

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</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.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final 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 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT PENSION PLAN</u> <u>ONE BUSCH PLACE, 202-4N</u> <u>ST. LOUIS, MO 63118-1852</u>	2b	Employer Identification Number (EIN) <u>43-6026016</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.	07/13/2018	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)			Preparer's telephone number

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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3578
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 1143 6a(2) 1135 6b 1778 6c 149 6d 3062 6e 480 6f 3542 6g 6h 7
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
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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)** ☒ 1 **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 Department of Labor Employee Benefits Security Administration 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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	24	04/01/2016	03/31/2017

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 0	(b) Total amount of fees paid 0
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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	

(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	2006047

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****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. Specify nature of costs.	10b	

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. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

▶ **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 <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 or 5500-SF <u>BOT OF BREWERY CONFERENCE/ANHEUSER BUSCH DEFINED BENEFIT PENSION PLAN</u>	D Employer Identification Number (EIN) <u>43-6026016</u>
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>2016</u>	
2 Assets:	
a Market value	2a <u>677308732</u>
b Actuarial value	2b <u>663830010</u>
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.....	<u>2367</u> <u>494447985</u> <u>494447985</u>
b For terminated vested participants.....	<u>159</u> <u>10259766</u> <u>10259766</u>
c For active participants.....	<u>1143</u> <u>137937748</u> <u>148250699</u>
d Total.....	<u>3669</u> <u>642645499</u> <u>652958450</u>
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 <u>6.02 %</u>
6 Target normal cost.....	6 <u>10871560</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	<u>07/03/2018</u>
<u>JEREMY C. ROBERTS, FSA, MAAA</u>	Date
Type or print name of actuary	<u>17-06462</u>
<u>SEGAL CONSULTING</u>	Most recent enrollment number
Firm name	<u>312-984-8500</u>
<u>101 NORTH WACKER DRIVE, SUITE 500</u>	Telephone number (including area code)
<u>CHICAGO, IL 60606-1724</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2016
v. 160205

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)	17867	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	17867	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.03%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1415669
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 6.21%		86804
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		2328
c	Total available at beginning of current plan year to add to prefunding balance		1504801
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.66%
15	Adjusted funding target attainment percentage	15	101.66%
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	98.69%
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
11/18/2016	1701	0	02/16/2017	1198	0
12/14/2016	446	0	02/17/2017	557	0
12/15/2016	1198	0	03/09/2017	1089	0
01/13/2017	2567297	0	03/11/2017	446	0
01/17/2017	446	0	04/19/2017	446	0
01/18/2017	1198	0	05/12/2017	1253	0
Totals ▶			18(b)	2585483	18(c) 34909

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	2542480
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

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
05/12/2017	1089	0	08/28/2017	572	0
05/15/2017	557	0	10/05/2017	626	0
06/12/2017	446	0	10/17/2017	892	0
06/13/2017	1253	0	10/18/2017	572	0
07/10/2017	1198	0	06/11/2018	446	0
08/08/2017	557	0			
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	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	0			
22	Weighted average retirement age	22	60			
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	10871560			
b	Excess assets, if applicable, but not greater than line 31a	31b	10871560			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2542480			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	2542480			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☒ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☒ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation THE BANK OF NEW YORK MELLON

13-5160382

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

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

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

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)

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	218019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	160745	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	153405	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	69302	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	68252	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	56087	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)

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	29577	Yes ☒ No ☐	Yes ☒ No ☐	212	Yes ☐ No ☒

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

CLARK, SCHAEFER, HACKETT & CO.

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	16250	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	10623	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:	SEGAL CONSULTING	b EIN:	13-1975125
c Position:	ENROLLED ACTUARY		
d Address:	101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606-1724	e Telephone:	312-984-8500

Explanation: CURRENTLY, JEREMY ROBERTS OF SEGAL CONSULTING IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, DAVID STROM OF THE SAME FIRM HELD THAT POSITION. THE CHANGE WAS MADE TO ACCOMMODATE A REASSIGNMENT OF RESPONSIBILITIES.

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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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)
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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>54782528</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>299939428</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>181204822</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>43205684</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>98879798</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>1954639</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
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)

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>Internal Revenue Service</small> <hr/> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <hr/> <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> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017		
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)	10662643	0
(2) Participant contributions	1b(2)	2678	2647
(3) Other.....	1b(3)	1644	2536
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	12467431	6979067
(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)	652344694	678012260
(10) Value of interest in pooled separate accounts	1c(10)	2144527	1954639
(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	677623617	686951149

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	235555	178507
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	235555	178507

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	677388062	686772642
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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)	2567297	
(B) Participants	2a(1)(B)	34909	
(C) Others (including rollovers)	2a(1)(C)	18186	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2620392
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	917	
(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)	36466	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		37383
(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)		57774444
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		60432219

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48240012	
(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)		48240012
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)	245247	
(2) Contract administrator fees.....	2i(2)	191919	
(3) Investment advisory and management fees.....	2i(3)	318991	
(4) Other	2i(4)	2051470	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2807627
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51047639

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9384580
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: CLARK, SCHAEFER, HACKETT & CO.

(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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4053547. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>90-0012958</u>		
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	<u>0</u>

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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: <u>40</u> % Investment-Grade Debt: <u>58</u> % High-Yield Debt: <u>0</u> % Real Estate: <u>0</u> % Other: <u>2</u> %	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**BREWERY CONFERENCE/ANHEUSER-BUSCH
DEFINED BENEFIT PENSION PLAN**

Financial Statements and Supplemental Schedules

September 30, 2017 and 2016

(with Independent Auditors' Report)



CLARK SCHAEFER HACKETT
CPAS & ADVISORS

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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 statements of net assets available for benefits as of September 30, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free 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 Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of 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

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, 2017 and 2016, and the changes in net assets available for benefits for the years then ended and its financial status as of September 30, 2016 and 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.

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
July 13, 2018

2016 Schedule SB – Other Attachment

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

Line 18(c) – Employee contributions are made periodically throughout the year.

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 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: 1.2em;">2016</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</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.)	
	☐ 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	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	10/01/1955
2a Plan sponsor's name (employer, if for a single-employer plan)	BOT of Brewery Conference/Anheuser Busch Defined Benefit Pension Plan		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	One Busch Place, 202-4N		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	St. Louis MO 63118-1852		
		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		7/13/18	Robert Gartner
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/13/18	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)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

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.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>10/01/2016</u> and ending <u>09/30/2017</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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN)</td> <td style="text-align: center;">43-6026016</td> </tr> </table>	D Employer Identification Number (EIN)	43-6026016
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>2016</u>				
2 Assets:				
a Market value	2a	677,308,732		
b Actuarial value	2b	663,830,010		
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	2,367	494,447,985	494,447,985	
b For terminated vested participants	159	10,259,766	10,259,766	
c For active participants	1,143	137,937,748	148,250,699	
d Total	3,669	642,645,499	652,958,450	
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	6.02%		
6 Target normal cost	6	10,871,560		

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	Jeremy C. Roberts <i>JCR</i> _____ Signature of actuary Jeremy C. Roberts, 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	07/03/2018 _____ Date 1706462 _____ Most recent enrollment number 312-984-8500 _____ Telephone number (including area code)
------------------	--	---

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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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).....	17,867	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	17,867	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>13.03%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		1,415,669
	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>6.21%</u>		86,804
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		2,328
	c Total available at beginning of current plan year to add to prefunding balance.....		1,504,801
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	101.66%
15	Adjusted funding target attainment percentage.....	15	101.66%
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	98.69%
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
11/18/2016	1,701	0	06/12/2017	446	0
12/14/2016	446	0	06/13/2017	1,253	0
12/15/2016	1,198	0	07/10/2017	1,198	0
01/13/2017	2,567,297	0	08/08/2017	557	0
01/17/2017	446	0	08/28/2017	572	0
01/18/2017	1,198	0	10/05/2017	626	0
02/16/2017	1,198	0	10/17/2017	892	0
02/17/2017	557	0	10/18/2017	572	0
03/09/2017	1,089	0	06/11/2018	446	0
03/11/2017	446	0		0	34,909
04/19/2017	446	0			
05/12/2017	1,253	0			
05/12/2017	1,089	0			
05/15/2017	557	0			
Totals ▶			18(b)	2,585,483	18(c) 34,909

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	2,542,480

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 60
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	10,871,560
b Excess assets, if applicable, but not greater than line 31a		31b	10,871,560
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		2,542,480
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,542,480
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☒ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
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PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
 September 30, 2017

(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	\$ 4,049,220	4,049,220
	Dreyfus Treasury Cash	Money market fund	2,929,847	2,929,847
*	John Hancock Multi Sector Bond Fund	Separate account	1,745,926	1,954,639
	Black Rock Intermediate Credit Bond Index Non-Lendable Fund	Commingled trust fund	89,250,872	98,879,798
	Black Rock Long-Term Credit Bond Index Non-Lendable Fund	Commingled trust fund	236,919,865	299,939,428
*	Mellon EB DV Non-SL Market Completion Fund	Commingled trust fund	15,445,493	43,205,684
*	Mellon EB DV Non-SL Stock Index Fund	Commingled trust fund	68,489,981	181,204,822
	State Street MSCI ACWI Ex USA Non-Lending Fund	Commingled trust fund	35,781,598	54,782,528
			<u>\$ 454,612,802</u>	<u>686,945,966</u>

* Indicates party-in-interest to the Plan

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan
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Schedule H, Line 4.j. - Schedule of Reportable Transactions
Year Ended September 30, 2017

(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 (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
Dreyfus Treasury Cash						
	45,397,610 units purchased in a series of 31 transactions	\$ 45,397,610	-	45,397,610	45,397,610	-
	50,830,000 units sold in a series of 13 transactions	-	50,830,000	50,830,000	50,830,000	-

* 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 (i), (ii) or (iv) transactions for the year ended September 30, 2017.
Columns (e) and (f) were excluded as they were not applicable.

Multiple-Employer Plan Participating Employer Information

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016

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(A) Anheuser-Busch LLC	(B) 43-0161000	100%
(A) International Brotherhood of Teamsters Local No. 947	(B) 59-1271213	00%*
(A) International Brotherhood of Teamsters Local 6	(B) 43-0675914	00%*
(A) International Brotherhood of Teamsters Local Union No. 284	(B) 31-0917877	00%*

*Percentage of total contributions was less than 1%.

2016 Schedule SB, Line 26 – Schedule of Active Participant Data

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Participants in Active Service by Age and Years of Credited Service

Age	Years of Credited Service									
	Under 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up
Under 25	3	4	--	--	--	--	--	--	--	--
25 - 29	11	48	8	--	--	--	--	--	--	--
30 - 34	12	42	16	6	--	--	--	--	--	--
35 - 39	8	43	28	27	9	--	--	--	--	--
40 - 44	10	42	11	44	29	2	--	--	--	--
45 - 49	8	40	27	54	67	21	13	--	--	--
50 - 54	4	28	18	43	74	24	20	2	--	--
55 - 59	--	15	9	33	77	24	19	5	7	1
60 - 64	--	4	5	19	23	13	5	11	6	1
65 - 69	--	--	2	3	2	1	1	2	6	2
70 & Up	--	--	--	--	--	--	--	--	--	1

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Certain assumptions are prescribed, as noted below. The other assumptions are estimates derived from historical and recent experience, as well as market observations, combined with professional judgment about future expectations.

Interest:

The interest rates used for the 2016 plan year are the 24-month average corporate bond segment rates for October 2016 (no lookback) subject to interest rate stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. For 2016, the stabilization corridor is 10%. Under current law, it is scheduled to remain at 10% through 2020, then increase by 5% per year until it reaches 30% for the plan year beginning in 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	4.43%	5.91%	6.65%	6.02%
Current Year, without stabilization	1.52%	3.78%	4.76%	4.01%
Prior Year, reflecting stabilization	4.72%	6.11%	6.81%	6.21%
Prior Year, without stabilization	1.35%	4.01%	5.04%	4.22%

The interest 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	1.47%	3.34%	4.30%
Prior Year	1.69%	4.11%	5.07%

These interest rates are based on the plan sponsor's election for the 2013 plan year (an election that can next be changed for the 2018 plan year) and are subject to the constraints established by law.

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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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	St. Louis: same as healthy participants Columbus and Jacksonville: IRS Revenue Ruling 96-7 tables																																																	
Sample decrement rates:	<table border="1"> <thead> <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> </thead> <tbody> <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> </tbody> </table> <p>* 1985 Pension Disability Table – Class 1</p> <p>** 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 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%
Age	Disability*		Withdrawal**																																															
	Male	Female	All																																															
20	0.03%	0.03%	4.00%																																															
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2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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Retirement (from active status) rates

Group:	St. Louis	Columbus		Jacksonville	
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.

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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Retirement from inactive status:

Group:	St. Louis	Columbus	Jacksonville
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:	St. Louis	Columbus		Jacksonville		
Form of Payment	All decrements	Disabled	All other decrements	Disabled (Pre-NRD)	All other decrements	
					Male	Female
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%

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.

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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Administrative expenses:	Plan-related expenses of \$2,592,000 are expected to be paid by the plan during the year.
Weeks worked (for St. Louis employee contributions):	50 Based on a review of the assumed weeks worked compared to historical experience, in light of professional judgment, the assumed number of weeks worked reflects a reasonable expectation for the future.
Interest crediting rate on St. Louis employee contributions:	1.56%
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 is as follows: St. Louis: 0.32%; Columbus: 0.50%; Jacksonville: 0.46%
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 purposes of determining the actuarial value of assets for the plan year beginning October 1, 2016, the adjusted market values of assets from September 30, 2014 used components (cash flow and expected earnings, specific to each pre-merger plan) determined separately for the Bottlers 1187, Columbus 284, and Jacksonville 947 plans, then combined, for the period October 1, 2014 to September 30, 2015. The expected earnings for that period are based on assumed rates of return for each pre-merger plan, reflecting that plan's asset mix, subject to a maximum of the applicable third segment rate of 6.99%. For the plan year ending September 30, 2015, the expected earnings are based on assumed rates of return of 6.31%, 6.00%, and 6.50% for the Bottlers, 1187, Columbus 284, and Jacksonville 947 plans, respectively.</p> <p>The expected earnings are based on an assumed rate of return of 6.09%, subject to a maximum of the applicable third segment rate of 6.81% for the plan year ending September 30, 2016.</p> <p>This method was approved by the IRS in a March 24, 2016 letter.</p>

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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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>
Funding relief	<p>As allowed under the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, the prior plan sponsor for the Columbus 284 plan elected to use a “15-year” amortization for the shortfall base applicable to the 2009 plan year. This funding relief was eliminated when the plan’s net assets exceeded the funding target for the 2016 plan year.</p>

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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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.

St. Louis

PLAN STATUS: ONGOING, CLOSING TO NEW ENTRANTS MARCH 1, 2019

Normal retirement:

Age requirement: 65

Service requirement: None

Amount: The benefit rates per year of credited service, payable monthly for life, 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 Supplement of the 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).

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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St. Louis

Late Retirement:

Amount: For participants who work past age 70½, accruals continue to actual retirement date and accrued benefits are actuarially increased from age 70½ to the commencement date on the same basis as used to convert to optional forms.

For terminated participants who defer commencement past their normal retirement date, the accrued benefit is increased for each month the participant is not employed by 1% per month during the 60 months following normal retirement date and by 1.5% per month thereafter, but no later than the April 1 following the calendar year in which the participant attains age 70½.

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

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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St. Louis

Reciprocal benefit (temporary transfers):	
Age requirement:	None
Service requirement:	None; working in affiliated plan
Amount:	Normal pension accrued, no ancillary benefits
Pre-retirement death benefits:	
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 or after completion of 1,000 hours of service during a period of 12 consecutive months, whichever occurs first, in a position covered by the collective bargaining agreement between the employer and I.B.T. Local No. 6.
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.

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

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St. Louis

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 equivalence:	1983 Group Annuity Mortality table weighted 50% male and 50% female and 7.5% interest, compounded annually

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Columbus

PLAN STATUS: ONGOING, CLOSING TO NEW ENTRANTS MARCH 1, 2019															
Normal retirement:															
Age requirement:	65														
Service requirement:	None														
Amount:	<p>The benefit rates per year of credited service, payable monthly for life, for termination on and after the dates shown below, are:</p> <table><thead><tr><th><u>Date</u></th><th><u>Amount</u></th></tr></thead><tbody><tr><td>December 2, 2003</td><td>\$102.71</td></tr><tr><td>November 7, 2008</td><td>112.07</td></tr><tr><td>March 1, 2010</td><td>113.21</td></tr><tr><td>March 1, 2011</td><td>114.35</td></tr><tr><td>March 1, 2012</td><td>115.49</td></tr><tr><td>March 1, 2013</td><td>116.63</td></tr></tbody></table>	<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
<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:	<p>For participants who work past the April 1 following the calendar year in which they attain age 70½, accrued benefits are actuarially increased from that date to the commencement date on the same basis as used to convert to optional forms. Such actuarial increases reduce any accruals from that date to the commencement date.</p> <p>For terminated participants who defer commencement past their normal retirement date, their benefit includes a make-up payment, adjusted for earnings, from their normal retirement date (their retroactive annuity starting date) to their distribution date. Such earnings will be determined in accordance with IRC Section 417(e) as of their distribution date.</p>														

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Columbus

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 under the collective bargaining agreement between the Company and I.B.T. Local No. 284.	

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Columbus

Service:																							
Vesting:	One year of vesting service for each calendar year during which the employee works 1,000 hours																						
Credited:	Participant will receive Credited Service for any calendar year in accordance with the following table:																						
	<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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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																						
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 Mortality table for males, projected from 2000 to 2015 using scale AA, and 6.50% interest																						

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Jacksonville

PLAN STATUS: ONGOING, CLOSING TO NEW ENTRANTS MARCH 1, 2019

Normal retirement:

Age requirement: 65

Service requirement: None

Amount: The benefit rates per year of Credited Service, payable monthly for life, for termination on and after the dates shown below, are:

<u>Date</u>	<u>Amount</u>
November 7, 2008	112.47
March 1, 2010	113.14
March 1, 2011	114.19
March 1, 2012	115.24
March 1, 2013	116.29

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: For participants who work past the April 1 following the calendar year in which they attain age 70-½, accrued benefits commence in-service on that date and any subsequent accruals are offset by the actuarial equivalent value of payments received, determined on the same basis as used to convert to optional forms.

Terminated participants are not permitted to defer commencement past their normal retirement date.

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Jacksonville

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.
Vesting:	
Age requirement:	None
Service requirement:	5 years of Vesting Service
Amount:	Normal or early retirement pension accrued
Spouse's pre-retirement death benefit:	
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>

2016 Schedule SB, Part V – Summary of Plan Provisions

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Jacksonville

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.

Participation:

Participation occurs on the first day that someone is an Employee as defined in the applicable Supplement to 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 table for males, set back one year, and 7% interest

2016 Form 5500 Schedule C Part III

Brewery Conference/Anheuser-Busch Defined Benefit Pension Plan

EIN: 43-6026016 / PN: 001

Explanation:

Currently, Jeremy C. Roberts, FSA, MAAA of Segal Consulting is engaged by the plan sponsor as the Enrolled Actuary for the Plan. Formerly, David N. Strom, FSA, MAAA of the same firm held that position. The change was made to accommodate a reassignment of the actuarial valuation responsibilities within Segal Consulting.

2016 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: \$2,592,000 (previously, \$2,251,500)
	Interest crediting rate on St. Louis employee contributions: 1.56% (previously, 2.00%)

2016 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:	St. Louis	Columbus		Jacksonville	
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.

Average retirement
age for Schedule SB,
line 22:

60, 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, 2016 actuarial valuation.