

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information			
1a Name of plan	<u>BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT PENSION PLAN</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>10/01/1955</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT PENSION PLAN</u>		2b Employer Identification Number (EIN)	<u>43-6026016</u>
	<u>ONE BUSCH PLACE, 202-4N ST. LOUIS, MO 63118-1852</u>		2c Plan Sponsor's telephone number	<u>314-577-2000</u>
			2d Business code (see instructions)	<u>312120</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2016	ROBERT GARTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 TRUSTEES OF I.B. OF T. BOTTLERS LOCAL NO. 1187 PENSION PLAN	4b EIN 43-6026016 4c PN 001
5 Total number of participants at the beginning of the plan year	5 1395
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 352
a(2) Total number of active participants at the end of the plan year	6a(2) 1119
b Retired or separated participants receiving benefits	6b 1847
c Other retired or separated participants entitled to future benefits.....	6c 151
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3117
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 441
f Total. Add lines 6d and 6e	6f 3558
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 8
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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **10/01/2014** and ending **09/30/2015**

A Name of plan BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT PENSION PLAN	D Employer Identification Number (EIN) 43-6026016

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

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	GAC 2605 ASSN O	20	04/01/2014	03/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

Schedule A (Form 5500) 2014
v. 140124

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2364103

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

Round off amounts to nearest dollar.

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

A Name of plan BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT 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 BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT 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 2014			
2 Assets:			
a Market value	2a	238523565	
b Actuarial value	2b	229492330	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1038	189438410	189438410
b For terminated vested participants	60	2555657	2555657
c For active participants	352	28899598	33703366
d Total	1450	220893665	225697433
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	6.42%	
6 Target normal cost	6	7832438	

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		06/30/2016
Signature of actuary		Date
DAVID N. STROM, FSA, MAAA		14-02851
Type or print name of actuary		Most recent enrollment number
SEGAL CONSULTING		312-984-8500
Firm name		Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606-1724		
Address of the firm		

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)	22791008	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	15753607	0
9 Amount remaining (line 7 minus line 8)	7037401	0
10 Interest on line 9 using prior year's actual return of <u>12.19</u> %	857859	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		14380
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.59</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1753
c Total available at beginning of current plan year to add to prefunding balance		16133
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)	7895260	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	98.18 %
15 Adjusted funding target attainment percentage	15	101.68 %
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	97.56 %
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
11/26/2014	1253		04/13/2015	2341	
12/09/2014	1089		05/19/2015	446	
02/27/2015	2451		06/15/2015	2341	
03/25/2015	1089		06/26/2015	557	
03/27/2015	1003		07/01/2015	446	
04/01/2015	3035435		07/01/2015	7435085	
Totals ▶			18(b)	16652326	18(c) 34592

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	15848990
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

Part III Funding Percentages		
14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
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	%
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
07/30/2015	1644				
08/26/2015	1699				
09/17/2015	1701				
10/01/2015	6162102				
10/28/2015	1644				
			Totals ►	18(b)	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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	7832438	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	18617262		15892250
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	23724688	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	7876804	0	7876804
36 Additional cash requirement (line 34 minus line 35).....	36	15847884	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	15848990	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1106	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1106	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6026016</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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	NONE	184179	Yes ☐ No ☒	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	NONE	180441	Yes ☐ No ☒	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	NONE	147507	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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	NONE	66083	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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	NONE	41391	Yes ☐ No ☒	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	NONE	28100	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

CLARK SCHAEFER HACKETT

31-0800053

(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	NONE	20760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ 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	NONE	18915	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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	NONE	13500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HOLLAND & KNIGHT, LLP

59-0663819

(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	NONE	12575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER, LLC

525 VINE STREET, SUITE 1600
CINCINNATI, OH 45202

(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 27 50	NONE	12441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK LIFE INSURANCE CO

01-0233346

(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	NONE	9399	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

RUBIN BROWN 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	NONE	6300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: GRANT THORNTON LLP	b EIN: 36-6055558
c Position: AUDITOR	
d Address: 175 W JACKSON BOULEVARD, 20TH FLOOR CHICAGO, IL 60604-2687	e Telephone: 312-856-0200

Explanation: CHANGE OF AUDIT FIRMS.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6026016</u>	

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: <u>MSCI ACWI EX USA NL FUND ZVG9</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-159</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41689504</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND INDEX NON-SL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO NA</u>		
c EIN-PN <u>26-3797251-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>256289411</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-215</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>164931143</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL MARKET COMPLETION FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-228</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37490529</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMED TERM CREDIT BOND IDX NONSL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO NABLAC</u>		
c EIN-PN <u>26-3774399-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103258883</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI SECTOR BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>01-0233346-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2227130</u>
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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015		
A Name of plan BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT 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)	1198	6162102
(2) Participant contributions.....	1b(2)	2652	2642
(3) Other.....	1b(3)	396	1644
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2615611	6765553
(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)	235943109	603659470
(10) Value of interest in pooled separate accounts	1c(10)		2227130
(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	238562966	618818541

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	39397	137576
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	39397	137576

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	238523569	618680965
---	-----------	-----------	-----------

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)	16632622	
(B) Participants	2a(1)(B)	34592	
(C) Others (including rollovers)	2a(1)(C)	19703	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16686917
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1197	
(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)		1197
(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)		-17090365
(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		2524
d Total income. Add all income amounts in column (b) and enter total.....	2d		-399727

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40830491	
(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)		40830491
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)	347846	
(2) Contract administrator fees.....	2i(2)	180441	
(3) Investment advisory and management fees.....	2i(3)	215407	
(4) Other.....	2i(4)	558481	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1302175
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42132666

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-42532393
l Transfers of assets:			
(1) To this plan.....	2l(1)		422689789
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015		
A Name of plan BREWERY CONFERENCE/ANHEUSER-BUSCH DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT 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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

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: 40% Investment-Grade Debt: 59% High-Yield Debt: _____% Real Estate: _____% Other: 1%

- 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): _____



Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

Financial Statements and Supplemental Schedules

September 30, 2015 and 2014

(with Independent Auditors' Report)



CLARK SCHAEFER HACKETT
CPAs & BUSINESS CONSULTANTS

TABLE OF CONTENTS

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 the Financial Statements	5-12
Supplemental Schedules	
Schedule of Assets (Held at End of Year)	13
Schedule of Reportable Transactions	14

INDEPENDENT AUDITORS' REPORT

To the Participants and the Trustees
Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
St. Louis, Missouri

Report on the Financial Statements

We have audited the accompanying financial statements of the Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan (the Plan) which comprise the statement of net assets available for benefits as of September 30, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 of 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 auditors' 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 entity'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 the 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 evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

4449 easton way, 4th floor
columbus, oh 43219

www.cshco.com
p. 614.885.2208
f. 614.885.8159

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of September 30, 2015, and changes therein for the year then ended and its financial status as of September 30, 2014 and the changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Prior Period Financial Statements

The financial statements of the Plan as of September 30, 2014, were audited by other auditors whose report dated July 1, 2015, expressed an unmodified opinion on those statements.

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
July 14, 2016

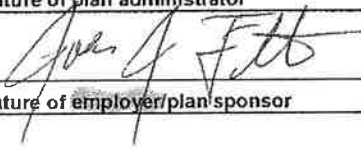
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1510-0110 1510-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here:	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information											
1a Name of plan Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BOT of Brewery Conference/Anheuser Busch Defined Benefit Pension Plan One Busch Place, 202-4N St. Louis MO 63118-1852	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1955</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 43-6026016</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (314) 577-2000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 312120</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 10/01/1955		2b Employer Identification Number (EIN) 43-6026016		2c Plan Sponsor's telephone number (314) 577-2000		2d Business code (see instructions) 312120	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 10/01/1955											
2b Employer Identification Number (EIN) 43-6026016											
2c Plan 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		7/13/16	Robert Gartner
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/13/16	John Fletcher
	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)

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

Form 5500 (2014)
v. 140124

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form Is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>		

- ▶ **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 Brewery Conference/Anheuser-Busch Defined Benefit 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 Brewery Conference/Anheuser-Busch Defined Benefit Pension	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 <u>10</u> Day <u>01</u> Year <u>2014</u>			
2 Assets: a Market value b Actuarial value		2a 2b	238,523,565 229,492,330
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment b For terminated vested participants c For active participants d Total	(1) Number of participants 1,038 60 352 1,450	(2) Vested Funding Target 189,438,410 2,555,657 28,899,598 220,893,665	(3) Total Funding Target 189,438,410 2,555,657 33,703,366 225,697,433
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 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		4a 4b	
5 Effective interest rate		5	6.42%
6 Target normal cost		6	7,832,438

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 <i>DNS</i> Signature of actuary DAVID N. STROM, FSA, MAAA Type or print name of actuary Segal Consulting Firm name 101 North Wacker Drive, Suite 500 Chicago IL 60606-1724 Address of the firm	06/30/2016 Date 1402851 Most recent enrollment number 312-984-8500 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2014
v. 140124

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)	22,791,008	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	15,753,607	0
9 Amount remaining (line 7 minus line 8)	7,037,401	0
10 Interest on line 9 using prior year's actual return of <u>12.19%</u>	857,859	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		14,380
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.59%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,753
c Total available at beginning of current plan year to add to prefunding balance		16,133
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)	7,895,260	0

Part III Funding Percentages

14 Funding target attainment percentage	14	98.18%
15 Adjusted funding target attainment percentage	15	101.68%
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	97.56%
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
11/26/2014	1,253	0	09/17/2015	1,701	0
12/09/2014	1,089	0	10/01/2015	6,162,102	0
02/27/2015	2,451	0	10/28/2015	1,644	0
03/25/2015	1,089	0		0	34,592
03/27/2015	1,003	0			
04/01/2015	3,035,435	0			
04/13/2015	2,341	0			
05/19/2015	446	0			
06/15/2015	2,341	0			
06/26/2015	557	0			
07/01/2015	446	0			
07/01/2015	7,435,085	0			
07/30/2015	1,644	0			
08/26/2015	1,699	0			
Totals ▶			18(b)	16,652,326	18(c) 34,592

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	15,848,990

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ 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	7,832,438	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	18,617,262		15,892,250
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	23,724,688	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	7,876,804	0	7,876,804
36 Additional cash requirement (line 34 minus line 35)	36	15,847,884	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	15,848,990	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,106	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,106	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
Statements of Net Assets Available for Benefits
September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Interest bearing cash	\$ 4,059,213	1,568,081
Money market fund	2,706,340	1,047,530
Separate account	2,227,130	-
Commingled trust funds	<u>603,659,470</u>	<u>235,943,109</u>
	<u>612,652,153</u>	<u>238,558,720</u>
 Receivables:		
Employer contribution receivable	6,162,102	-
Employee contribution receivable	2,642	2,652
Union contribution receivable	<u>1,644</u>	<u>1,198</u>
	<u>6,166,388</u>	<u>3,850</u>
 Other assets	<u>1,225</u>	<u>7,770</u>
	<u>618,819,766</u>	<u>238,570,340</u>
 Liabilities:		
Accounts payable	<u>138,801</u>	<u>46,771</u>
 Net assets available for benefits	 \$ <u>618,680,965</u>	 <u>238,523,569</u>

See accompanying notes to the financial statements.

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Contributions:		
Employer contributions	\$ 16,632,622	14,866
Employee contributions	34,592	34,248
Union contributions	<u>19,703</u>	<u>-</u>
	<u>16,686,917</u>	<u>49,114</u>
Investment income:		
Interest	1,197	357
Miscellaneous	2,524	274
Net (depreciation) appreciation in fair value of investments	<u>(17,090,365)</u>	<u>26,980,160</u>
	<u>(17,086,644)</u>	<u>26,980,791</u>
	<u>(399,727)</u>	<u>27,029,905</u>
Deductions:		
Benefits paid to participants	40,830,491	18,444,990
Administrative expenses	<u>1,302,175</u>	<u>722,820</u>
	<u>42,132,666</u>	<u>19,167,810</u>
Net (decrease) increase in net assets available for benefits	(42,532,393)	7,862,095
Transfer of assets into Plan	422,689,789	-
Net assets available for benefits:		
Beginning of year	<u>238,523,569</u>	<u>230,661,474</u>
End of year	\$ <u>618,680,965</u>	<u>238,523,569</u>

See accompanying notes to the financial statements.

1. PLAN DESCRIPTION:

The following description of the Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of 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 eligible employees within the bargaining units represented by participating unions.

Effective January 1, 2015, Anheuser-Busch, LLC (the Employer), International Brotherhood of Teamsters Local No. 6, as successor to the International Brotherhood of Teamsters Bottlers Local No. 1187 (Union 6), International Brotherhood of Teamsters Local No. 284 (Union 284) and International Brotherhood of Teamsters Local No. 947 (Union 947) entered into an agreement whereby the following defined benefit plans were merged: (a) International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan, (b) Anheuser-Busch/Teamster Local Union No. 284 Pension Plan, and (c) Anheuser-Busch/Local 947 Pension Plan (Prior Plans). This Plan was formerly the International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan, is the surviving plan of the merger and the name was changed to the Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan. See Note 11

The adoption of the Plan as of January 1, 2015 did not change the formulas for determining the benefits of participants as they existed under the Prior Plans. The most significant change as part of the merger of the Prior Plans was the amendment to close the Plan to new employees hired after February 28, 2019.

Prior to January 1, 2015, the Plan operated under an agreement between Anheuser-Busch LLC and the International Brotherhood of Teamsters Local No. 6.

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

Eligibility

Union 284 and Union 947: Each employee who is a member of these Unions becomes a participant in the Plan as of the day he or she first becomes a full-time employee.

Union 6: Each employee of this Union who has met certain employment requirements and made appropriate written application to the Joint Board of Trustees (the Board).

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 Unions.

Employer contributions are based on the collective bargaining agreement between the Employer and the Union and are made in amounts sufficient to meet the collective bargaining agreement and to fund the actuarial liability for minimum contributions. The Unions also make contributions for certain employees. The collective bargaining agreement does not preclude the Plan sponsor from designating a contribution to a single plan year as allowed under ERISA, so long as the contributions required under the collective bargaining agreement are met. The Plan has satisfied the minimum funding requirements established by ERISA and did not exceed the Employer's maximum deductible contribution for the year.

Vesting

Participants are 100% vested in their accrued benefit after five years of credited vesting service with the Employer or upon reaching age 65. A year of vesting service shall accrue for each calendar year in which a participant was credited with 1,000 hours of service or more.

Payments of benefits

A retiree will receive a monthly benefit equal to the product of the number of years of credited service times the unit of monthly pension in effect at the time of retirement. The Plan also provides early, deferred vested, death and disability retirement benefits to participants meeting certain eligibility requirements. A participant who retires before or after his or her normal retirement date shall be entitled to a monthly retirement benefit determined in accordance with the provisions covering his or her early or deferred retirement date. A participant's normal retirement date is the first day of the month coincident with or next following the date he or she attains age 65.

Plan administration

The Plan is administered by the Board, which consists of representatives of the Unions and the Employer.

The Plan's 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following accounting principles and practices of the Plan are set forth to facilitate the understanding of data presented in the financial statements:

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
Notes to the Financial Statements
September 30, 2015 and 2014

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

Administrative fees of the Plan may be paid from the assets of the Plan to the extent permitted under ERISA. Expenses not paid by the Plan are paid by the Employer and are not included in these financial statements.

Reclassifications

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

Subsequent events

The Plan has evaluated subsequent events through July 14, 2016, the date the financial statements were available to be issued.

3. INVESTMENTS:

The fair market values of investments representing five percent or more of net assets available for benefits as of September 30 include:

	2015	2014
Black Rock Intermediate Credit Bond Index Non-Lendable Fund	\$ 103,258,883	52,326,146
Black Rock Long-Term Credit Bond Index Non-Lendable Fund	256,289,411	88,375,237
Mellon EB DV Non-SL Market Completion Fund	37,490,529	12,661,206
Mellon EB DV Non-SL Stock Index Fund	164,931,143	64,244,599
State Street MSCI ACWI Ex USA Non-Lending Fund	41,689,504	18,335,921

During the years ended September 30, 2015 and 2014, the Plan's commingled trust funds (depreciated) appreciated by (\$17,107,739) and \$26,980,160, respectively. During the year ended September 30, 2015, the Plan's separate account appreciated by \$17,374.

4. CONTRACT WITH INSURANCE COMPANY:

A group annuity contract (GAC) with John Hancock Life Insurance Company (U.S.A.) (the Insurance Company) was transferred into the Plan as part of the Plan merger (see Note 11). This contract was originally effective on December 1, 1975 for purposes of providing retirement benefits in accordance with the provisions of the Plan. The GAC is comprised of separate accounts. The Insurance Company guarantees the future retirement benefits of certain amounts as listed in Appendix B to the contract.

5. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 inputs 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.
- 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2015 and 2014.

- *Interest bearing cash:* Valued at cost, which approximates fair value.
- *Money market fund:* Valued at \$1 per share, which represents the net asset value (NAV) and approximates fair value.
- *Commingled trust funds:* Valued based on the fair value of the underlying securities in the funds, as determined by the fund trustee, which represents the NAV of the units held by the Plan at end of the year. The fund managers' objectives are to track certain indices or to preserve capital. There are no unfunded commitments related to the funds and units are redeemable at NAV.
- *Separate account:* The NAV of a separate account is based on the market value of its underlying investments which represents the NAV of the units held by the Plan at the end of the year. The NAV is not a publicly-quoted price in an active market. The investment objective of the account is to generate a high rate of total return consistent with prudent investment risk, through investment in a diversified portfolio of debt securities. There are no unfunded commitments related to the separate account and units are redeemable at net asset value on a daily basis. The separate account is not restricted in regard to distributions.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
Notes to the Financial Statements
September 30, 2015 and 2014

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2015 and 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>September 30, 2015</u>				
Interest bearing cash	\$ 4,059,213	-	-	4,059,213
Money market fund	-	2,706,340	-	2,706,340
Commingled trust funds:				
Fixed income	-	359,548,294	-	359,548,294
International equity	-	41,689,504	-	41,689,504
Index	-	202,421,672	-	202,421,672
	-	603,659,470	-	603,659,470
Separate account	-	2,227,130	-	2,227,130
Total assets at fair value	\$ 4,059,213	608,592,940	-	612,652,153
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>September 30, 2014</u>				
Interest bearing cash	\$ 1,568,081	-	-	1,568,081
Money market fund	-	1,047,530	-	1,047,530
Commingled trust funds:				
Fixed income	-	140,701,383	-	140,701,383
International equity	-	18,335,921	-	18,335,921
Index	-	76,905,805	-	76,905,805
	-	235,943,109	-	235,943,109
Total assets at fair value	\$ 1,568,081	236,990,639	-	238,558,720

Fair Value of Investments in Entities That Use NAV

The following tables summarize investments measured at fair value based on NAV per share as of September 30, 2015 and 2014:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>September 30, 2015</u>				
Commingled trust fund:				
Fixed income	\$ 359,548,294	n/a	Daily	Daily
International equity	41,689,504	n/a	Semi-monthly	Semi-monthly
Index	202,421,672	n/a	Daily	Daily
	<u>603,659,470</u>			
Separate account	\$ <u>2,227,130</u>	n/a	Daily	Daily

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
Notes to the Financial Statements
September 30, 2015 and 2014

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>September 30, 2014</u>				
Commingled trust fund:				
Fixed income	\$ 140,701,383	n/a	Daily	Daily
International equity	18,335,921	n/a	Bi-monthly	Bi-monthly
Index	<u>76,905,805</u>	n/a	Daily	Daily
	<u>235,943,109</u>			

6. ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated plan benefits as of October 1 is as follows:

	<u>2014</u>
Vested benefits:	
Participant and beneficiaries currently receiving payments	\$ 189,857,621
Other participants	<u>33,009,113</u>
	<u>222,866,734</u>
Nonvested benefits	<u>5,208,119</u>
	<u>\$ 228,074,853</u>

Changes in actuarial present value of accumulated plan benefits during the year ended October 1, 2014 are as follows:

Actuarial present value of accumulated plan benefits - beginning of year	\$ 222,116,096
Increase (decrease) during the year attributable to:	
Interest accumulated	14,318,442
Benefits accumulated and actuarial experience	730,383
Change in actuarial assumptions	9,354,922
Benefits paid	<u>(18,444,990)</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 228,074,853</u>

Accumulated plan benefits are those future periodic payments 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 employee or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations were as follows as of October 1, 2014:

- *Mortality*--
 - Healthy lives: 115% of the RP-2014 blue-collar employee and annuitant health mortality tables projected generationally using scale MP-2015.
- *Form of benefit payment*- 15% life and 85% 50% joint and survivor.
- *Percent married and spousal age relationship*- 85% married for male and female participants, husbands four years older than their wives.
- *Investment return rate* – 6.25%
- *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)

The valuation method used is the unit credit actuarial cost method. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The following changes in actuarial assumptions were recognized:

- The mortality tables were changed from the RP-2000 separate annuitant and non-annuitant health mortality tables with static project using scale AA to 115% of the RP-2014 blue-collar employee and annuitant healthy mortality tables projected generationally using scale MP-2015.
- The interest rate was changed from 6.75% to 6.25% to reflect future expected asset returns.
- The interest crediting rate on employee contributions was changed from 2.31% to 2.22%.
- The disability incidence rates were changed to the 1985 Pension Disability Table (Class 1).

As discussed in Note 11, the plan merger was effective on January 1, 2015 and is not reflected in the accumulated plan benefits above. The benefits of the Anheuser-Busch/Teamster Local Union No. 284 Pension Plan and the Anheuser-Busch/Local 947 Pension Plan continued and; therefore, accumulated plan benefits amounting to approximately \$415 million were transferred into the Plan on January 1, 2015.

7. INCOME TAX STATUS:

The IRS determined and informed the company in a letter dated October 28, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes the Plan is qualified and the related trust is tax-exempt.

8. PLAN TERMINATION

Although the Employer has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated for payment in order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
Notes to the Financial Statements
September 30, 2015 and 2014

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under and Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

9. RISKS AND UNCERTAINTIES:

The Plan invests in various investment options. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect 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, inflation 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. RELATED PARTY TRANSACTIONS:

Certain Plan investments are units of commingled trust funds and a money market fund which are held and managed by Bank of New York Mellon, the trustee of the Plan. Certain Plan investments are in a separate account held by John Hancock Life Insurance Company (U.S.A.), a custodian of certain Plan assets. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. Transactions involving these investments and expenses qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. Fees incurred by the Plan for investment management services totaled \$212,735 and \$90,576 for the years ended September 30, 2015 and 2014, respectively.

11. PLAN MERGER:

Transfer of assets to the Plan related to the Plan merger as described in Note 1 included the following:

	Anheuser-Busch/ Teamster Local Union No. 284 <u>Pension Plan</u>	Anheuser-Busch/ Local 947 <u>Pension Plan</u>	<u>Total</u>
Investments	\$ 225,079,900	189,710,763	414,790,663
Employer contribution receivable	5,449,772	501,867	5,951,639
Union contribution receivable		892	892
Payable to Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan	1,352,972	1,145,990	2,498,962
Accounts payable	<u>(28,373)</u>	<u>(523,994)</u>	<u>(552,367)</u>
	<u>\$ 231,854,271</u>	<u>190,835,518</u>	<u>422,689,789</u>

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
 EIN 43-6026016

PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
 September 30, 2015

(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
	Enterprise Bank Checking	Interest bearing cash	\$ 4,059,213	4,059,213
	Dreyfus Prime Treasury Cash	Money market fund	2,706,340	2,706,340
*	John Hancock Multi Sector Bond Fund	Separate account	2,121,086	2,227,130
	Black Rock Intermediate Credit Bond Index Non-Lendable Fund	Commingled trust fund	99,634,020	103,258,883
	Black Rock Long-Term Credit Bond Index Non-Lendable Fund	Commingled trust fund	241,232,353	256,289,411
*	Mellon EB DV Non-SL Market Completion Fund	Commingled trust fund	18,034,248	37,490,529
*	Mellon EB DV Non-SL Stock Index Fund	Commingled trust fund	85,339,151	164,931,143
	State Street MSCI ACWI Ex USA Non-Lending Fund	Commingled trust fund	35,781,598	41,689,504
			<u>\$ 488,908,009</u>	<u>612,652,153</u>

* Indicates party-in-interest to the Plan

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
EIN 43-6026016

PN 001

Schedule H, Line 4.j. - Schedule of Reportable Transactions
Year Ended September 30, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
Black Rock	Black Rock Long Term Credit 9,250,714 units purchased in 1 transaction	\$ 174,931,095	-	174,931,095	174,931,095	-
Black Rock	Black Rock Intermediate Credit 3,915,453 units purchased in 1 transaction	57,132,231	-	57,132,231	57,132,231	-
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
* Mellon	Dreyfus Prime Treasury Cash 44,043,810 units purchased in a series of 31 transactions 42,385,000 units sold in a series of 17 transactions	44,043,810	-	44,043,810	44,043,810	-
		-	42,385,000	42,385,000	42,385,000	-
Black Rock	Black Rock Intermediate Credit 3,915,453 units purchased in 1 transaction 547,860 units sold in 1 transaction	57,132,231	-	57,132,231	57,132,231	-
		-	8,000,000	8,000,000	8,000,000	-

* Identifies a party-in-interest to the Plan

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
There were no reportable category (ii) or (iv) transactions for the year ended September 30, 2015.
Columns (e) and (f) were excluded as they were not applicable.

2014 Schedule R, Line 18 - Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Plan Sponsor = Trustees of Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

Plan 1 = Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan (formerly, the International

Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan)

EIN: 43-6026016, PN: 001

Plan 2 = Anheuser-Busch/Teamster Local Union No. 284 Pension Plan

EIN: 31-1002041, PN: 001

Plan 3 = Anheuser-Busch/Teamster Local No. 947 Pension Plan

EIN: 59-1631493, PN: 001

Effective January 1, 2015, Plan 2 and Plan 3 merged into Plan 1.

	Plan 1	Plan 2	Plan 3
Valuation Date	10/01/2014	01/01/2014	04/01/2014
Funding Target Attainment Percentage	98.18%	90.82%	100.36%

2014 Schedule SB, Line 22 - Weighted Average Retirement Age

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Retirement (from active status) rates

Group:	Bottlers 1187	Columbus 284	Jacksonville 947
Age	All	Eligible for Unreduced Benefit	Not Eligible for Unreduced Benefit
55	0%	40%	0%
56	0%	10%	0%
57	55%	10%	0%
58	30%	15%	0%
59	30%	10%	0%
60	40%	30%	0%
61	40%	33%	0%
62	40%	40%	25%
63	25%	40%	25%
64	25%	40%	25%
65	50%	100%	100%
66	100%	100%	100%

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

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, 2014 actuarial valuation.

Average retirement age for Schedule SB, line 22:

2014 Schedule SB, Line 24 - Change in Actuarial Assumptions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Assumption changes
since prior valuation:

Administrative expenses: \$1,212,800 (previously, \$635,184).

Interest crediting rate on employee contributions: 2.22% (previously, 2.31%)

Disability incidence rates:

Age	Current Rates		Previous Rates	
	Male	Female	Bottlers 1187	Jacksonville 947
20	0.03%	0.03%	0.08%	0.01%
25	0.04%	0.05%	0.11%	0.01%
30	0.05%	0.08%	0.14%	0.01%
35	0.07%	0.14%	0.18%	0.08%
40	0.12%	0.21%	0.28%	0.15%
45	0.20%	0.32%	0.45%	0.40%
50	0.36%	0.53%	0.76%	0.73%
55	0.72%	0.95%	1.26%	1.40%
60	1.26%	1.16%	1.76%	2.48%

Percent married:

	Current Assumption	Previous Assumptions	
		Columbus 284	Jacksonville 947
Male	85%	80%	90%
Female	85%	80%	75%

2014 Schedule SB, Line 24 - Change in Actuarial Assumptions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Assumption changes
since prior valuation
(continued):

Termination rates:

Age	Current Rates	Previous Rates	
		Columbus 284	Jacksonville 947
20	4.00%	3.10%	8.16%
25	3.50%	2.49%	7.34%
30	3.00%	3.91%	5.55%
35	2.50%	3.05%	3.52%
40	2.00%	2.37%	1.70%
45	1.50%	1.76%	1.50%
50	1.00%	1.35%	1.50%

Spouse age difference:

Current Assumption	Previous Assumption	
	Columbus 284	
Males 4 years older	Males 3 years older	

2014 Schedule SB, Line 25 - Change in Funding Method

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Plan Sponsor = Trustees of Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

Plan 1 = Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan (formerly, the International Brotherhood of Teamsters Bottlers Local No. 1187 Pension Plan)
EIN: 43-6026016, PN: 001

Plan 2 = Anheuser-Busch/Teamster Local Union No. 284 Pension Plan
EIN: 31-1002041, PN: 001

Plan 3 = Anheuser-Busch/Teamster Local No. 947 Pension Plan
EIN: 59-1631493, PN: 001

Effective January 1, 2015, Plan 2 and Plan 3 merged into Plan 1.

In a letter dated March 24, 2016, the IRS granted approval for the following method change:

Subsequent to the merger, Plan 2 and Plan 3 are effectively treated as having a short plan year that runs from January 1, 2015 to September 30, 2015, with a January 1, 2015 valuation date. For Plan 2 and Plan 3, the target normal cost for this period reflects the value of benefits accrued and expenses expected to be paid from the plan during the period January 1, 2015 to September 30, 2015. For Plan 2 and Plan 3, the amortization installment payments are prorated for the period January 1, 2015 to September 30, 2015. The resulting target normal costs and amortization installment payments for Plan 2 and Plan 3 are combined with those of Plan 1 when determining the minimum funding requirement for Plan 1, as merged, for the October 1, 2014 to September 30, 2015 plan year.

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan **EIN: 43-6026016 / PN: 001**

[illegible][illegible]

2014 Schedule SB, Line 26 - Schedule of Active Participant Data

EIN: 43-6026016 / PN: 001

Participants in Active Service by Age and Years of Credited Service as of January 1, 2015 (Jacksonville 947 only)

[illegible]

2014 Schedule SB, Line 32 - Schedule of Amortization Bases

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Development of Funding Shortfall

	Bottlers 1187	Columbus 284	Jacksonville 947
	October 1, 2014	January 1, 2015	January 1, 2015
1. Funding target	\$225,697,433	\$221,067,161	\$186,887,196
2. Actuarial value of assets	229,492,330	219,923,950	185,104,104
3. Carryover balance	7,895,260	0	0
4. Prefunding balance	0	0	0
5. Net plan assets: (2) – (3) – (4)	221,597,070	219,923,950	185,104,104
6. Funding shortfall: (1) – (5), not less than zero	\$4,100,363	\$1,143,211	\$1,783,092

2014 Schedule SB, Line 32 - Schedule of Amortization Bases

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Schedule of Shortfall Amortization Bases as of October 1, 2014 for Bottlers 1187

Date Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
10/1/2013	(\$8,570,160)	(\$7,619,984)	6	(\$1,442,399)
10/1/2012	(35,273,971)	(27,220,892)	5	(5,986,858)
10/1/2011	30,189,647	17,791,164	4	4,777,744
10/1/2010	15,178,700	7,114,840	3	2,487,990
10/1/2009	77,785,184	<u>25,625,831</u>	2	<u>13,124,816</u>
Total		\$15,690,959		\$12,961,293

Schedule of Shortfall Amortization Bases as of January 1, 2015 for Columbus 284

Date Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
1/1/2015	(\$11,215,777)	(\$11,215,777)	7	(\$1,877,055)
1/1/2014	(4,279,201)	(3,783,385)	6	(716,163)
1/1/2013	(557,219)	(426,410)	5	(93,783)
1/1/2012	(20,951,247)	(13,241,487)	4	(3,555,947)
1/1/2011	25,530,340	12,012,017	3	4,200,485
1/1/2010	20,755,684	6,820,017	2	3,493,017
1/1/2009	19,439,567	<u>10,978,236</u>	5.73	<u>2,158,973*</u>
Total		\$1,143,211		\$3,609,527**

* Reflects election of 15-year amortization option under funding relief for the 2009 plan year.

** Prorated amount for the period January 1, 2015 to September 30, 2015 is \$2,707,145.

2014 Schedule SB, Line 32 - Schedule of Amortization Bases

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Schedule of Shortfall Amortization Bases as of January 1, 2015 for Jacksonville 947

Date Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Installment
1/1/2015	\$1,783,092	\$1,783,092	7	\$298,416
Total		\$1,783,092		\$298,416*

* Prorated amount for the period January 1, 2015 to September 30, 2015 is \$223,812.

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Interest:

The interest rates used for the 2014 plan year are the 24-month average corporate bond segment rates for October 2014 (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. For 2014, the stabilization corridor is 10%. Under current law, it will remain at 10% through 2020, then increase by 5% per year until it reaches 30% for 2024. 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	4.99%	6.32%	6.99%	6.42%
Current Year, without stabilization	1.17%	4.07%	5.17%	4.26%
Prior Year, reflecting stabilization	5.23%	6.51%	7.16%	6.59%
Prior Year, without stabilization	1.35%	4.05%	5.05%	4.23%

Based on the plan sponsor's election for the 2013 plan year (an election that can next be changed for the 2018 plan year), the segment rates used to determine the PBGC variable-rate premium are:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	1.40%	3.98%	5.04%
Prior Year	1.40%	4.66%	5.62%

These interest rates are based on the plan sponsor's election subject to the constraints established by law.

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Mortality rates for healthy participants:	RP-2000 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.																																																
Mortality rates for disabled participants	Bottlers 1187: same as healthy participants Columbus 284 and Jacksonville 947: IRS Revenue Ruling 96-7 tables																																																
Sample decrement rates:	<table> <tr> <th rowspan="2">Age</th><th colspan="2">Disability *</th><th rowspan="2">Withdrawal**</th></tr> <tr> <th>Male</th><th>Female</th></tr> <tr> <td>20</td><td>0.03%</td><td>0.03%</td><td>4.00%</td></tr> <tr> <td>25</td><td>0.04%</td><td>0.05%</td><td>3.50%</td></tr> <tr> <td>30</td><td>0.05%</td><td>0.08%</td><td>3.00%</td></tr> <tr> <td>35</td><td>0.07%</td><td>0.14%</td><td>2.50%</td></tr> <tr> <td>40</td><td>0.12%</td><td>0.21%</td><td>2.00%</td></tr> <tr> <td>45</td><td>0.20%</td><td>0.32%</td><td>1.50%</td></tr> <tr> <td>50</td><td>0.36%</td><td>0.53%</td><td>1.00%</td></tr> <tr> <td>55</td><td>0.72%</td><td>0.95%</td><td>0.00%</td></tr> <tr> <td>60</td><td>1.26%</td><td>1.16%</td><td>0.00%</td></tr> <tr> <td>65</td><td>1.75%</td><td>1.36%</td><td>0.00%</td></tr> </table> <p>* 1985 Pension Disability Table – Class 1 ** Withdrawal rates do not apply after early retirement age</p> <p>Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these rates reflect a reasonable expectation for the future.</p>			Age	Disability *		Withdrawal**	Male	Female	20	0.03%	0.03%	4.00%	25	0.04%	0.05%	3.50%	30	0.05%	0.08%	3.00%	35	0.07%	0.14%	2.50%	40	0.12%	0.21%	2.00%	45	0.20%	0.32%	1.50%	50	0.36%	0.53%	1.00%	55	0.72%	0.95%	0.00%	60	1.26%	1.16%	0.00%	65	1.75%	1.36%	0.00%
Age	Disability *		Withdrawal**																																														
	Male	Female																																															
20	0.03%	0.03%	4.00%																																														
25	0.04%	0.05%	3.50%																																														
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2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Retirement (from active status) rates	Bottlers 1187		Columbus 284		Jacksonville 947	
	Age	All	Eligible for Unreduced Benefit	Not Eligible for Unreduced Benefit	Hired before 1/1/1995	Hired on or after 1/1/1995
	55	0%	40%	0%	10%	2%
	56	0%	10%	0%	10%	2%
	57	55%	10%	0%	10%	10%
	58	30%	15%	0%	10%	5%
	59	30%	10%	0%	10%	5%
	60	40%	30%	0%	25%	5%
	61	40%	33%	0%	25%	5%
	62	40%	40%	25%	50%	40%
	63	25%	40%	25%	40%	20%
	64	25%	40%	25%	40%	20%
	65	50%	100%	100%	100%	100%
	66	100%	100%	100%	100%	100%

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Retirement from inactive status:	Group:				Bottlers 1187		Columbus 284		Jacksonville 947	
	Age	Age 65 or 55 with 15 or more years of service		Age 65 or 55 with 15 or more years of service		Age 65 or 55 with 10 or more years of service				
Based on a review of the assumed ages compared to historical experience, in light of the plan provisions and professional judgment, these assumed ages reflect a reasonable expectation for the future.										
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:	Group:		Bottlers 1187		Columbus 284		Jacksonville 947			
	Form of Payment		Disabled		All other decrements		Disabled (Pre-NRD)		All other decrements	
									Male	
	Life		15%		15%		100%		30%	
	50% Joint and Survivor		85%		85%		0%		35%	
	66.67% Joint and Survivor with Pop-Up		N/A		0%		N/A		N/A	
	100% Joint and Survivor		0%		N/A		0%		20%	
	10-Year Certain and Life		0%		0%		0%		15%	
Based on a review of the assumed election percentages compared to historical experience, in light of the plan provisions and professional judgment, these assumed election percentages reflect a reasonable expectation for the future.										

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Administrative expenses:	Plan-related expenses of \$1,212,800 are expected to be paid by the plan during the year.
Weeks worked (for Bottlers 1187 employee contributions):	47
Interest crediting rate on Bottlers 1187 employee contributions:	2.22%
Unknown data for participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Maximum deductible contribution cushion benefit increases:	The average annual increase in benefits over the 6 immediately preceding plan years of 4.1%.
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:	<p>As selected by the plan sponsor, assets as of the measurement date were determined by averaging the market value as of the measurement date and the adjusted market values as of the preceding two measurement dates. The resulting value was limited to between 90% and 110% of the market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date.</p> <p>For Bottlers 1187, the expected earnings are based on an assumed rate of 7.25% for the year ending September 30, 2013 and 6.75% for the year ending September 30, 2014, not to exceed the third segment rates of 7.52% for the year ending September 30, 2013 and 7.16% for the year ending September 30, 2014.</p> <p>For Columbus 284, the expected earnings are based on a rate of 7.50% for the plan year ending December 31, 2013 and 6.00% for the plan year ending December 31, 2014, not to exceed the third segment rates of 7.16% for the year ending December 31, 2013 and 6.99% for the year ending December 31, 2014.</p> <p>For Jacksonville 947, the expected earnings are based on a rate of 6.50% (annualized) for the plan year ending March 31, 2014 and the plan year ending December 31, 2014, not to exceed the third segment rates of 7.16% for the year ending March 31, 2014 and 6.99% for the year ending December 31, 2014.</p>

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Funding method:	<p>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.</p> <p>If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within seven years. Once that is achieved, the required contribution will generally equal the target normal cost reduced by any overfunding.</p>
Method to reflect mid-plan year merger in minimum required contribution (MRC):	<p>The Plan's MRC is the sum of the MRCs determined separately for each pre-merger plan. Bottlers 1187 is measured as of October 1, 2014. Columbus 284 and Jacksonville 947 are measured as of January 1, 2015 (the merger date) with target normal cost and expected administrative expenses determined for the remaining nine months of the plan year (i.e. 1/1/2015 – 9/30/2015) and shortfall amortization charges prorated for that same period. Each pre-merger plan has its own actuarial value of assets, determined using the method used by Bottlers 1187.</p>
Funding relief	<p>As allowed under the Preservation of Access to Care for Medicare Beneficiaries and the Pension Relief Act of 2010, the prior plan sponsor for Columbus 284 elected to use a "15-year" amortization for the shortfall base applicable to the 2009 plan year.</p>

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Interest:

The interest rates used for the 2014 plan year are the 24-month average corporate bond segment rates for October 2014 (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. For 2014, the stabilization corridor is 10%. Under current law, it will remain at 10% through 2020, then increase by 5% per year until it reaches 30% for 2024. 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	4.99%	6.32%	6.99%	6.42%
Current Year, without stabilization	1.17%	4.07%	5.17%	4.26%
Prior Year, reflecting stabilization	5.23%	6.51%	7.16%	6.59%
Prior Year, without stabilization	1.35%	4.05%	5.05%	4.23%

Based on the plan sponsor's election for the 2013 plan year (an election that can next be changed for the 2018 plan year), the segment rates used to determine the PBGC variable-rate premium are:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	1.40%	3.98%	5.04%
Prior Year	1.40%	4.66%	5.62%

These interest rates are based on the plan sponsor's election subject to the constraints established by law.

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Mortality rates for healthy participants:	RP-2000 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.																																																	
Mortality rates for disabled participants	Bottlers 1187: same as healthy participants Columbus 284 and Jacksonville 947: IRS Revenue Ruling 96-7 tables																																																	
Sample decrement rates:	<table> <tr> <th rowspan="2">Age</th><th colspan="2">Disability*</th><th>Withdrawal**</th></tr> <tr> <th>Male</th><th>Female</th><th>All</th></tr> <tr> <td>20</td><td>0.03%</td><td>0.03%</td><td>4.00%</td></tr> <tr> <td>25</td><td>0.04%</td><td>0.05%</td><td>3.50%</td></tr> <tr> <td>30</td><td>0.05%</td><td>0.08%</td><td>3.00%</td></tr> <tr> <td>35</td><td>0.07%</td><td>0.14%</td><td>2.50%</td></tr> <tr> <td>40</td><td>0.12%</td><td>0.21%</td><td>2.00%</td></tr> <tr> <td>45</td><td>0.20%</td><td>0.32%</td><td>1.50%</td></tr> <tr> <td>50</td><td>0.36%</td><td>0.53%</td><td>1.00%</td></tr> <tr> <td>55</td><td>0.72%</td><td>0.95%</td><td>0.00%</td></tr> <tr> <td>60</td><td>1.26%</td><td>1.16%</td><td>0.00%</td></tr> <tr> <td>65</td><td>1.75%</td><td>1.36%</td><td>0.00%</td></tr> </table> <p>* 1985 Pension Disability Table - Class 1 ** Withdrawal rates do not apply after early retirement age</p> <p>Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these rates reflect a reasonable expectation for the future.</p>			Age	Disability*		Withdrawal**	Male	Female	All	20	0.03%	0.03%	4.00%	25	0.04%	0.05%	3.50%	30	0.05%	0.08%	3.00%	35	0.07%	0.14%	2.50%	40	0.12%	0.21%	2.00%	45	0.20%	0.32%	1.50%	50	0.36%	0.53%	1.00%	55	0.72%	0.95%	0.00%	60	1.26%	1.16%	0.00%	65	1.75%	1.36%	0.00%
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2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Retirement (from active status) rates

Group:	Bottlers 1187	Columbus 284		Jacksonville 947	
Age	All	Eligible for Unreduced Benefit	Not Eligible for Unreduced Benefit	Hired before 1/1/1995	Hired on or after 1/1/1995
55	0%	40%	0%	10%	2%
56	0%	10%	0%	10%	2%
57	55%	10%	0%	10%	10%
58	30%	15%	0%	10%	5%
59	30%	10%	0%	10%	5%
60	40%	30%	0%	25%	5%
61	40%	33%	0%	25%	5%
62	40%	40%	25%	50%	40%
63	25%	40%	25%	40%	20%
64	25%	40%	25%	40%	20%
65	50%	100%	100%	100%	100%
66	100%	100%	100%	100%	100%

Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, these assumed rates reflect a reasonable expectation for the future.

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Retirement from inactive status:	Group: Bottlers 1187				Columbus 284		Jacksonville 947	
	Age	Age 65 or 55 with 15 or more years of service		Age 65 or 55 with 15 or more years of service		Age 65 or 55 with 10 or more years of service		
Based on a review of the assumed ages compared to historical experience, in light of the plan provisions and professional judgment, these assumed ages reflect a reasonable expectation for the future.								
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:	Based on a review of the assumed election percentages compared to historical experience, in light of the plan provisions and professional judgment, these assumed election percentages reflect a reasonable expectation for the future.							

Group:	Bottlers 1187	Columbus 284		Jacksonville 947		
		Disabled	All other decrements	Disabled (Pre-NRD)	All other decrements	
Form of Payment						
Life	15%	15%	34%	100%	30%	75%
50% Joint and Survivor	85%	85%	33%	0%	35%	10%
66.67% Joint and Survivor with Pop-Up	N/A	0%	33%	N/A	N/A	N/A
100% Joint and Survivor	0%	N/A	N/A	0%	20%	0%
10-Year Certain and Life	0%	0%	0%	0%	15%	15%

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Administrative expenses:	Plan-related expenses of \$1,212,800 are expected to be paid by the plan during the year.
Weeks worked (for Bottlers 1187 employee contributions):	47
Interest crediting rate on Bottlers 1187 employee contributions:	2.22%
Unknown data for participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Maximum deductible contribution cushion benefit increases:	The average annual increase in benefits over the 6 immediately preceding plan years of 4.1%.
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:	<p>As selected by the plan sponsor, assets as of the measurement date were determined by averaging the market value as of the measurement date and the adjusted market values as of the preceding two measurement dates. The resulting value was limited to between 90% and 110% of the market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date.</p> <p>For Bottlers 1187, the expected earnings are based on an assumed rate of 7.25% for the year ending September 30, 2013 and 6.75% for the year ending September 30, 2014, not to exceed the third segment rates of 7.52% for the year ending September 30, 2013 and 7.16% for the year ending September 30, 2014.</p> <p>For Columbus 284, the expected earnings are based on a rate of 7.50% for the plan year ending December 31, 2013 and 6.00% for the plan year ending December 31, 2014, not to exceed the third segment rates of 7.16% for the year ending December 31, 2013 and 6.99% for the year ending December 31, 2014.</p> <p>For Jacksonville 947, the expected earnings are based on a rate of 6.50% (annualized) for the plan year ending March 31, 2014 and the plan year ending December 31, 2014, not to exceed the third segment rates of 7.16% for the year ending March 31, 2014 and 6.99% for the year ending December 31, 2014.</p>

2014 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Funding method:	<p>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.</p> <p>If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within seven years. Once that is achieved, the required contribution will generally equal the target normal cost reduced by any overfunding.</p>
Method to reflect mid-plan year merger in minimum required contribution (MRC):	<p>The Plan's MRC is the sum of the MRCs determined separately for each pre-merger plan. Bottlers 1187 is measured as of October 1, 2014. Columbus 284 and Jacksonville 947 are measured as of January 1, 2015 (the merger date) with target normal cost and expected administrative expenses determined for the remaining nine months of the plan year (i.e. 1/1/2015 – 9/30/2015) and shortfall amortization charges prorated for that same period. Each pre-merger plan has its own actuarial value of assets, determined using the method used by Bottlers 1187.</p>
Funding relief	<p>As allowed under the Preservation of Access to Care for Medicare Beneficiaries and the Pension Relief Act of 2010, the prior plan sponsor for Columbus 284 elected to use a "15-year" amortization for the shortfall base applicable to the 2009 plan year.</p>

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

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.

Bottlers 1187

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:	
	<u>Date</u>	<u>Amount</u>
	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).	

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Bottlers 1187

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:	None
Service requirement:	10 years of credited service
Amount:	Normal pension accrued, unreduced, payable after 6 months of disability. The benefits cease upon reaching age 65, at which time the participant may commence a normal retirement pension.
Vesting:	
Age requirement:	None
Service requirement:	5 years of vesting service
Amount:	Normal or early retirement pension accrued
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

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Bottlers 1187

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 50% 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.

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Bottlers 1187

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

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Columbus 284

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:		
	<u>Date</u>	<u>Amount</u>	
	December 2, 2003	\$102.71	
	November 7, 2008	112.07	
	March 1, 2010	113.21	
	March 1, 2011	114.35	
	March 1, 2012	115.49	
	March 1, 2013	116.63	
Early retirement:			
Age requirement:	55		
Service requirement:	5 years of Vesting Service		
Amount:	Normal pension accrued reduced by 6% for each year of age less than 65 but older than 60 and 3% for each year of age less than 60. If a participant has 15 years of service, no reduction applies.		
Late retirement			
Amount:	Additional accruals to actual retirement date.		

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Columbus 284

Disability:	
Age requirement:	None
Service requirement:	5 years of Vesting Service
Amount:	Normal pension accrued, unreduced, payable after 5 months of disability
Vesting:	
Age requirement:	None
Service requirement:	5 years of Vesting Service
Amount:	Normal or early retirement pension accrued
Spouse's pre-retirement death benefit:	
Age:	None
Service requirement:	Age 65 or completion of 5 or more years of Vesting Service, and married for at least one year at death
Amount:	50% of the benefit employee would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. Benefits commence immediately or at the participant's earliest retirement age, if later. The benefit is reduced for early commencement.
Participation:	
	Immediate participation for all employees for whom the Company makes a contribution.

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Columbus 284

Service:	One year of vesting service for each calendar year during which the employee works 1,000 hours																							
Vesting:	Participant will receive Credited Service for any calendar year in accordance with the following table:																							
Credited:	<table><tr><th>Creditable hours:</th><th>Credited Service:</th></tr><tr><td>1,872 or More</td><td>1.0</td></tr><tr><td>1,664 – 1,872</td><td>0.9</td></tr><tr><td>1,456 – 1,664</td><td>0.8</td></tr><tr><td>1,248 – 1,456</td><td>0.7</td></tr><tr><td>1,000 – 1,248</td><td>0.6</td></tr><tr><td>832 – 1,000</td><td>0.5</td></tr><tr><td>624 – 832</td><td>0.4</td></tr><tr><td>416 – 624</td><td>0.3</td></tr><tr><td>208 – 416</td><td>0.2</td></tr><tr><td>Fewer than 208</td><td>0.0</td></tr></table>	Creditable hours:	Credited Service:	1,872 or More	1.0	1,664 – 1,872	0.9	1,456 – 1,664	0.8	1,248 – 1,456	0.7	1,000 – 1,248	0.6	832 – 1,000	0.5	624 – 832	0.4	416 – 624	0.3	208 – 416	0.2	Fewer than 208	0.0	
Creditable hours:	Credited Service:																							
1,872 or More	1.0																							
1,664 – 1,872	0.9																							
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624 – 832	0.4																							
416 – 624	0.3																							
208 – 416	0.2																							
Fewer than 208	0.0																							
Contributions:																								
Employer contributions:	\$3,454 per hour (not to exceed 40 hours per week)																							
Employee contributions:	None																							
Forms of benefit:																								
Normal form:	If married, 50% joint and survivor; otherwise a single life annuity																							
Optional forms:	Life annuity; 50%, 66 2/3% or 75% joint and survivor annuity; 50%, 66 2/3%, or 75% joint and survivor annuity with pop-up feature; 5-year and 10-year Certain and Life annuity																							
Actuarial equivalence:	RP-2000 Combined Healthy Blue Collar table for males, projected to 2015 using scale AA, and 6.50% interest																							

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016/PN: 001

Jacksonville 947

PLAN STATUS: ONGOING	
Normal retirement:	
Age requirement:	65
Service requirement:	None
Amount:	The amount of the Normal retirement pension is \$116.29 per year of Credited Service for a participant retiring on or after March 1, 2013, payable monthly for life.
Early retirement:	
Age requirement:	55
Service requirement:	10 years of Vesting Service
Amount:	Normal retirement pension accrued reduced by 1% for each year of age less than age at normal retirement date
Delayed retirement:	
Amount:	Additional accruals to actual retirement date
Disability:	
Age requirement:	None
Service requirement:	None
Amount:	Normal retirement pension accrued unreduced for commencement prior to normal retirement date and payable on the first day of the month for which the participant's Social Security Disability Insurance benefits begin. The benefits cease upon reaching age 65, at which time the participant may commence a normal retirement pension.

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Jacksonville 947

Vesting:	
Age requirement:	None
Service requirement:	5 years of Vesting Service
Amount:	Normal or early retirement pension accrued
Pre-retirement death benefits:	
Eligibility:	Age 65 or completion of 5 or more years of Vesting Service, and married for at least one year at death
Amount:	<p>If death is before termination of employment, the amount payable is 50% of the Normal or Delayed retirement pension. The pension is unreduced (if applicable) for commencement prior to normal retirement date and commences as of the first day of the month coincident with or following the date of death.</p> <p>If death is after termination of employment, the amount payable is 50% of the amount that would have been payable as a 50% joint and survivor pension with payments beginning at the later of the date of death and the earlier of age 55 with 10 years of service or age 65. The benefit is reduced for early commencement.</p>
Post-disability retirement death benefits:	
Amount:	<p>For a vested participant who was receiving a disability retirement pension, the benefit is 50% of the disability retirement pension payable to an eligible spouse, if any.</p> <p>For a non-vested participant who was receiving a disability retirement pension, the benefit is 50% of the amount that would have been payable as a 50% joint and survivor pension with payments commencing at the later of the participant's date of death or the participant's 55th birthday. The benefit is reduced for early commencement.</p>
Post-retirement death benefits:	
Amount:	For participants with annuity commencement dates prior to April 1, 2009, a lump sum benefit equal to \$2,000 is payable to a beneficiary.

2014 Schedule SB, Part V - Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan EIN: 43-6026016/PN: 001

Jacksonville 947

Participation:	Participation occurs on the first day that someone is an Employee as defined in the Plan document.
Service:	
Vesting:	On or after December 31, 2014, 1,000 hours during a calendar year
Credited:	On or after December 31, 2014, a full year of Credited Service will be earned in any calendar year in which contributions have been made on behalf of a participant pursuant to the collective bargaining agreement for at least 48 weeks. For any calendar year in which the participant has less than 48 weeks, he shall receive Credited Service on the basis of 1/48 of a year for each week for which contributions are made under the collective bargaining agreement.
Contributions:	
Employer contributions:	\$2,787 per hour (not to exceed 40 hours per week and 52 weeks per year)
Employee contributions:	None
Forms of benefit:	
Normal form:	If married, 50% joint and survivor; otherwise a single life annuity
Optional forms:	75% or 100% joint and survivor, 10 year certain and life
Actuarial equivalence:	1971 Group Annuity Mortality for males, set back one year, and 7% interest