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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>BEAM PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1965</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>07/01/1965</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                 | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1965</u>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BEAM GLOBAL SPIRITS &amp; WINE, INC.</u><br><br><u>222 W MERCHANDISE MART PLAZA</u><br><u>SUITE 1600</u><br><u>CHICAGO, IL 60654</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>36-4054676</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>847-484-4400</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>312140</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-4054676</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>847-484-4400</u> | <b>2d</b> Business code (see instructions)<br><u>312140</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-4054676</u>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>847-484-4400</u>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>312140</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2020 | FRANK CORTESE                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2020 | FRANK CORTESE                                                |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 2521                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 435<br><b>6a(2)</b> 385<br><b>6b</b> 1168<br><b>6c</b> 425<br><b>6d</b> 1978<br><b>6e</b> 210<br><b>6f</b> 2188<br><b>6g</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                              |

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

1A 3H

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BEAM PENSION PLAN</u>                                                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BEAM GLOBAL SPIRITS &amp; WINE, INC.</u>                   | <b>D</b> Employer Identification Number (EIN)<br><u>36-4054676</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                              |                                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>276417228</u>                                                                                                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>286137627</u>                                                                                                  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>1380</u> (2) Vested Funding Target <u>170654358</u> (3) Total Funding Target <u>170654358</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>760</u> <u>76657062</u> <u>76657062</u>                                                                                  |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>435</u> <u>35185271</u> <u>36510295</u>                                                                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>2575</u> <u>282496691</u> <u>283821715</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                   |
| <b>b</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..... | <b>4b</b>                                                                                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.55</u> %                                                                                                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> <u>2568734</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.

|                                                                       |                                        |
|-----------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                      |                                        |
| Signature of actuary                                                  | <u>10/01/2020</u>                      |
| <u>NATHAN CRUM</u>                                                    | Date                                   |
| Type or print name of actuary                                         | <u>20-07983</u>                        |
| <u>WILLIS TOWERS WATSON US LLC</u>                                    | Most recent enrollment number          |
| Firm name                                                             | <u>312-288-7700</u>                    |
| <u>233 SOUTH WACKER DRIVE, SUITE 1800</u><br><u>CHICAGO, IL 60606</u> | Telephone number (including area code) |
| 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) 2019**  
**v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 19577991               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 4073865                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 15504126               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-2.74</u> % .....                                                                                | 0                     | -424813                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.72</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 775557                 |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 14303756               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.77 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 100.81 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.06 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.74 %2nd segment:  
5.35 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

63

**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** 2568734**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 11987844 Installment 2405414**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 4974148

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 4974148            | 4974148       |

**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** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                   |                                                             |     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019        |                                                             |     |
| <b>A</b> Name of plan<br>BEAM PENSION PLAN                                                        | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                   |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BEAM GLOBAL SPIRITS & WINE, INC. | <b>D</b> Employer Identification Number (EIN)<br>36-4054676 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

AON CONSULTING

22-2232264

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16 50                         | NONE                                                                                                     | 498934                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ALIGHT SOLUTIONS LLC

36-2235791

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50                         | NONE                                                                                                     | 184443                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

JPMORGAN INVESTMENT ADVISORS

13-3795042

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 95076                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

SASCO CAPITAL INC.

41-0007957

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 87069                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 77122                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WILLIS TOWER WATSON US LLC

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 53589                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

DELOITTE TAX LLP

13-3891517

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 12265                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

|                                                                                                                     |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>BEAM PENSION PLAN</u>                                                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>BEAM GLOBAL SPIRITS &amp; WINE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-4054676</u> |            |

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

|                                                                                                 |                               |                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PEN TR FD (SP) OF JPMCB</u>        |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>              |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>13-6038770-001</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16996364</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL AND MID CAP EQUITY FUND</u>             |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>27-2436452-002</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14681730</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. LONG GOVERNMENT BOND INDEX FD</u>        |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>27-2436452-015</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25734925</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP EQUITY INDEX FUND</u>               |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>27-2436452-006</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31401104</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>                     |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>27-2436452-007</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49158634</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. INTERMEDIATE GOVERNMENT BOND I</u>       |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTANT, INC.</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>27-2436452-014</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59281788</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM INV FUND</u>         |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>                 |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>45-6138589-084</u>                                                           | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5988495</u>  |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-013 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167562 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NON-U.S. EQUITY INDEX FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-010 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29220643 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ACWI-EX PASSIVE EQUITY

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16644491 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE INTERMEDIATE CREDIT BOND FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-008 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3344157 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE 20+ YEAR U.S. TREASURY STRIPS I

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTANT, INC.

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-2436452-012 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235127 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>BEAM PENSION PLAN</b>                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BEAM GLOBAL SPIRITS &amp; WINE, INC.</b>                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><b>36-4054676</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 88                    | 264             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 40006650              | 14556           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 10559                 | 14914           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 4927                  | 6598            |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 12984741              | 10033010        |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 256546635             | 252855020       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 6827032               | 7377961         |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 316380632             | 270302323       |

**Liabilities**

|                                                                           |           |          |        |
|---------------------------------------------------------------------------|-----------|----------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |          |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |          |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |          |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 40200617 | 532814 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 40200617 | 532814 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 276180015 | 269769509 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> <b>Contributions:</b>                                                                             |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> <b>Earnings on investments:</b>                                                                   |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 302        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 302       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 3533972    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 5551465    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -2017493  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 2601415    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 2601415   |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 50901475  |
| (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     |            | 554986    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 52040685  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 55586856 |          |
| (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) |          | 55586856 |
| 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) | 826353   |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 182145   |          |
| (4) Other .....                                                                      | 2i(4) | 1855837  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 2864335  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 58451191 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -6410506 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

**b** 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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

**Part IV Compliance Questions**

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

During the plan year:

**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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |          |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

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

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

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

**5c** 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 4235208. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>BEAM PENSION PLAN                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BEAM GLOBAL SPIRITS & WINE, INC.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-4054676                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                          | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 13-3364868                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 285                                                                                           |
| Part II                                                                                                                                                                                                                                                                                                                                                         | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                        | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                         | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 32 % Investment-Grade Debt: 56 % High-Yield Debt: 1 % Real Estate: 5 % Other: 6 %

- 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):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**BEAM PENSION PLAN**

**FINANCIAL STATEMENTS AND REPORT OF  
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

**DECEMBER 31, 2019 AND 2018**

**PLAN NUMBER: 002**

**EIN: 36-4054676**

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Plan Administrator  
Beam Pension Plan

**Report on the financial statements**

We were engaged to audit the accompanying financial statements of Beam Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

**Management's responsibility for the financial statements**

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

**Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

**Basis for disclaimer of opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note E, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of and for the years ended December 31, 2019 and 2018, stating that the certified information provided to the Plan administrator is complete and accurate.

**Disclaimer of opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Supplementary information**

The supplemental schedules of assets (held at end of year) as of December 31, 2019, and reportable transactions for the year ended December 31, 2019, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

**Report on form and content in compliance with DOL rules and regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note E, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Chicago, Illinois  
October 13, 2020

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****December 31, 2019 and 2018**

|                                          | <u>2019</u>                  | <u>2018</u>                  |
|------------------------------------------|------------------------------|------------------------------|
| Assets                                   |                              |                              |
| Investments, at fair value               | \$ 270,287,503               | \$ 276,373,894               |
| Receivables                              |                              |                              |
| Accrued interest and dividend income     | 14,556                       | 6,650                        |
| Due from broker for securities sold      | -                            | 40,000,000                   |
| Cash - non-interest bearing              | <u>264</u>                   | <u>88</u>                    |
| Total assets                             | 270,302,323                  | 316,380,632                  |
| Liabilities                              |                              |                              |
| Due to broker for securities purchased   | -                            | 40,000,000                   |
| Accrued administrative expenses          | <u>532,814</u>               | <u>200,617</u>               |
| Total liabilities                        | <u>532,814</u>               | <u>40,200,617</u>            |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 269,769,509</u></u> | <u><u>\$ 276,180,015</u></u> |

The accompanying notes are an integral part of these statements.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****Years ended December 31, 2019 and 2018**

|                                                              | <u>2019</u>                  | <u>2018</u>                  |
|--------------------------------------------------------------|------------------------------|------------------------------|
| Additions                                                    |                              |                              |
| Investment income (loss)                                     |                              |                              |
| Net appreciation (depreciation) in fair value of investments | \$ 51,069,956                | \$ (7,808,217)               |
| Interest and dividends                                       | <u>970,729</u>               | <u>595,551</u>               |
| Net investment income (loss)                                 | <u>52,040,685</u>            | <u>(7,212,666)</u>           |
| Total additions                                              | 52,040,685                   | (7,212,666)                  |
| Deductions                                                   |                              |                              |
| Benefit payments                                             | 55,586,856                   | 16,408,265                   |
| Administrative expenses                                      | <u>2,864,335</u>             | <u>2,621,509</u>             |
| Total deductions                                             | <u>58,451,191</u>            | <u>19,029,774</u>            |
| <b>NET DECREASE</b>                                          | (6,410,506)                  | (26,242,440)                 |
| Net assets available for benefits                            |                              |                              |
| Beginning of year                                            | <u>276,180,015</u>           | <u>302,422,455</u>           |
| End of year                                                  | <u><u>\$ 269,769,509</u></u> | <u><u>\$ 276,180,015</u></u> |

The accompanying notes are an integral part of these statements.

**Beam Pension Plan**  
**PLAN NUMBER: 002, EIN: 36-4054676**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2019 and 2018**

---

**NOTE A - DESCRIPTION OF PLAN**

***General***

The Beam Pension Plan (the “Plan”) is a non-contributory defined benefit plan for salaried, non-union hourly, and union hourly employees of Beam Global Spirits & Wine, Inc., Jim Beam Brands Co., and Maker’s Mark Distillery, Inc. (collectively the “Company” or “Beam”). Beam Global Spirits & Wine, Inc. is a wholly-owned subsidiary of Beam Suntory Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The following provides a brief description of the Plan. Participants should refer to the Plan document for a more complete description of the Plan’s provisions, which is available from the Plan administrator.

Effective January 1, 2008, the Plan closed to new entrants with the exception of special rules that apply to certain transferred employees as outlined in the Plan document. Effective December 31, 2011, the Plan was frozen for non-union employees and no additional benefits shall accrue under the Plan on behalf of any non-union participant; provided, however, that each non-union participant on the freeze date shall continue to be credited with vesting service on and after December 31, 2011 in accordance with the terms of the Plan.

On October 2, 2018, U.F.C.W. Clermont participants were offered a voluntary option to freeze their benefit under the Plan effective December 31, 2018, and to receive enhanced benefits under the Jim Beam Brands Company Union 401(k) Plan, such as employer matching and non-elective contributions. Eligible participants had until November 30, 2018 to elect to participate in this offer. Effective December 31, 2018, the Plan was frozen for those participants who elected to participate and no additional benefits shall accrue under the Plan on behalf of such participants.

***Pension Benefits***

Employees become fully vested after five years of vesting service. Participants are eligible for monthly pension benefit payments beginning at the normal retirement age (the later of age 65 or after five years of vesting service in the Plan if their employment is terminated with all Beam entities). Benefits are calculated according to an integrated benefit formula based upon total years and months of credited service multiplied by either a percentage of monthly earnings or a flat dollar amount (for Clermont union employees). Effective January 1, 2008, the benefits formula used to calculate benefits for participants with less than 15 years of credited service, was reduced.

The normal form of pension benefit for a participant with no eligible spouse is an annuity payable for the participant’s lifetime only. The normal form of pension benefit for a participant with an eligible spouse is an annuity payable at an actuarially reduced amount for the participant’s lifetime and, thereafter, at a specific percentage of such amount for the eligible spouse’s lifetime.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

---

A participant may elect to modify the normal form of pension benefit by exercising one of several options, including a single-life annuity, various joint and survivor annuities or various period-certain annuity options. Reduced benefits are payable upon early retirement after attaining age 55 with a minimum of ten years of vesting service. A participant is eligible for a deferred vested pension if his or her employment is terminated with the Company before death or retirement after completing at least five years of vesting service.

The Plan also provides for disability and deferred pension benefits. A participant is considered disabled as long as he or she meets the definition of totally and permanently disabled in the Plan. During the period of disability, participants continue to earn both vesting service and benefit service to the retirement date.

Effective September 16, 2019 through November 1, 2019, the Plan offered a special program, called the 2019 Special Election Opportunity, which offered certain eligible terminated vested participants who had not yet commenced his or her pension benefit, a one-time opportunity to elect a lump sum payment of accrued pension benefits payable under the Plan at the time of the offer. In December 2019, the Plan paid approximately \$39 million of accrued pension benefits to the participants who elected to accept the lump sum payment offer.

***Contributions***

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The minimum funding requirements of ERISA were satisfied in 2019 and 2018.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan's provisions to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, participants will become fully vested in their accrued benefits, and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. In addition, the Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits for beneficiaries and vested participants under the Plan if the Plan terminates.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the termination date to provide these benefits and may also depend on the financial condition of the Plan Sponsor and on the level of benefits guaranteed by the PBGC.

**Beam Pension Plan**  
**PLAN NUMBER: 002, EIN: 36-4054676**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2019 and 2018**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Investment Valuation***

The Plan's investments are reflected at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the principal or most advantageous market for the asset or liability. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk. See note D for discussion of fair value measurements.

***Investment Income***

Purchases and sales of securities are reflected on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest and other income are recorded as earned on an accrual basis. Net realized and unrealized appreciation (depreciation) is recorded in the accompanying financial statements as net appreciation (depreciation) in fair value of investments.

***Payment of Benefits***

Benefit payments to participants are recorded when paid.

***Administrative Expenses***

The Plan provides for payment of certain administrative expenses from Plan assets, including fees paid to the trustee, investment managers, the actuary, the PBGC and other various Plan-related

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

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expenses. Such expenses are reflected as administrative expenses in the accompanying statements of changes in net assets available for benefits.

**NOTE C - TAX STATUS**

The Plan obtained its latest determination letter on January 31, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

**NOTE D – FAIR VALUE MEASUREMENTS**

The Plan's management established a three-tiered hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

Level 1 inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including:

1. Quoted prices for similar assets or liabilities in active markets.
2. Quoted prices for identical or similar assets or liabilities in inactive markets.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

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3. Inputs other than quoted prices that are observable for the assets or liabilities (including volatilities).
4. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 inputs are unobservable for the asset or liability (including the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability) and significant to the fair value measurement.

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

Plan management uses the following valuation methods and significant assumptions to estimate fair value of investments held by the Plan. There have been no changes in the methodologies used at December 31, 2019 and 2018.

The investments held by the Plan are valued as follows:

Collective funds: Valued at the net asset value ("NAV") of each bank collective trust fund. The NAV, as provided by the investment manager of each collective fund, is used as a practical expedient and is based on the fair value of the underlying investments held by the funds less their liabilities. Were the Plan to initiate a full redemption of a collective fund, the investment manager of the fund generally reserves the right to temporarily delay withdrawal from the fund in order to ensure that securities liquidations will be carried out in an orderly business manner.

Hedge fund and Partnership: Valued at the NAV as reported to the Plan from the respective hedge fund or partnership's manager. The NAV is used as a practical expedient and is calculated based on the Plan's share of the respective entity's total net assets at fair value.

Interest bearing cash: Valued at the holding amount.

Other: Valued at the closing price reported on the active market on which the security is traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

The following tables present the Plan's investments by level within the fair value hierarchy as of December 31:

|                                               | 2019             |             |             | Total                |
|-----------------------------------------------|------------------|-------------|-------------|----------------------|
|                                               | Level 1          | Level 2     | Level 3     |                      |
| Interest bearing cash                         | \$ 14,914        | \$ -        | \$ -        | \$ 14,914            |
| Other                                         | 6,598            | -           | -           | 6,598                |
| Total investments in the fair value hierarchy | <u>\$ 21,512</u> | <u>\$ -</u> | <u>\$ -</u> | 21,512               |
| Investments measured at NAV:                  |                  |             |             |                      |
| Collective funds                              |                  |             |             | 252,855,020          |
| Hedge fund                                    |                  |             |             | 7,377,961            |
| Partnership                                   |                  |             |             | 10,033,010           |
| Total investments at fair value               |                  |             |             | <u>\$270,287,503</u> |

  

|                                               | 2018             |             |             | Total                |
|-----------------------------------------------|------------------|-------------|-------------|----------------------|
|                                               | Level 1          | Level 2     | Level 3     |                      |
| Interest bearing cash                         | \$ 10,559        | \$ -        | \$ -        | \$ 10,559            |
| Other                                         | 4,927            | -           | -           | 4,927                |
| Total investments in the fair value hierarchy | <u>\$ 15,486</u> | <u>\$ -</u> | <u>\$ -</u> | 15,486               |
| Investments measured at NAV:                  |                  |             |             |                      |
| Collective funds                              |                  |             |             | 256,546,635          |
| Hedge fund                                    |                  |             |             | 6,827,032            |
| Partnership                                   |                  |             |             | 12,984,741           |
| Total investments at fair value               |                  |             |             | <u>\$276,373,894</u> |

Certain investments valued at NAV as a practical expedient have redemption requirements and in some cases restrictions. The following tables provide the redemption requirements and restrictions, if any, for those investments as of December 31, 2019 and 2018. In addition, the tables provide the investment strategies for certain investments measured at NAV, if that investment is a fund that does not file an annual report on Form 5500 as a direct-filing entity.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

| 2019                                      |                       |                         |                             |              |
|-------------------------------------------|-----------------------|-------------------------|-----------------------------|--------------|
|                                           | Fair value<br>(NAV)   | Redemption<br>frequency | Redemption<br>notice period | Restrictions |
| Funds filing as direct filing entity:     |                       |                         |                             |              |
| Collective trusts                         | \$ 229,870,161        | Daily                   | 15 days                     | --           |
| Collective trust                          | 16,996,364            | Quarterly               | 45 days                     | --           |
| Collective trust                          | 5,988,495             | Daily                   | n/a                         | --           |
|                                           | <u>252,855,020</u>    |                         |                             |              |
| Funds not filing as direct filing entity: |                       |                         |                             |              |
| Multi-strategy:                           |                       |                         |                             |              |
| Hedge fund                                | 7,377,961             | Semi-annually           | 95 days                     | (a)          |
| Partnership                               | <u>10,033,010</u>     | Semi-annually           | 95 days                     | (b)          |
| Total                                     | <u>\$ 270,265,991</u> |                         |                             |              |
| 2018                                      |                       |                         |                             |              |
|                                           | Fair value<br>(NAV)   | Redemption<br>frequency | Redemption<br>notice period | Restrictions |
| Funds filing as direct filing entity:     |                       |                         |                             |              |
| Collective trusts                         | \$ 239,219,259        | Daily                   | 15 days                     | --           |
| Collective trust                          | 14,046,942            | Quarterly               | 45 days                     | --           |
| Collective trust                          | <u>3,280,434</u>      | Daily                   | n/a                         | --           |
|                                           | <u>256,546,635</u>    |                         |                             |              |
| Funds not filing as direct filing entity: |                       |                         |                             |              |
| Multi-strategy:                           |                       |                         |                             |              |
| Hedge fund                                | 6,827,032             | Semi-annually           | 95 days                     | (a)          |
| Partnership                               | <u>12,984,741</u>     | Semi-annually           | 95 days                     | (b)          |
| Total                                     | <u>\$ 276,358,408</u> |                         |                             |              |

(a) This fund is a segregated portfolio company that seeks to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital. Each investment into the fund is subject to a one year lock-up period and thereafter, may be redeemed with 95 days' notice semi-annually as of the last business day of June or December. There are no unfunded capital commitments.

(b) This fund is a multi-strategy fund of hedge funds investing in multiple strategies and asset classes to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager. There are no unfunded capital commitments.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

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**NOTE E - INFORMATION CERTIFIED BY TRUSTEE**

Plan management has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company ("Trustee"), the Plan's trustee, has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investments, accrued interest and dividend income, due from broker for securities sold, and due to broker for securities purchased, as shown in the statements of net assets available for benefits as of December 31, 2019 and 2018.
- Investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018.
- Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2019.
- Schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2019.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**NOTE F - ACCUMULATED PLAN BENEFITS**

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to service employees have rendered. The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

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Accumulated Plan benefits as of December 31, 2018, are as follows:

Actuarial present value of accumulated Plan benefits

Vested benefits

Participants currently receiving payments \$160,036,965

Other participants 104,793,972

Total vested benefits 264,830,937

Non-vested benefits 1,196,598

Total actuarial present value of accumulated Plan benefits \$266,027,535

Changes in the present value of accumulated Plan benefits for the year ended December 31, 2018, were as follows:

Present value of accumulated Plan benefits, December 31, 2017 \$268,849,849

Increase (decrease) during the year attributable to

Interest accumulation 16,575,689

Benefits paid (16,408,265)

Changes in actuarial assumptions (4,280,371)

Benefits accumulated 388,655

Plan amendments 131,513

Actuarial (gains)/losses 770,465

Present value of accumulated Plan benefits, December 31, 2018 \$266,027,535

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

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The significant actuarial assumptions used in the valuations as of December 31, 2018, were as follows:

|                                     |                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Life expectancy of the participants | RP-2018 collar adjusted mortality table adjusted with MP-2018 generational mortality improvement scale (2017 – RP-2017 collar adjusted mortality table adjusted with MP-2017 generational mortality improvement scale) |
| Retirement age assumptions          | The age at which current active employees are assumed to retire varies between ages 55 and 70 and the average age is 60. All employees age 70 are assumed to retire.                                                   |
| Discount rate                       | 6.35% (2017 – 6.35%)                                                                                                                                                                                                   |

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

**NOTE G - RISKS AND UNCERTAINTIES**

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

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

**NOTE H - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are collective trusts managed by the Trustee and Aon, the service provider for benefit payment processing and plan data administration; therefore, these transactions qualify as party-in-interest transactions.

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****NOTES TO FINANCIAL STATEMENTS - CONTINUED****December 31, 2019 and 2018**

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**NOTE I – SUBSEQUENT EVENTS**

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease ("COVID-19") as a global pandemic, triggering volatility in financial markets and a significant negative impact on the global economy. The COVID-19 outbreak continues to spread as of the date of this report. The Plan's individual investments fluctuate in response to changing market conditions, and Plan funding requirements and the actuarial present value of accumulated Plan benefits could ultimately be impacted. The effect of the COVID-19 pandemic on the Plan's investment values, Plan funding and the actuarial present value of accumulated Plan benefits in subsequent periods, if any, cannot be determined.

Management of the Plan has evaluated subsequent events from December 31, 2019 through October 13, 2020, the date these financial statements were available to be issued. Other than previously disclosed, there were no subsequent events that require recognition or additional disclosure in these financial statements.

## SUPPLEMENTAL SCHEDULES

**Beam Pension Plan****PLAN NUMBER: 002, EIN: 36-4054676****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****December 31, 2019**

| (a) | (b) Identity of issuer/<br>(c) description of investment | (d)<br>Cost           | (e)<br>Current<br>value |
|-----|----------------------------------------------------------|-----------------------|-------------------------|
|     | <b><i>Interest bearing cash</i></b>                      | \$ 14,914             | \$ 14,914               |
|     | <b><i>Collective Funds</i></b>                           |                       |                         |
| *   | Aon Hewitt                                               |                       |                         |
|     | The ACWI-Ex Passive Equity Fund                          | 13,292,026            | 16,644,491              |
|     | The Non-U.S. Equity Index Fund                           | 17,323,898            | 29,220,643              |
|     | The Mid Duration Long Credit Fund                        | 151,691               | 167,562                 |
|     | The Small & Mid-Cap Equity Fund                          | 6,656,586             | 14,681,730              |
|     | The Intermediate Credit Bond Fund                        | 3,285,267             | 3,344,157               |
|     | The Large Cap Equity Index Fund                          | 13,837,982            | 31,401,104              |
|     | The Long Credit Bond Fund                                | 41,083,548            | 49,158,634              |
|     | The U.S. Intermediate Government Bond Index Fund         | 58,847,415            | 59,281,788              |
|     | The U.S. Long Government Bond Fund                       | 24,896,603            | 25,734,925              |
|     | The 20+ Year U.S. Treasury Strips Fund                   | 184,074               | 235,127                 |
|     | JPMorgan Chase                                           |                       |                         |
|     | Strategic Property Fund                                  | 14,073,821            | 16,996,364              |
| *   | Northern Trust Company                                   |                       |                         |
|     | Collective Short Term Investment Fund                    | 5,988,495             | 5,988,495               |
|     | <b><i>Hedge fund</i></b>                                 |                       |                         |
| *   | Aon Hewitt                                               |                       |                         |
|     | Opportunistic Alternatives SP                            | 7,000,000             | 7,377,961               |
|     | <b><i>Partnership</i></b>                                |                       |                         |
|     | Blackstone Alternative Asset Management Associates LLC   |                       |                         |
|     | BPIF Non-Taxable L.P.                                    | 4,686,400             | 10,033,010              |
|     | <b><i>Other</i></b>                                      |                       |                         |
|     | FNMA Remic Trust Series 1992-207                         | 1                     | 1                       |
|     | Nortel Networks Corp                                     | 3,335                 | -                       |
|     | Huron Consulting Group Inc.                              | 5,895                 | 6,597                   |
|     |                                                          | <u>\$ 211,331,951</u> | <u>\$ 270,287,503</u>   |

\*Represents a party-in-interest to the Plan.

**Beam Pension Plan**

PLAN NUMBER: 002, EIN: 36-4054676

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

Year Ended December 31, 2019

| Identity of party involved/<br>description of asset          | Purchases                 |                       | Sales                     |                      |                  |                    |
|--------------------------------------------------------------|---------------------------|-----------------------|---------------------------|----------------------|------------------|--------------------|
|                                                              | Number of<br>transactions | Purchase<br>price (a) | Number of<br>transactions | Selling<br>price (a) | Cost<br>of asset | Net gain<br>(loss) |
| Single transactions                                          |                           |                       |                           |                      |                  |                    |
| Aon Hewitt The Mid Duration Long Credit Fund                 |                           | \$ -                  |                           | \$ 25,000,000        | \$ 24,272,853    | \$ 727,147         |
| Aon Hewitt The U.S. Intermediate Government Bond Index Fund  |                           | 31,000,000            |                           | -                    | -                | -                  |
| Aon Hewitt The Long Credit Bond Fund                         |                           | 25,000,000            |                           | -                    | -                | -                  |
| Aon Hewitt The U.S. Long Government Bond Fund                |                           | 20,000,000            |                           | -                    | -                | -                  |
| Aon Hewitt The U.S. Long Government Bond Fund                |                           | 17,000,000            |                           | -                    | -                | -                  |
| Aon Hewitt The U.S. Long Government Bond Fund                |                           | -                     |                           | 30,000,000           | 25,984,319       | 4,015,681          |
| Aon Hewitt The 20+ Year U.S. Treasury Strips Fund            |                           | -                     |                           | 20,000,000           | 17,616,607       | 2,383,393          |
| Northern Trust Company Collective Short Term Investment Fund |                           | 35,800,000            |                           | -                    | -                | -                  |
| Northern Trust Company Collective Short Term Investment Fund |                           | 35,800,000            |                           | -                    | -                | -                  |
| Northern Trust Company Collective Short Term Investment Fund |                           | -                     |                           | 35,800,000           | 35,800,000       | -                  |
| Northern Trust Company Collective Short Term Investment Fund |                           | -                     |                           | 38,291,791           | 38,291,791       | -                  |
| Series transactions                                          |                           |                       |                           |                      |                  |                    |
| Aon Hewitt The Mid Duration Long Credit Fund                 | 2                         | \$12,000,000          | 10                        | \$ 48,900,000        | \$ 47,087,125    | \$ 1,812,875       |
| Aon Hewitt The U.S. Intermediate Government Bond Index Fund  | 8                         | 59,500,000            | 3                         | 18,900,000           | 18,759,303       | 140,697            |
| Aon Hewitt The Long Credit Bond Fund                         | 5                         | 38,300,000            | 6                         | 43,200,000           | 38,024,907       | 5,175,093          |
| Aon Hewitt The U.S. Long Government Bond Fund                | 7                         | 72,500,000            | 5                         | 56,250,000           | 50,797,640       | 5,452,360          |
| Aon Hewitt The 20+ Year U.S. Treasury Strips Fund            | 1                         | 10,750,000            | 8                         | 70,200,000           | 60,480,789       | 9,719,211          |
| Northern Trust Company Collective Short Term Investment Fund | 120                       | 130,225,756           | 81                        | 127,517,695          | 127,517,695      | -                  |

(a) Represents current value of asset on transaction date.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

**Effective Date** July 1, 1965. Last restated effective January 1, 2012. Last amended July 1, 2018.

**Plan Year** Calendar Year

### Beam Salaried

**Covered employees** Certain former participants in the Jim Beam Salaried Employees' Pension Plan ("Prior Plan"), and all salaried or clerical employees of the company not covered by a union contract.

**Participation date** Beam transferred employees who were participants as of May 31, 2001 (prior plan participants) continue as participants. Each other employee becomes a participant on the first day of the month following the first anniversary of the date of hire if 1,000 hours of employment are completed, otherwise on the first day of the month following the first calendar year in which 1,000 hours of employment are completed.

Effective January 1, 2008, the plan is closed to new hires.

### Definitions

**Vesting service** Total service from the date of hire to date of termination using elapsed time, less any breaks in service.

**Benefit service** Service credited prior to the effective date, determined under the plan as in effect on December 31, 1975, plus service credited after the effective date and prior to January 1, 1994, determined under the plan as in effect prior to January 1, 1994, plus the sum of the number of plan years on or after January 1, 1994 in which 1,000 hours of employment are completed. Benefit service is limited to 35 years. Effective December 31, 2011, benefit service is frozen.

**Pensionable pay** Compensation paid after December 31, 2011 is not taken into account.

Plan Name: Beam Pension Plan  
EIN / PN: 36-4054676/002  
Plan Sponsor: Beam Global Spirits and Wine, Inc  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Average earnings</b>             | Monthly average of a participant's compensation for the period of the five consecutive calendar years during which was received the largest total amount of compensation within the 10 complete calendar years preceding termination of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Normal retirement date (NRD)</b> | Later of (i) age 65, and (ii) earlier of five years of service or the fifth anniversary of plan participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Monthly pension benefit</b>      | <p>2% final average pay times benefit service as of December 31, 2007 (max 15 years); plus</p> <p>(2) 1% final average pay times benefit service as of December 31, 2007 after 15 years (max 20 years); plus</p> <p>(3) 1% final average pay times benefit service accrued on or after January 1, 2008.</p> <p>Minimum benefit: \$5 per month times benefit service (maximum 10 years).</p> <p>As of January 1, 2004, sales individuals for Peak Wine International will no longer receive service increases to their pension benefits. They will continue to receive pay increases.</p> <p>Former Allied Domecq participants shall receive the greater of an all-service benefit under this plan's formula offset by the frozen Allied Domecq benefit, and a benefit based on service after the January 1, 2006 acquisition date.</p> <p>Prior plan participants who were participants in the pension plan for eligible salaried employees of National Distillers and Chemical Corporation on May 25, 1987 shall have the benefit payable in this plan reduced by the accrued benefit payable under the Distillers plan.</p> <p>Prior plan participants covered under the Geyser Peak Winery Employees' Retirement Plan have a minimum benefit equal to the Geyser Peak accrued benefit as of August 25, 1998.</p> <p>Effective December 31, 2011, benefit accruals are frozen.</p> |

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
| EIN / PN:      | 36-4054676/002                    |
| Plan Sponsor:  | Beam Global Spirits and Wine, Inc |
| Valuation Date | January 1, 2019                   |

## SCHEDULE SB ATTACHMENTS

### Monthly preretirement death benefit

For participants with less than 10 years of vesting service: 50% of the amount that would have been payable if the participant had terminated employment on the date of death (if not already terminated), deferred payment to age 65, and then elected 50% joint and survivor form of payment.

For participants with 10 years of vesting service: 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to his or her earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity.

Minimum benefits also apply for participants with a Geyser Peak benefit.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD

#### Early retirement

Age 55 and 10 years of vesting service.

#### Postponed retirement

Retirement after NRD

#### Vested termination

Five years of vesting service

#### Disability

Participants entitled to benefits under the company's long-term disability plan.

#### Preretirement death benefit

Vested plan participant who dies before commencing plan benefits and married throughout the one-year period ending on the date of the participant's death.

### Benefits Paid Upon the Following Events

#### Normal retirement

The monthly pension benefit determined as of NRD

#### Early retirement

Normal retirement benefit reduced for early retirement. The reduction for early commencement is 0.5% for each month by which the commencement date precedes age 62.

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
| EIN / PN:      | 36-4054676/002                    |
| Plan Sponsor:  | Beam Global Spirits and Wine, Inc |
| Valuation Date | January 1, 2019                   |

## SCHEDULE SB ATTACHMENTS

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|                             |                                                                                                                                                                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the retirement date.                                                                                                   |
| <b>Vested termination</b>   | Normal retirement benefit reduced for early retirement. The reduction for early commencement is 0.5% for each month by which the commencement date precedes age 65. |
| <b>Disablement</b>          | Normal retirement benefit based on compensation at date of disability and service projected to normal retirement                                                    |
| <b>Preretirement death</b>  | Monthly preretirement death benefit defined above                                                                                                                   |

### Other Plan Provisions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b> | <p>Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.</p> <p>Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year or fifteen-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.</p> <p>Geyser Peak Plan Benefits may be paid as a lump sum.</p> |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
| EIN / PN:      | 36-4054676/002                    |
| Plan Sponsor:  | Beam Global Spirits and Wine, Inc |
| Valuation Date | January 1, 2019                   |

# SCHEDULE SB ATTACHMENTS

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## Fortune Brands Salaried

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | All salaried and clerical employees of Jim Beam Brand Co. not covered by a union contract, who did not transfer employment to Fortune Brands Home & Security Inc. upon the close of business on October 3, 2011. Beneficiaries of an employee grantor trust with contributions provided by the employer are not covered.                                                                                                                                                             |
| <b>Participation date</b> | <p>Employees become a participant on the first day of the month following the first anniversary of the date of hire if 1,000 hours of employment are completed, otherwise on the first day of the month following the first calendar year in which 1,000 hours of employment are completed.</p> <p>No employee who participated in the Fortune Brands Plan who first completes an hour of service or who is rehired on or after January 1, 2008 shall become a plan participant.</p> |

## Definitions

|                                     |                                                                                                                                                                                                                                               |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b>              | Service determined in full years and fractions of years beginning on the employee's date of hire.                                                                                                                                             |
| <b>Benefit service</b>              | Service determined in full years and fractions of years beginning on the employee's date of hire. Rehires on or after January 1, 2008 are not credited with additional benefit service following rehire. Benefit service limited to 35 years. |
| <b>Pensionable pay</b>              | Compensation paid after December 31, 2011 is not taken into account.                                                                                                                                                                          |
| <b>Average earnings</b>             | Average of highest five consecutive calendar years within the last 10 years of service.                                                                                                                                                       |
| <b>Normal retirement date (NRD)</b> | Later of (i) age 65, and (ii) earlier of five years of service or the fifth anniversary of plan participation.                                                                                                                                |

|                |                                   |
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### Monthly pension benefit

The greater of (1) and (2) below:

(1) Standard formula up until December 31, 2007:

- a. 1.75% final average monthly compensation times benefit service (maximum 15 years) as of December 31, 2007; plus
- b. 1.00% final average monthly compensation times benefit service in excess of 15 years as of December 31, 2007 plus
- c. 1.00% of final average monthly compensation multiplied by benefit service after December 31, 2007.

(2) Minimum formula. The prior plan accrued benefit plus the sum of (a), (b), and (c):

- a. 1.75% final average monthly compensation times benefit service between December 31, 2001 and December 31, 2007, maximum 15 years minus benefit service earned prior to 2002
- b. 1.00% final average monthly compensation times benefit service between December 31, 2001 and December 31, 2007 in excess of 15 years minus benefit service earned prior to 2002
- c. 1.00% of final average monthly compensation multiplied by benefit service after December 31, 2007

Effective December 31, 2011, benefit accruals are frozen.

|                |                                   |
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**Monthly preretirement death benefit**

For participants with less than 10 years of vesting service: 50% of the amount that would have been payable if the participant had terminated employment on the date of death (if not already terminated), deferred payment to age 65, and then elected 50% joint and survivor form of payment.

For participants with 10 (but less than 12) years of vesting service: 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to his or her earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity.

For participants with 12 or more years of vesting service: the amount determined as for participants with 10 years of vesting service except that the prior plan accrued benefit will be payable as 100% joint and survivor annuity.

### Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Age 55 and 10 years of vesting service.

**Postponed retirement**

Retirement after NRD

**Vested termination**

Five years of vesting service.

**Disability**

Participants entitled to benefits under the company's long-term disability plan.

**Preretirement death benefit**

Vested plan participant who dies before commencing plan benefits and married throughout the one-year period ending on the date of the participant's death.

|                |                                   |
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## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Early retirement</b>     | <p>The greater of (1) or (2) below:</p> <p>(1) The standard formula normal retirement benefit reduced <math>\frac{1}{2}</math> of 1% for each month by which the commencement date precedes age 62.</p> <p>(2) The minimum formula attributed to Benefit Service after December 31, 2001 reduced <math>\frac{1}{2}</math> of 1% for each month by which the commencement date precedes age 62. For participants who retire with 12 or more years of vesting service, the prior plan accrued benefit is reduced <math>\frac{7}{12}</math> of 1% for each month by which the commencement date precedes age 60; the prior plan accrued benefit is unreduced at 30 years of vesting.</p> |
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the retirement date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Vested termination</b>   | The accrued benefit payable at normal retirement, or if the participant had completed 10 or more years of service, the accrued benefit payable as early as age 55, reduced $\frac{1}{2}$ of 1% for each month by which the commencement date precedes age 65.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Disablement</b>          | The retirement benefit is the normal retirement benefit based on compensation at date of disability and service projected to normal retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Preretirement death</b>  | Monthly preretirement death benefit defined above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                |                                   |
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## Other Plan Provisions

### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year or fifteen-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.

The plan provides age 62 and age 65 Social Security level income options for the prior plan accrued benefit.

## Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                   |
|----------------|-----------------------------------|
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## Clermont

**Covered employees** All hourly employees in Clermont, Kentucky or Beam, Kentucky, represented by Local No. III-D of United Food and Commercial Workers' International Union CLC.

**Participation date** Date of hire.  
Effective January 1, 2007 the plan is closed to new hires.

## Definitions

**Vesting service** Total service from the date of hire to date of termination using elapsed time, less any breaks in service.

**Benefit service** Service prior to the effective date is determined under the plan as in effect at December 31, 1975.

Service from January 1, 1976 through August 16, 1981 is credited according to the following table:

| Hours Worked | Service Credit |
|--------------|----------------|
| 1801 or more | 1.00           |
| 1601 – 1800  | 0.90           |
| 1350 – 1600  | 0.80           |
| 1201 – 1349  | 0.70           |
| 1001 – 1200  | 0.60           |
| 900 – 1000   | 0.50           |
| 450 – 899    | 0.25           |
| 0 – 449      | 0.00           |

Service after August 16, 1981 is credited according to the following table:

| Hours Worked | Service Credit |
|--------------|----------------|
| 1600 or more | 1.00           |
| 1350 – 1599  | 0.80           |
| 1201 – 1349  | 0.70           |
| 1001 – 1200  | 0.60           |
| 900 – 1000   | 0.50           |
| 450 – 899    | 0.25           |
| 0 – 449      | 0.00           |

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**Pensionable pay** N/A

**Average earnings** N/A

**Normal retirement date (NRD)** Age 65.

| Monthly pension benefit | For Retirement on or After | A Monthly Benefit of           |
|-------------------------|----------------------------|--------------------------------|
|                         | August 16, 1989            | \$17.00 times credited Service |
|                         | August 16, 1990            | \$18.50 times credited Service |
|                         | August 16, 1991            | \$19.50 times credited Service |
|                         | August 16, 1992            | \$20.50 times credited Service |
|                         | August 16, 1993            | \$22.50 times credited Service |
|                         | August 16, 1994            | \$24.50 times credited Service |
|                         | August 16, 1995            | \$26.50 times credited Service |
|                         | August 16, 1996            | \$29.00 times credited Service |
|                         | August 16, 1997            | \$30.00 times credited Service |
|                         | August 16, 1998            | \$31.00 times credited Service |
|                         | August 16, 2001            | \$34.00 times credited Service |
|                         | August 16, 2002            | \$36.00 times credited Service |
|                         | August 16, 2003            | \$37.00 times credited Service |
|                         | August 16, 2004            | \$38.00 times credited Service |
|                         | August 16, 2005            | \$39.00 times credited Service |
|                         | August 16, 2006            | \$42.00 times credited Service |
|                         | August 16, 2007            | \$44.00 times credited Service |
|                         | August 16, 2011            | \$47.00 times credited Service |
|                         | July 1, 2018               | \$48.00 times credited Service |

**Monthly preretirement death benefit** 50% of the actuarially equivalent benefit to which the participant would be entitled had the participant retired on the day immediately preceding death and deferred payment to Normal Retirement Date.

For participants with 10 or more years of vesting service: 50% of the actuarially equivalent amount that would have been payable if the employee had terminated employment on the date of death, survived to his or her earliest retirement, reduced for early commencement.

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### Eligibility for Benefits

|                                    |                                                                                                                                                                                        |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD                                                                                                                                                                      |
| <b>Early retirement</b>            | Age 56 and 10 years of vesting service.                                                                                                                                                |
| <b>Postponed retirement</b>        | Retirement after NRD                                                                                                                                                                   |
| <b>Vested termination</b>          | Five years of vesting service or attained normal retirement age                                                                                                                        |
| <b>Disability</b>                  | Age 40 and 10 years of service and receiving benefits under a long-term disability income plan maintained by the union or receiving disability benefits under the Social Security Act. |
| <b>Preretirement death benefit</b> | Vested plan participant who dies before commencing plan benefits and married throughout the one-year period ending on the date of the participant's death.                             |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD                                                                                                                      |
| <b>Early retirement</b>     | Normal retirement benefit reduced for early retirement. The reduction for early commencement is 0.5% for each month by which the commencement date precedes age 62.   |
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the retirement date                                                                                                      |
| <b>Vested termination</b>   | Normal retirement benefit reduced for early commencement. The reduction for early commencement is 0.5% for each month by which the commencement date precedes age 62. |
| <b>Disablement</b>          | Normal retirement benefit accrued to date of disability.                                                                                                              |
| <b>Preretirement death</b>  | Monthly preretirement death benefit defined above.                                                                                                                    |

|                |                                   |
|----------------|-----------------------------------|
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## Other Plan Provisions

### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year or fifteen-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.

## Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

Effective July 1, 2018, the dollar per month multiplier increased from \$47 to \$48 for Clermont participants.

|                |                                   |
|----------------|-----------------------------------|
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## UFCW

**Covered employees** All hourly employees in Frankfort, Kentucky represented by the United Food and Commercial Workers' Union Distillery, Wine, and Allied Workers' Division Local 227 or 32D, respectively. Employees who elected to accrue benefits under the 401(k) plan starting January 1, 2008, January 1, 2009 or January 1, 2011 stopped accruing benefits under this plan on those dates.

**Participation date** Date of hire.  
Effective January 1, 2008 the plan is closed to new hires.

## Definitions

**Vesting service** Total service from the date of hire to date of termination using elapsed time, including leaves of absence approved by an employer.

**Benefit service** Calendar year during which compensation is earned for 1,600 or more hours of service.

**Pensionable pay** Compensation at the regular basic rate, including shift differential, pre-tax contributions, and cost of living adjustments and excluding overtime and bonuses.

**Average earnings** Monthly average of a participant's compensation for the period of the five consecutive calendar years during which was received the largest total amount of compensation within the 10 complete calendar years preceding termination of employment.

**Normal retirement date (NRD)** Age 65.

**Monthly pension benefit** (1) 1.35% of pensionable pay received during each year of benefit service. For participants who were members of the NDPC plan as of May 25, 1987, if greater, 1.35% of the average of the highest earnings through December 31, 2008 per year of benefit service; or

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- (2) The applicable monthly dollar rate, as in effect at the date of retirement, multiplied by the number of years of creditable service (fractional years granted based upon actual hours of service); see the following page:

**Monthly pension benefit  
(continued)**

| Date of Retirement    | Applicable Dollar Rate |
|-----------------------|------------------------|
| Before 5/1/1998       | \$23.00                |
| 5/1/1998 – 4/30/1999  | \$24.00                |
| 5/1/1999 - 4/30/2000  | \$25.00                |
| 5/1/2000 – 4/30/2001  | \$27.00                |
| 5/1/2001 – 4/30/2002  | \$28.00                |
| 5/1/2002 – 4/30/2003  | \$31.00                |
| 5/1/2003 – 4/30/2004  | \$33.00                |
| 5/1/2004 – 4/30/2005  | \$34.00                |
| 5/1/2005 – 4/30/2006  | \$35.00                |
| 5/1/2006 – 4/30/2007  | \$37.00                |
| 5/1/2007 – 4/30/2008  | \$40.00                |
| 5/1/2008 – 4/30/2012  | \$42.00                |
| 5/1/2012 – 3/26/2017  | \$44.00                |
| On or after 3/27/2017 | \$48.00                |

**Monthly preretirement death benefit**

50% of the actuarially equivalent benefit had the participant retired on the day immediately preceding death, reduced using early retirement commencement factors.

### Eligibility for Benefits

**Normal retirement**

Retirement on NRD

**Early retirement**

Age 55 and 10 years of vesting service.

**Postponed retirement**

Retirement after NRD

**Vested termination**

Five years of vesting service or attained normal retirement age

**Disability**

Ten years of vesting service and receiving disability benefits under the Social Security Act.

**Preretirement death benefit**

Participant's death after five years of vesting service and married throughout the one-year period ending on the date of death.

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|                           |                                                                                                                               |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Separation Benefit</b> | Age 50 and 20 years of vesting service and involuntary termination as a result of permanent plant shutdown or job elimination |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------|

## Benefits Paid Upon the Following Events

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |                                        |                   |                                        |                   |                                        |              |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|----------------------------------------|-------------------|----------------------------------------|-------------------|----------------------------------------|--------------|
| <b>Normal retirement</b>               | The monthly pension benefit determined as of NRD                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Early retirement</b>                | Normal retirement benefit reduced for early retirement. The reduction for early commencement is 0.25% for each month by which the commencement date precedes age 62.                                                                                                                                                                                                                                                             |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Postponed retirement</b>            | The monthly pension benefit determined as of the retirement date                                                                                                                                                                                                                                                                                                                                                                 |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Vested termination</b>              | Normal retirement benefit reduced for early retirement. The reduction for early commencement is an actuarial reduction for each month by which the commencement date precedes age 62.                                                                                                                                                                                                                                            |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Disablement</b>                     | Normal retirement benefit accrued to date of disability                                                                                                                                                                                                                                                                                                                                                                          |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Preretirement death</b>             | Monthly preretirement death benefit defined above                                                                                                                                                                                                                                                                                                                                                                                |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Postretirement death</b>            | \$10,000 lump sum payment, if retired before May 1, 2012; \$15,000, if retired on or after May 1, 2012.                                                                                                                                                                                                                                                                                                                          |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| <b>Separation Benefit</b>              | Normal retirement benefit reduced for commencement before age 62 as follows:<br><table><tr><td>Age 50 and 20 years of vesting service</td><td>0.25% per month</td></tr><tr><td>Age 55 and 25 years of vesting service</td><td>0.1667% per month</td></tr><tr><td>Age 60 and 30 years of vesting service</td><td>0.0833% per month</td></tr><tr><td>Age 60 and 40 years of vesting service</td><td>0% per month</td></tr></table> | Age 50 and 20 years of vesting service | 0.25% per month | Age 55 and 25 years of vesting service | 0.1667% per month | Age 60 and 30 years of vesting service | 0.0833% per month | Age 60 and 40 years of vesting service | 0% per month |
| Age 50 and 20 years of vesting service | 0.25% per month                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| Age 55 and 25 years of vesting service | 0.1667% per month                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| Age 60 and 30 years of vesting service | 0.0833% per month                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                 |                                        |                   |                                        |                   |                                        |              |
| Age 60 and 40 years of vesting service | 0% per month                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                 |                                        |                   |                                        |                   |                                        |              |

|                |                                   |
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## Other Plan Provisions

### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year or twenty-year certain and life annuity, Social Security level income option, or (for married participants) a life annuity. Actuarial equivalence is based on 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.

## Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                   |
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## Non-UFCW

|                           |                                                                                                                                                                                                                                                                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | All hourly employees in Frankfort, Kentucky not represented by the United Food and Commercial Workers Union. Employees who elected to accrue future benefits under the 401(k) plan starting January 1, 2008, January 1, 2009, or January 1, 2011 stopped accruing benefits under this plan on those dates. |
| <b>Participation date</b> | Date of hire.<br><br>Effective January 1, 2008 the plan is closed to new hires.                                                                                                                                                                                                                            |

## Definitions

|                                     |                                                                                                                                                                                                                                                     |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vesting service</b>              | Total service from the date of hire to date of termination using elapsed time, less any absence in excess of 12 months that is excluded from creditable service.                                                                                    |
| <b>Benefit service</b>              | Calendar year during which compensation is earned for 1,600 or more hours of service.                                                                                                                                                               |
| <b>Pensionable pay</b>              | Compensation at the regular basic rate, including shift differential, pre-tax contributions, and cost of living adjustments and excluding overtime and bonuses.                                                                                     |
| <b>Average earnings</b>             | Monthly average of a participant's compensation for the period of the five consecutive calendar years during which was received the largest total amount of compensation within the 10 complete calendar years preceding termination of employment. |
| <b>Normal retirement date (NRD)</b> | Age 65.                                                                                                                                                                                                                                             |

|                |                                   |
|----------------|-----------------------------------|
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## Monthly pension benefit

For employees represented by the International Guards Union of America, Region No. 7, Local No. 78, the sum of (1) and (2) but no less than (3) below:

- (1) 1.25% of pensionable pay received during each year of benefit service on or after January 1, 1988 for participants who were members of the NDPC plan as of May 25, 1987, or, if not a participant in the NDPC plan, for benefit service on or after May 25, 1987.
- (2) For NDPC plan participants only, 1.25% of the average of the highest earnings through December 31, 1987 multiplied by benefit service through December 31, 1987.
- (3) \$240 multiplied by benefit service (\$120 for Guards hired on or after July 15, 1991).

For employees represented by the Journeyman Pipefitters Local No. 502, the sum of (4) and (5) but no less than (6) below:

- (4) 1.25% of pensionable pay received during each year of benefit service on or after the Applicable Date defined below for participants in the NDPC plan on May 25, 1987, or if not a participant in the NDPC plan, for benefit service on or after May 25, 1987.
- (5) For NDPC plan participants only, 1.25% of the average of the highest earnings through the Applicable Date multiplied by benefit service through the Applicable Date.
- (6) Benefit service multiplied by the Applicable Benefit Rate defined below.

## Applicable Date

For employees who were members of the NDPC plan on May 25, 1987:

January 1, 1997, if employment ends after July 1, 1997 but before July 1, 2002

December 31, 1999, if employment ends after July 1, 2002 but before May 1, 2006

January 1, 2006, if employment ends after May 1, 2006 but before July 1, 2009

January 1, 2009, if employment ends after July 1, 2009

January 1, 1988, for all other employees

|                |                                   |
|----------------|-----------------------------------|
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### Applicable Benefit Rate

| For Employment Ending         | A Monthly Benefit of       |
|-------------------------------|----------------------------|
| July 1, 1997 to June 30, 1998 | \$23 times benefit service |
| July 1, 1998 to June 30, 1999 | \$24 times benefit service |
| July 1, 1999 to June 30, 2000 | \$25 times benefit service |
| July 1, 2000 to June 30, 2001 | \$27 times benefit service |
| July 1, 2001 to June 30, 2002 | \$28 times benefit service |
| July 1, 2002 to June 30, 2003 | \$31 times benefit service |
| July 1, 2003 to June 30, 2004 | \$33 times benefit service |
| July 1, 2004 to June 30, 2005 | \$34 times benefit service |
| July 1, 2005 to June 30, 2006 | \$35 times benefit service |
| July 1, 2006 to June 30, 2007 | \$37 times benefit service |
| July 1, 2007 to June 30, 2008 | \$40 times benefit service |
| July 1, 2008 to June 30, 2012 | \$42 times benefit service |

\$20 multiplied by benefit service for all other employees

### Monthly preretirement death benefit

The greater of (1), (2) and (3):

- (1) 1.5 times compensation in effect immediately prior to death reduced by any worker's compensation payable prior to death. If 401(k) benefits were elected, compensation is frozen as of the effective date of such election.
- (2) 50% of actuarially equivalent benefit to which the participant would have been entitled had the participant retired on Normal Retirement Date and elected the qualified joint and survivor annuity
- (3) For death on or after age 55 only, 85% of the participant's early retirement or deferred vested retirement benefit as of the first day of the month preceding death, reduced by any worker's compensation payable prior to death.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD

#### Early retirement

Age 55 and 10 years of vesting service

Plan Name: Beam Pension Plan  
EIN / PN: 36-4054676/002  
Plan Sponsor: Beam Global Spirits and Wine, Inc  
Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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|                                    |                                                                                                                                                                                                                                     |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Postponed retirement</b>        | Retirement after NRD                                                                                                                                                                                                                |
| <b>Vested termination</b>          | Five years of vesting service or attained normal retirement age                                                                                                                                                                     |
| <b>Disability</b>                  | Ten years of service and receiving disability benefits under the Social Security Act                                                                                                                                                |
| <b>Preretirement death benefit</b> | Participant having spouse to whom married throughout the one-year period ending on the date of death, or having designated beneficiary, and dying before commencement of retirement benefit. Must be vested if death before age 55. |
| <b>Separation Benefit</b>          | Age 50 and 20 years of vesting service and involuntary termination as a result of permanent plant shutdown or job elimination                                                                                                       |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | The monthly pension benefit determined as of NRD                                                                                                                                      |
| <b>Early retirement</b>     | Normal retirement benefit reduced for early retirement. The reduction for early commencement is 0.25% for each month by which the commencement date precedes age 62.                  |
| <b>Postponed retirement</b> | The monthly pension benefit determined as of the retirement date                                                                                                                      |
| <b>Vested termination</b>   | Normal retirement benefit reduced for early retirement. The reduction for early commencement is an actuarial reduction for each month by which the commencement date precedes age 62. |
| <b>Disablement</b>          | Greater of normal retirement benefit accrued to date of disability or \$96 multiplied by benefit service                                                                              |
| <b>Preretirement death</b>  | Monthly preretirement death benefit defined above                                                                                                                                     |
| <b>Postretirement death</b> | A lump sum of \$3,000 for guards and \$10,000 for non-guards (\$12,000 for non-guards retired before May 1, 2002) is paid to the beneficiary upon the death of the retiree.           |

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
| EIN / PN:      | 36-4054676/002                    |
| Plan Sponsor:  | Beam Global Spirits and Wine, Inc |
| Valuation Date | January 1, 2019                   |

## SCHEDULE SB ATTACHMENTS

### Separation Benefit

Normal retirement benefit reduced for commencement before age 62 as follows:

|                                        |                   |
|----------------------------------------|-------------------|
| Age 50 and 20 years of vesting service | 0.25% per month   |
| Age 55 and 25 years of vesting service | 0.1667% per month |
| Age 60 and 30 years of vesting service | 0.0833% per month |
| Age 60 and 40 years of vesting service | 0% per month      |

### Other Plan Provisions

#### Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a ten-year or twenty-year certain and life annuity, Social Security level income option, or (for married participants) a life annuity. Actuarial equivalence is based on 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.

The preretirement death benefit is payable as a lump sum.

### Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

### Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
| EIN / PN:      | 36-4054676/002                    |
| Plan Sponsor:  | Beam Global Spirits and Wine, Inc |
| Valuation Date | January 1, 2019                   |

|                         |                          |
|-------------------------|--------------------------|
| <b>Plan Name</b>        | <b>BEAM PENSION PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>36-4054676</b>        |
| <b>ERISA Plan #</b>     | <b>002</b>               |
| <b>Plan Year Ending</b> | <b>December 31, 2019</b> |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2019**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2019       | 5,144,357      | 7.00000                               | 5,144,357           | 835,895              |
| 2. Shortfall | 01/01/2018       | (3,643,181)    | 6.00000                               | (3,225,229)         | (594,749)            |
| 3. Shortfall | 01/01/2017       | 13,179,723     | 5.00000                               | 10,068,716          | 2,164,268            |
| Total        |                  |                |                                       | 11,987,844          | 2,405,414            |

Plan Name: Beam Pension Plan  
EIN / PN: 36-4054676/002  
Plan Sponsor: Beam Global Spirits and Wine, Inc  
Valuation Date: January 1, 2019

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2019****This Form is Open to Public  
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>BEAM PENSION PLAN                                                                                                | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BEAM GLOBAL SPIRITS & WINE, INC.                              | <b>D</b> Employer Identification Number (EIN)<br>36-4054676                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2019                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 276,417,228               |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 286,137,627               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1,380                      | 170,654,358               | 170,654,358              |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 760                        | 76,657,062                | 76,657,062               |
| <b>c</b> For active participants .....                                                                                                                                                                          | 435                        | 35,185,271                | 36,510,295               |
| <b>d</b> Total .....                                                                                                                                                                                            | 2,575                      | 282,496,691               | 283,821,715              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.55%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 2,568,734                 |                          |

**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**

Nathan Crum

NC

Signature of actuary

10/1/2020

Date

2007983

Type or print name of actuary

Most recent enrollment number

312-288-7700

Firm name

Telephone number (including area code)

233 South Wacker Drive  
Suite 1800  
Chicago IL 60606

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) 2019  
v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 19,577,991             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 4,073,865              |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 0                     | 15,504,126             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-2.74%</u> .....                                                                                | 0                     | -424,813               |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.72%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 775,557                |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 14,303,756             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.77%  |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 100.81% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.06%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 0 |

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

Liquidity shortfall as of end of quarter of this plan year

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

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.74 %                                                                                                                       | 2nd segment:<br>5.35 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 2,568,734          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 11,987,844          | 2,405,414          |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 4,974,148          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 4,974,148          | 4,974,148     |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 1                                               | 2   | 0   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 4     |
| 35-39        | 4                                               | 16  | 19  | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 40    |
| 40-44        | 4                                               | 17  | 13  | 14    | 8     | 0     | 0     | 0     | 0     | 0         | 56    |
| 45-49        | 4                                               | 18  | 31  | 14    | 18    | 4     | 0     | 0     | 0     | 0         | 89    |
| 50-54        | 5                                               | 4   | 20  | 15    | 21    | 13    | 1     | 0     | 0     | 0         | 79    |
| 55-59        | 1                                               | 6   | 12  | 18    | 20    | 23    | 5     | 1     | 8     | 0         | 94    |
| 60-64        | 0                                               | 1   | 11  | 6     | 8     | 10    | 8     | 5     | 8     | 1         | 58    |
| 65-69        | 3                                               | 0   | 1   | 1     | 0     | 5     | 0     | 0     | 2     | 0         | 12    |
| 70 & over    | 0                                               | 0   | 0   | 1     | 1     | 0     | 0     | 0     | 1     | 0         | 3     |
| Total        | 22                                              | 64  | 107 | 71    | 76    | 55    | 14    | 6     | 19    | 1         | 435   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Beam Pension Plan  
 EIN / PN: 36-4054676/002  
 Plan Sponsor: Beam Global Spirits and Wine, Inc  
 Valuation Date: January 1, 2019

|                         |                          |
|-------------------------|--------------------------|
| <b>Plan Name</b>        | <b>BEAM PENSION PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>36-4054676</b>        |
| <b>ERISA Plan #</b>     | <b>002</b>               |
| <b>Plan Year Ending</b> | <b>December 31, 2019</b> |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

| Interest rates            | Reflecting Stabilization | Not Reflecting Stabilization |
|---------------------------|--------------------------|------------------------------|
| ■ First segment rate      | 3.74%                    | 2.28%                        |
| ■ Second segment rate     | 5.35%                    | 3.81%                        |
| ■ Third segment rate      | 6.11%                    | 4.46%                        |
| ■ Effective interest rate | 5.55%                    | 4.03%                        |

#### Annual rates of increase

- Compensation: 3.00%

**Plan-related expenses** The amount included this year for administrative expenses is \$2,179,000, which is the actual administrative expenses for the prior plan year excluding investment management fees.

Plan Name: Beam Pension Plan  
EIN / PN: 36-4054676/002  
Plan Sponsor: Beam Global Spirits and Wine, Inc  
Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

■ **Healthy** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).

■ **Disabled** Same as healthy lives

### Termination

#### Representative Termination Rates

Clermont

| Percentage leaving during the year |       |       |       |       |       | Years of Service |
|------------------------------------|-------|-------|-------|-------|-------|------------------|
| Attained Age                       | 0     | 1     | 2     | 3     | 4     | 5+               |
| 20                                 | 19.20 | 19.20 | 19.20 | 19.20 | 19.20 | 5.70             |
| 25                                 | 15.20 | 15.20 | 15.20 | 15.20 | 15.20 | 4.60             |
| 30                                 | 11.60 | 11.20 | 11.20 | 11.20 | 11.20 | 3.60             |
| 35                                 | 11.60 | 11.20 | 10.40 | 10.00 | 9.60  | 2.50             |
| 40                                 | 11.60 | 11.20 | 10.40 | 10.00 | 9.60  | 1.90             |
| 45+                                | 11.60 | 11.20 | 10.40 | 10.00 | 9.60  | 1.50             |

Beam Salaried and Fortune Brands Salaried

| Percentage leaving during the year |       |       |       |       |       | Years of Service |
|------------------------------------|-------|-------|-------|-------|-------|------------------|
| Attained Age                       | 0     | 1     | 2     | 3     | 4     | 5+               |
| 20                                 | 21.88 | 21.88 | 21.88 | 21.88 | 35.00 | 30.20            |
| 25                                 | 17.88 | 17.88 | 17.88 | 17.88 | 28.60 | 24.40            |
| 30                                 | 15.88 | 14.88 | 13.75 | 13.50 | 21.60 | 18.90            |
| 35                                 | 15.88 | 14.88 | 13.75 | 12.75 | 19.00 | 13.70            |
| 40                                 | 15.88 | 14.88 | 13.75 | 12.75 | 19.00 | 9.70             |
| 45+                                | 15.88 | 14.88 | 13.75 | 12.75 | 19.00 | 6.80             |

Plan Name: Beam Pension Plan  
 EIN / PN: 36-4054676/002  
 Plan Sponsor: Beam Global Spirits and Wine, Inc  
 Valuation Date: January 1, 2019

# SCHEDULE SB ATTACHMENTS

## UFCW and Non-UFCW

| Percentage leaving during the year |       |       |       |       |       | Years of Service |
|------------------------------------|-------|-------|-------|-------|-------|------------------|
| Attained Age                       | 0     | 1     | 2     | 3     | 4     | 5+               |
| 20                                 | 14.40 | 14.40 | 14.40 | 14.40 | 14.40 | 15.60            |
| 25                                 | 11.40 | 11.40 | 11.40 | 11.40 | 11.40 | 12.20            |
| 30                                 | 8.70  | 8.40  | 8.40  | 8.40  | 8.40  | 10.00            |
| 35                                 | 8.70  | 8.40  | 7.80  | 7.50  | 7.20  | 6.60             |
| 40                                 | 8.70  | 8.40  | 7.80  | 7.50  | 7.20  | 5.00             |
| 45                                 | 8.70  | 8.40  | 7.80  | 7.50  | 7.20  | 4.10             |
| 50+                                | 8.70  | 8.40  | 7.80  | 7.50  | 7.20  | 4.00             |

## Disability

Representative rates at which participants become disabled by age are shown below:

| Percentage becoming disabled during the year |       |     |       |
|----------------------------------------------|-------|-----|-------|
| Age                                          | Rate  | Age | Rate  |
| 25                                           | 0.030 | 50  | 0.358 |
| 30                                           | 0.034 | 55  | 0.670 |
| 35                                           | 0.052 | 60  | 1.050 |
| 40                                           | 0.100 | 65  | 0.000 |
| 45                                           | 0.192 |     |       |

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## SCHEDULE SB ATTACHMENTS

### Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below. The average age based on the table below is 63.

| Percentage retiring during the year |          |                                           |                  |
|-------------------------------------|----------|-------------------------------------------|------------------|
| Age                                 | Clermont | Beam Salaried and Fortune Brands Salaried | UFCW and NonUFCW |
| 55                                  | N/A      | 5.0                                       | 5.0              |
| 56                                  | 5.0      | 5.0                                       | 5.0              |
| 57                                  | 5.0      | 5.0                                       | 5.0              |
| 58                                  | 5.0      | 5.0                                       | 5.0              |
| 59                                  | 5.0      | 5.0                                       | 5.0              |
| 60                                  | 5.0      | 10.0                                      | 5.0              |
| 61                                  | 10.0     | 10.0                                      | 10.0             |
| 62                                  | 30.0     | 30.0                                      | 30.0             |
| 63                                  | 10.0     | 10.0                                      | 10.0             |
| 64                                  | 10.0     | 10.0                                      | 10.0             |
| 65                                  | 30.0     | 30.0                                      | 30.0             |
| 66                                  | 30.0     | 30.0                                      | 30.0             |
| 67                                  | 30.0     | 30.0                                      | 30.0             |
| 68                                  | 20.0     | 20.0                                      | 20.0             |
| 69                                  | 20.0     | 20.0                                      | 20.0             |
| 70+                                 | 100.0    | 100.0                                     | 100.0            |

### Benefit commencement date:

- Preretirement death benefit  
The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit  
For Beam Salaried and Fortune Brands Salaried, age 64 if not early retirement eligible at the time of termination, or age 62 if early retirement eligible at the time of termination (i.e. age 55 with 10 years of service)  
Age 62 for other groups
- Disability benefit  
Upon disablement
- Retirement benefit  
Upon termination of employment

### Form of payment

Participants are assumed to elect the normal form.

Plan Name: Beam Pension Plan  
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Valuation Date: January 1, 2019

## SCHEDULE SB ATTACHMENTS

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|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Percent married</b>            | 80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement                                                                                                                                                                                                                                                                                                                             |
| <b>Spouse age</b>                 | Wife three years younger than husband                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Covered pay</b>                | Assumed plan compensation for the year beginning on the valuation date was determined as actual pensionable earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.                                                                                                                                                                                                                                                                          |
| <b>At-risk assumptions</b>        | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan. |
| <b>Timing of benefit payments</b> | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                                                                                                                                                                                                                                                                                                    |

### Methods

|                           |                                                                                                                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>     | First day of plan year                                                                                                                                                                            |
| <b>Funding target</b>     | Present value of accrued benefits as required by regulations under IRC§430.                                                                                                                       |
| <b>Target normal cost</b> | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
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| Valuation Date | January 1, 2019                   |

# SCHEDULE SB ATTACHMENTS

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## **Actuarial value of assets for determining minimum required contributions**

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.35% for 2018 and 2017 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2018 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Benefits not valued**

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Beam Suntory, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

## **Sources of Data and Other Information**

Beam, through its third-party administrator, furnished participant data as of January 1, 2019. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates may have been made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements: missing birth dates for beneficiaries of retirees with joint and survivor payment forms were assumed to be three years prior to the retirees' birth dates if the retirees were female and three years after the retirees' birth dates if the retirees were male; missing sex of beneficiaries were assumed to be opposite of the retirees' sex.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
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# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

|                                       |                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                  | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                                                    |
| <b>Expected return on plan assets</b> | We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.        |
| <b>Rate of Compensation Increase</b>  | While salaried retirement plan participants have frozen accrued benefits so that this assumption is not needed for this group, the assumption is needed for certain union participants whose pension benefit formula is based upon the greater of an hourly multiplier and a pay-based formula. The negotiated increase for certain union groups is 3%. |

## Assumptions Rationale - Significant Demographic Assumptions

|                    |                                                                                                                                                                                                                                                                                                                                                   |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mortality</b>   |                                                                                                                                                                                                                                                                                                                                                   |
| ■ Healthy          | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                           |
| ■ Disabled         | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                                                                                                                                           |
| <b>Termination</b> | Termination rates were based on an experience study conducted in 2011, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. Rates vary by salaried, Clermont union, and other union participants because of the differences in behavior observed among the groups. |

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
| EIN / PN:      | 36-4054676/002                    |
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| Valuation Date | January 1, 2019                   |

# SCHEDULE SB ATTACHMENTS

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## Retirement

Retirement rates were selected by the plan sponsor based on an experience review conducted in 2018 to closer align the assumption with actual plan experience between 2014 and 2018. Rates vary by salaried, Clermont union, and other union participants because of the differences in behavior observed among the groups.

## Benefit commencement date for deferred benefits:

Terminated vested pension participants are assumed to retire (i.e. elect to have their benefit payments commence) at age 62 if a union participant, at age 64 if a salaried participant who was not early retirement eligible at the time of termination, or at age 62 if a salaried participant who was early retirement eligible at the time of termination (i.e. age 55 with 10 years of service). This assumption is based in part upon an experience study from 2011 and modified in 2014 due to the greater level of subsidy such participants can receive.

## Form of payment

All participants are assumed to take their benefit in the normal form of payment (a single life annuity if the participant has no spouse as of the date payments commence, otherwise a 50% joint & survivor annuity). This assumption is based upon anticipated future plan experience.

## Marital Assumptions:

### ■ Percent married

The assumed percentage married is based on anticipated future experience.

### ■ Spouse age

The assumed age difference for spouses is based general population statistics of the age difference for married individuals of retirement age.

## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

|                |                                   |
|----------------|-----------------------------------|
| Plan Name:     | Beam Pension Plan                 |
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| Valuation Date | January 1, 2019                   |

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, published by IRS in October 2017 in regulation §1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were changed from \$2,084,000 for the prior valuation to \$2,179,000 for the current valuation.
- Retirement rates were changed based on an experience review conducted in 2018.
- Actuarial increases for terminated vested participants over 65 were added.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                   |
|--------------------------|-----------------------------------|
| <b>Plan Sponsor</b>      | Beam Global Spirits and Wine, Inc |
| <b>EIN/PN</b>            | 36-4054676/002                    |
| <b>Plan Name</b>         | Beam Pension Plan                 |
| <b>Valuation Date</b>    | January 1, 2019                   |
| <b>Enrolled Actuary</b>  | Nathan Crum                       |
| <b>Enrollment Number</b> | 20-07983                          |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- Retirement rates were changed based on an experience review conducted in 2018.
- Actuarial increases for terminated vested participants over 65 were added.

Plan Name: Beam Pension Plan  
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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation.

### Clermont

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (a)x(b)x(c)<br>Product |
|------------------|-------------|---------------|------------------------|
| 55.5             | 0.00%       | 1.0000        | 0.00                   |
| 56.5             | 5.00%       | 1.0000        | 2.83                   |
| 57.5             | 5.00%       | 0.9500        | 2.73                   |
| 58.5             | 5.00%       | 0.9025        | 2.64                   |
| 59.5             | 5.00%       | 0.8574        | 2.55                   |
| 60.5             | 5.00%       | 0.8145        | 2.46                   |
| 61.5             | 10.00%      | 0.7738        | 4.76                   |
| 62.5             | 30.00%      | 0.6964        | 13.06                  |
| 63.5             | 10.00%      | 0.4875        | 3.10                   |
| 64.5             | 10.00%      | 0.4387        | 2.83                   |
| 65.5             | 30.00%      | 0.3949        | 7.76                   |
| 66.5             | 30.00%      | 0.2764        | 5.51                   |
| 67.5             | 30.00%      | 0.1935        | 3.92                   |
| 68.5             | 20.00%      | 0.1354        | 1.86                   |
| 69.5             | 20.00%      | 0.1083        | 1.51                   |
| 70               | 100.00%     | 0.0867        | 6.07                   |
| Weighted Average |             |               | 63.57                  |

### Beam Salaried And Fortune Brand Salaried

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (a)x(b)x(c)<br>Product |
|------------------|-------------|---------------|------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                   |
| 56.5             | 5.00%       | 0.9500        | 2.68                   |
| 57.5             | 5.00%       | 0.9025        | 2.59                   |
| 58.5             | 5.00%       | 0.8574        | 2.51                   |
| 59.5             | 5.00%       | 0.8145        | 2.42                   |
| 60.5             | 10.00%      | 0.7738        | 4.68                   |
| 61.5             | 10.00%      | 0.6964        | 4.28                   |
| 62.5             | 30.00%      | 0.6268        | 11.75                  |
| 63.5             | 10.00%      | 0.4387        | 2.79                   |
| 64.5             | 10.00%      | 0.3949        | 2.55                   |
| 65.5             | 30.00%      | 0.3554        | 6.98                   |
| 66.5             | 30.00%      | 0.2488        | 4.96                   |
| 67.5             | 30.00%      | 0.1741        | 3.53                   |
| 68.5             | 20.00%      | 0.1219        | 1.67                   |
| 69.5             | 20.00%      | 0.0975        | 1.36                   |
| 70               | 100.00%     | 0.0780        | 5.46                   |
| Weighted Average |             |               | 62.99                  |

### UFCW and NON UFCW

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (a)x(b)x(c)<br>Product |
|------------------|-------------|---------------|------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                   |
| 56.5             | 5.00%       | 0.9500        | 2.68                   |
| 57.5             | 5.00%       | 0.9025        | 2.59                   |
| 58.5             | 5.00%       | 0.8574        | 2.51                   |
| 59.5             | 5.00%       | 0.8145        | 2.42                   |
| 60.5             | 5.00%       | 0.7738        | 2.34                   |
| 61.5             | 10.00%      | 0.7351        | 4.52                   |
| 62.5             | 30.00%      | 0.6616        | 12.40                  |
| 63.5             | 10.00%      | 0.4631        | 2.94                   |
| 64.5             | 10.00%      | 0.4168        | 2.69                   |
| 65.5             | 30.00%      | 0.3751        | 7.37                   |
| 66.5             | 30.00%      | 0.2626        | 5.24                   |
| 67.5             | 30.00%      | 0.1838        | 3.72                   |
| 68.5             | 20.00%      | 0.1287        | 1.76                   |
| 69.5             | 20.00%      | 0.1029        | 1.43                   |
| 70               | 100.00%     | 0.0823        | 5.76                   |
| Weighted Average |             |               | 63.17                  |

Based on personnel distribution (24% Clermont, 56% Salaried and 20% UFCW/NonUFCW), the average weighted retirement age in total is  $24\% \times 63.57 + 56\% \times 62.99 + 20\% \times 63.17 = 63.16$

Plan Name: Beam Pension Plan  
 EIN / PN: 36-4054676/002  
 Plan Sponsor: Beam Global Spirits and Wine, Inc  
 Valuation Date: January 1, 2019

|                         |                          |
|-------------------------|--------------------------|
| <b>Plan Name</b>        | <b>BEAM PENSION PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>36-4054676</b>        |
| <b>ERISA Plan #</b>     | <b>002</b>               |
| <b>Plan Year Ending</b> | <b>December 31, 2019</b> |

**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the DFE's Independent Qualified Public Accountant (IQPA).**

| <b>Form/Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|----------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H          | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H          | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H          | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H          | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |
| For calendar plan year 2019 or fiscal plan year beginning                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01/01/2019 and ending 12/31/2019 |
| <b>A</b> This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><br/> <input type="checkbox"/> a DFE (specify) ____         </div> </div> |                                  |
| <b>B</b> This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/><br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/><br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>                                                                                                         |                                  |
| <b>C</b> If the plan is a collectively-bargained plan, check here. .... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
| <b>D</b> Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>                                                                                                                              |                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                                                                                                                              |
| <b>1a</b> Name of plan<br>BEAM PENSION PLAN<br><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BEAM GLOBAL SPIRITS & WINE, INC.<br><br><br>222 W MERCHANDISE MART PLAZA<br>SUITE 1600<br>CHICAGO IL 60654 | <b>1b</b> Three-digit plan number (PN) ▶ | 002<br><br><br><br><br><br><br><br><br><br><b>1c</b> Effective date of plan<br>07/01/1965<br><br><b>2b</b> Employer Identification Number (EIN)<br>36-4054676<br><br><b>2c</b> Plan Sponsor's telephone number<br>(847) 484-4400<br><br><b>2d</b> Business code (see instructions)<br>312140 |

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

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

|                  |                                                            |                  |                                                                               |
|------------------|------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <i>F. J. Cortese</i><br>Signature of plan administrator    | 10/13/20<br>Date | FRANK CORTESE<br>Enter name of individual signing as plan administrator       |
|                  | <i>F. J. Cortese</i><br>Signature of employer/plan sponsor | 10/13/20<br>Date | FRANK CORTESE<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | Signature of DFE                                           | Date             | Enter name of individual signing as DFE                                       |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 2,521                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                | <b>6a(1)</b> 435                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 385                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                     | <b>6b</b> 1,168                                                                                                                                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 425                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            | <b>6d</b> 1,978                                                                                                                                                  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 210                                                                                                                                                    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                | <b>6f</b> 2,188                                                                                                                                                  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b>                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 0                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                    | <b>7</b>                                                                                                                                                         |

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

1A 3H

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

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_