The benefit rates per year of credited service, for termination on and after the dates shown below, are: Date / Amount December 2, 2003 $77.36 November 7, 2008 95.74 March 1, 2010 96.37 March 1, 2011 97.00 March 1, 2012 97.63 March 1, 2013 98.26 If immediately prior to participation under this plan, an employee was a participant under the St. Louis Teamster Brewery Workers' Pension Plan, the amount of normal retirement pension shall not be less than the amount to which he or she would have been entitled if his or her prior credited service were included under this plan, reduced by the amount to which he or she is entitled under the former plan.
Early retirement:	
Age requirement:	55
Service requirement:	15 years of service
Amount:	Normal pension accrued reduced by 0.35% for each month of age less than 65. Unreduced for retirements after age 57 (not applicable to disability retirement or retirement from inactive status).

Supplemental early retirement pension (for retirements before November 6, 2008):	
Age requirement:	57
Service requirement:	15 years of credited service
Amount:	Age 57 to Age 62: $1,000 per month Age 62 to Age 65: $600 per month
Disability:	
Age requirement:	None
Service requirement:	10 years of credited service
Amount:	Normal pension accrued, unreduced, payable after 6 months of disability
Vesting:	
Age requirement:	None
Service requirement:	5 years of vesting service
Amount:	Normal pension accrued payable at normal retirement date
Termination (or non-vested death) benefit:	
Age requirement:	None
Service requirement:	Less than 5 years of vesting service
Amount:	Lump-sum payment of employee contributions with interest at 120% of the federal mid-term rate in effect at the beginning of each plan year
Reciprocal benefit (temporary transfers):	
Age requirement:	None
Service requirement:	None; working in affiliated plan
Amount:	Normal pension accrued, no ancillary benefits

Spouse's pre-retirement death benefit:	
Age:	None
Service requirement:	5 years of vesting service or eligible for normal retirement
Amount:	If married, 50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date employee would have been eligible to retire. If single, lump sum payment of employee contributions with interest.
Post-retirement death benefits:	
	If a life annuity form of benefit is elected, lump sum payment of the excess (if any) of employee contributions with interest to the date of retirement over the sum of pension payments received.
Participation:	
	After 5 consecutive working days with the employer, or after completion of 1,000 hours of service with the employer during a period of 12 consecutive months, whichever occurs first.
Service:	
Vesting service:	One year of vesting service for each calendar year during which the employee works 1,000 hours.
Credited service:	1/12 of a year of credited service for every 19 days in covered employment (not to exceed 1 year of credited service in a calendar year).
Contributions:	
Employee contributions:	$0.40 per day (not to exceed $2.00 per week)
Employer contributions:	$27.23 per day (not to exceed $136.15 per week). If greater amounts are contributed, the daily contributions will cease.
Forms of benefit:	
Normal form:	Life annuity (if single), unreduced 50% joint and survivor annuity (if married)
Optional forms:	Life annuity; 50%, 66 2/3% or 75% joint and survivor annuity (actuarially reduced from the life annuity if the designated contingent annuitant is not a spouse or from the 50% joint and survivor if the designated contingent annuitant is a spouse); 50% joint and survivor annuity with pop-up feature (actuarially reduced from the life annuity)
Actuarial basis for conversion to optional forms:	1983 Group Annuity Mortality Table weighted 50% male and 50% female and 7.5% interest, compounded annually

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
BOTTLERS LOCAL NO. 1187 PENSION PLAN

EIN: 43-6026016 PLAN NO.: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
September 30, 2014

(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
Collective Employee Benefit Trust Funds				
	BlackRock	Long Term Credit Bond Index Fund	$ 66,301,258	$ 88,375,237
	BlackRock	Intermediate Credit Bond Fund	50,093,469	52,326,146
*	Mellon Capital Management Corp.	Non-SL Market Completion Index Fund	5,959,809	12,661,206
*	Mellon Capital Management Corp.	Non-SL Stock Index Fund	32,632,234	64,244,599
	State Street	MSCI ACWI Index Fund	13,769,010	18,335,921
Short-Term Investment				
	Dreyfus	Treasury Prime Cash Fund	1,047,530	1,047,530
Interest-Bearing Cash				
	Enterprise Bank	Checking Account	1,568,081	1,568,081
			$ 171,371,391	$ 238,558,720

*Allowable party-in-interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

2013 Schedule SB, Line 32 – Schedule of Amortization Bases

International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan EIN: 43-6026016 / PN: 001

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
2013	($8,570,160)	($8,570,160)	7	($1,442,399)
2012	(35,273,971)	(31,470,671)	6	(5,986,858)
2011	30,189,647	21,629,264	5	4,777,744
2010	15,178,700	9,234,309	4	2,487,990
2009	77,785,184	37,449,932	3	13,124,816
Total		**$28,272,674**		**$12,961,293**

2013 Schedule SB, Line 24 – Change in Actuarial Assumptions

International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan EIN: 43-6026016 / PN: 001

Assumption changes since prior valuation:	Administrative expenses: $635,184 (previously, $822,951). Interest crediting rate on employee contributions: 2.31% (previously, 1.12%).