

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>010</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DIAGEO NORTH AMERICA, INC.</u></p> <p><u>3 WORLD TRADE CENTER</u> <u>175 GREENWICH STREET</u> <u>NEW YORK, NY 10007</u></p>	<p>1c Effective date of plan <u>04/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>06-1067908</u></p> <p>2c Plan Sponsor's telephone number <u>212-202-1800</u></p> <p>2d Business code (see instructions) <u>312140</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	KYLE GIBB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DIAGEO NORTH AMERICA, INC. 200 ELM STREET, 2ND FLOOR STAMFORD, CT 06901		3b Administrator's EIN 06-1067908	
		3c Administrator's telephone number 475-685-1800	
4 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: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year	5	601	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	400	
6a(2) Total number of active participants at the end of the plan year	6a(2)	437	
b Retired or separated participants receiving benefits.....	6b	85	
c Other retired or separated participants entitled to future benefits	6c	113	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	635	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	13	
f Total. Add lines 6d and 6e.....	6f	648	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL</u>	B Three-digit plan number (PN) ▶	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DIAGEO NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>06-1067908</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>52749654</u>
	b Actuarial value	2b	<u>54159192</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>92</u>	<u>12095683</u>
	b For terminated vested participants	<u>109</u>	<u>3993562</u>
	c For active participants	<u>400</u>	<u>19522477</u>
	d Total	<u>601</u>	<u>35611722</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.29 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2659256</u>
	b Expected plan-related expenses	6b	<u>223000</u>
	c Target normal cost	6c	<u>2882256</u>

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

SIGN HERE			
	Signature of actuary	<u>10/02/2025</u>	Date
	<u>ERIC A. KEENER</u>	<u>23-06663</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>203-852-1100</u>	Telephone number (including area code)
	<u>800 CONNECTICUT AVENUE 3RD FLOOR NORWALK, CT 06854</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	7141480
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	7141480
10	Interest on line 9 using prior year's actual return of <u>10.29</u> %	0	734858
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3289594
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42</u> %		178296
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3467890
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7876338

Part III Funding Percentages			
14	Funding target attainment percentage	14	123.70 %
15	Adjusted funding target attainment percentage	15	144.75 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	127.33 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/05/2025	3000000	0					
			Totals ▶	18(b)	3000000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2751838
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 60
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 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	
26 Demographic and benefit information	
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 6c)	31a 2882256
b Excess assets, if applicable, but not greater than line 31a	31b 2882256
32 Amortization installments:	
a Net shortfall amortization installment	0
b Waiver amortization installment.....	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 0
	Carryover balance Prefunding balance Total balance
35 Balances elected for use to offset funding requirement	0 0 0
36 Additional cash requirement (line 34 minus line 35)	36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37 2751838
38 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	38a 2751838
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 the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL</u>	B Three-digit plan number (PN) ▶	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DIAGEO NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>06-1067908</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>DIAGEO N. AM. INC. DB MASTER TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>DIAGEO NORTH AMERICA</u>		
c EIN-PN <u>25-6384048-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53400064</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 DIAGEO NORTH AMERICA, INC.	D Employer Identification Number (EIN) 06-1067908

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3600000	3000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	49301824	53400064
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	52901824	56400064
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	20060	24265
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20060	24265
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	52881764	56375799

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		3000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1526425
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4526425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1032390	
(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)		1032390
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1032390

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3494035
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		72000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556064.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL</u>	B Three-digit plan number (PN) ▶	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DIAGEO NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>06-1067908</u>	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 25-6384048

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

Financial Statements

December 31, 2024 and 2023

(With Report of Independent Auditors Thereon)

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

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Supplemental schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not required or are not applicable.



Report of Independent Auditors

To the Administrator of Pension Plan for Hourly Paid Employees of Diageo North America, Inc. at its Plant at Plainfield, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Pension Plan for Hourly Paid Employees of Diageo North America, Inc. at its Plant at Plainfield, Illinois (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2023 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

October 14, 2025

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Beneficial interest in the Diageo Defined Benefit Master Trust	\$ 53,400,064	\$ 49,301,824
Employer contribution receivable	<u>3,000,000</u>	<u>3,600,000</u>
Total assets	<u>56,400,064</u>	<u>52,901,824</u>
Liabilities:		
Accrued administrative expenses	<u>24,265</u>	<u>20,060</u>
Net assets available for benefits	<u>\$ 56,375,799</u>	<u>\$ 52,881,764</u>

See accompanying notes to financial statements.

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	2024	2023
Additions (reductions) to net assets:		
Beneficial interest in investment income of the Diageo Defined Benefit Master Trust	\$ 1,774,667	\$ 4,384,628
Employer contribution	3,000,000	3,600,000
Pension benefits paid directly to participants	(1,032,390)	(1,029,473)
Administrative expenses	(248,242)	(193,011)
Net increase	3,494,035	6,762,144
Net assets available for benefits:		
Beginning of year	52,881,764	46,119,620
End of year	\$ 56,375,799	\$ 52,881,764

See accompanying notes to financial statements.

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

Statement of Accumulated Plan Benefits

December 31, 2023

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 11,466,415

Other participants

22,437,895

Total vested

33,904,310

Nonvested benefits

1,781,554

Total actuarial present value of accumulated plan benefits

\$ 35,685,864

See accompanying notes to financial statements.

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>33,694,754</u>
Increase (decrease) during the year attributable to:	
Interest accumulated	1,792,086
Benefits accumulated and actuarial gains/losses	1,780,097
Benefits paid	(1,029,473)
Changes in assumptions	<u>(551,600)</u>
Net increase	<u>1,991,110</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>35,685,864</u></u>

See accompanying notes to financial statements.

**PENSION PLAN FOR HOURLY PAID EMPLOYEES
OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT
PLAINFIELD, ILLINOIS**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the Pension Plan for Hourly Paid Employees of Diageo North America, Inc. at its Plant at Plainfield, Illinois (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory defined benefit pension plan which covers substantially all union hourly represented employees of the Diageo North America, Inc. (the Company or the Plan Sponsor) plant at Plainfield, Illinois. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The investments of the Plan during the year ended December 31, 2024 and 2023 are included in a pool of investments known as the Diageo Defined Benefit Master Trust (the Master Trust) along with pension plan assets of other pension plans sponsored by the Company. The assets of the Master Trust are held by The Northern Trust Company (Trustee).

Participation in the Plan begins on the first day of the month coincident with or next following the date of becoming an eligible employee. A Participant shall be fully vested after the completion of 5 years of credited service or upon termination of employment after Normal Retirement Age, age 65.

The Plan is administered by a committee appointed by the Company and such committee acts as the Plan's administrator.

(b) Pension Benefits

The Plan is available to all union hourly employees of the Company who are represented in a collective bargaining agreement by Liquor and Allied Workers Union Local No. 3.

Employees receive a benefit equal to 1.1% of average compensation multiplied by the number of his or her years of credited service, up to a maximum of 45 years.

(c) Death and Disability Benefits

If a vested employee dies at age 55 or older, an annuity equal to 50% of the amount the employee would have received had the employee retired and elected a joint and 50% survivor annuity on the first day of the month in which the employee died, is paid to the employee's spouse for his or her life. If the lump sum value of an employee's death benefits is less than \$5,000, the entire benefit will be paid in a lump sum distribution.

Active employees who have completed at least 10 years of credited service and attained his or her 45th birthday and become disabled receive a disability benefit based on their years of credited service as of the date they suffer a permanent and total disability, payable as a 50% joint and survivor annuity, or life annuity, as applicable.

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(2) Summary of Significant Accounting Policies

(a) 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.

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Common/collective trust funds are valued using the net asset value (NAV), as a practical expedient, provided by the trustees based on the fair value of the underlying assets owned by the fund. There are no redemption pre-notifications required and these investments can be redeemed daily.

The following table sets forth the Master Trust's investments at NAV:

	2024	2023
Common/collective trust funds		
Equity funds	\$ 114,658,323	\$ 112,289,635
Fixed income funds	469,554,597	465,868,453
Total Common/collective trust funds	\$ 584,212,920	\$ 578,158,088

The purchases and sales of investments in the Master Trust are presented on a trade-date basis. Dividends related to the Master Trust investments are recorded on the ex-dividend date. Interest related to the Master Trust investments is recorded when earned. Net appreciation includes the Plan's gains and losses on the Master Trust investments bought and sold as well as held during the year.

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(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Aon 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. The significant actuarial assumptions used for the Plan year ended December 31, 2023 were (a) life expectancy of participants (Pri-2012 blue-collar base tables with a generational projection of future mortality improvements from 2012 using Scale MP-2021); (b) retirement age assumptions (ranging from age 50 to age 70); and (c) interest rate of 5.50%. The standard unit credit cost method was used to determine contributions to the Plan.

Assumption changes are primarily the result of the change in the valuation interest rate from 5.40% to 5.50%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The Statement of Accumulated Plan Benefits is presented as of December 31, 2023 and the Statement of Changes in Accumulated Plan Benefits is presented for the year ended December 31, 2023. However, these financial statements use actuarial data as of January 1, 2024. There is not a material difference between the actuarial data as of December 31, 2023 and January 1, 2024.

(e) Risks and Uncertainties

Plan contributions are made, and the actuarial present value of accumulated plan benefits is prepared based upon certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation 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.

The Plan invests in various investment securities which are exposed to various interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic, inflation, or international conflict. Due to the level of risk associated with these securities and the level of uncertainty related to changes in their values, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits.

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The Plan invests indirectly in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of the securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by the shifts in the market's perception of the issuers and changes in interest rates.

(f) *Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included as a reduction of the Master Trust net appreciation presented in Note 6.

(g) *Payment of Benefits*

Benefit payments to participants are recorded when paid.

(3) Contributions and Funding Policy

The Company's minimum and maximum contributions to the Plan are determined by the Plan actuaries pursuant to ERISA funding requirements. The Company's contributions satisfied the minimum funding requirements of ERISA for 2024 and 2023.

(4) Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, the net assets of the Plan shall be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a)** Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- (b)** Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC, a U.S. governmental agency) subject to the applicable limitations (discussed below).
- (c)** All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d)** All nonvested benefits.

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Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024, the ceiling is \$7,108 per month. This ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger or older annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

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

(5) Investment in Diageo Defined Benefit Master Trust

The Plan's investments are in the Master Trust which was established for the investment of assets of the Plan and several other Company sponsored defined benefit plans. Each defined benefit plan has an undivided interest in the Master Trust. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the individual defined benefit plans based upon balances invested by each defined benefit plan.

(6) Information Certified by the Trustee

The Company has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the information certified as complete and accurate by the Trustee, except for comparing such information certified by the Trustee to information included in the Plan's financial statements. The Trustee certified to the investment information presented in the statements of net assets available for benefits, statements of changes in net assets available for benefits, and amounts shown on the following page.

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December 31, 2024 and 2023

The following table presents the fair values of investments and other assets and liabilities of the Master Trust, and the Plan's interest in the Master Trust as of December 31, 2024 and 2023:

	<u>December 31, 2024</u>		<u>December 31, 2023</u>	
	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust Balances</u>	<u>Master Trust Balances</u>	<u>Plan's Interest in Master Trust Balances</u>
Investments at fair value:				
Common/collective trust funds	\$ 584,212,920	\$ 53,397,310	\$ 578,158,088	\$ 49,298,027
Receivables:				
Accrued investment income	30,128	2,754	44,519	3,797
Net assets available to participating plans	<u>\$ 584,243,048</u>	<u>\$ 53,400,064</u>	<u>\$ 578,202,607</u>	<u>\$ 49,301,824</u>

At December 31, 2024 and 2023, the Plan had a 9.14% and 8.53% interest in the net assets of the Master Trust, respectively.

Net investment income of the Master Trust for the years ended December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Investment income:		
Net appreciation	\$ 20,674,320	\$ 53,061,935
Interest and dividends	488,128	442,617
Fees and expenses	<u>(25,656)</u>	<u>(22,759)</u>
	<u>\$ 21,136,792</u>	<u>\$ 53,481,793</u>

(7) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 12, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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(8) Parties-in-Interest

Certain investments in the Master Trust are managed by the Trustee or investment managers and therefore, transactions involving these investments qualify as party-in-interest transactions. Fees incurred from the Trustee by the Plan amounted to \$13,322 and \$8,602 for the years ended December 31, 2024 and 2023, respectively.

(9) Subsequent Events

In preparing the financial statements, management of the Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2025, the date that the financial statements were available to be issued, and noted no subsequent events requiring disclosure.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
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Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	3	3								
25-29	6	20 \$80,064	2							
30-34	5	16	9	6						
35-39	5	22 \$83,865	12	16	1					
40-44	3	13	16	17	11	4				
45-49	6	8	8	16	11	4				
50-54	1	5	19	14	12	12	1			
55-59	2	5	10	4	11	9		2		
60-64	2	4	12	11	6	5		2	3	
65-69	1		1	3						
70+										

N-400

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
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Schedule SB, Part V — Statement of Actuarial
 Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Long-Term Inflation Rate	3.00%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Assumed to retire at Age 65.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
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For ERISA Requirements

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	3.50%. The applicable third segment rate limitation is 5.92%.
2023 Plan Year	5.40%. The applicable third segment rate limitation is 5.74%.
Trust Expenses Included in Target Normal Cost	Prior year actual non-investment trust expenses reduced by prior year PBGC premiums, adjusted by inflation, and increased by estimated current year PBGC premiums. The result is rounded to the nearest \$1,000. The expense load thus determined for 2024 is \$223,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
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For ERISA Requirement

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
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Actuarial Assumptions and Methods

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	8.00%	45	5.00%
16	8.00%	46	5.00%
17	8.00%	47	5.00%
18	8.00%	48	5.00%
19	8.00%	49	5.00%
20	8.00%	50	4.00%
21	8.00%	51	4.00%
22	8.00%	52	4.00%
23	8.00%	53	4.00%
24	8.00%	54	4.00%
25	8.00%	55	4.00%
26	8.00%	56	4.00%
27	8.00%	57	4.00%
28	8.00%	58	4.00%
29	8.00%	59	4.00%
30	6.00%	60+	4.00%
31	6.00%		
32	6.00%		
33	6.00%		
34	6.00%		
35	6.00%		
36	6.00%		
37	6.00%		
38	6.00%		
39	6.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

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 The Pension Plan for Hourly Paid Employees Of Diageo North
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Table 2

Retirement Rates for Funding and ASC 960

Age	Rate
50	4.50%
51	4.50%
52	4.50%
53	4.50%
54	4.50%
55	9.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Table 3

Withdrawal Rates for Funding and ASC 960

Age	Years of Service					
	0	1	2	3	4	5+
15	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
16	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
17	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
18	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
19	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
20	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
21	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
22	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
23	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
24	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
25	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
26	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
27	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
28	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
29	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
30	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
31	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
32	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
33	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
34	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
35	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
36	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
37	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
38	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
39	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
40	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
41	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
42	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
43	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
44	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%

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Table 3 (continued)

Withdrawal Rates for Funding and ASC 960

Age	Years of Service					
	0	1	2	3	4	5+
45	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
46	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
47	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
48	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
49	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
50	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
51	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
52	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
53	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
54	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
55	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
56	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
57	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
58	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
59	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
60	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
61	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
62	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
63	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
64	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
65	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
66	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
67	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
68	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
69	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
70+	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.03%	45	0.08%
16	0.03%	46	0.11%
17	0.03%	47	0.13%
18	0.03%	48	0.15%
19	0.03%	49	0.18%
20	0.03%	50	0.21%
21	0.03%	51	0.25%
22	0.03%	52	0.29%
23	0.03%	53	0.34%
24	0.03%	54	0.39%
25	0.03%	55	0.45%
26	0.03%	56	0.52%
27	0.03%	57	0.61%
28	0.03%	58	0.71%
29	0.03%	59	0.84%
30	0.03%	60	1.01%
31	0.03%	61	1.21%
32	0.03%	62	1.44%
33	0.03%	63	1.70%
34	0.03%	64	2.00%
35	0.03%	65+	0.00%
36	0.03%		
37	0.03%		
38	0.03%		
39	0.03%		
40	0.04%		
41	0.04%		
42	0.04%		
43	0.05%		
44	0.06%		

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL
1b Three-digit plan number (PN): 010
1c Effective date of plan: 04/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): DIAGEO NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 06-1067908
2c Plan Sponsor's telephone number: 212-202-1800
2d Business code (see instructions): 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Kyle E Gibb, 10/15/2025, KYLE GIBB. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DIAGEO NORTH AMERICA, INC. 200 ELM STREET, 2nd FLOOR STAMFORD CT 06901	3b Administrator's EIN 06-1067908 3c Administrator's telephone number 475-685-1800
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4 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: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	601
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	400
a(2) Total number of active participants at the end of the plan year	6a(2)	437
b Retired or separated participants receiving benefits	6b	85
c Other retired or separated participants entitled to future benefits	6c	113
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	635
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	13
f Total. Add lines 6d and 6e	6f	648
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	6

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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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:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE PENSION PLAN FOR HOURLY PAID EMPLOYEES OF DIAGEO NORTH AMERICA, INC. AT ITS PLANT AT PLAINFIELD, IL	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DIAGEO NORTH AMERICA, INC.	D Employer Identification Number (EIN) 06-1067908	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	52,749,654	
b Actuarial value	2b	54,159,192	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	92	12,095,683	12,095,683
b For terminated vested participants	109	3,993,562	3,993,562
c For active participants	400	19,522,477	21,325,996
d Total	601	35,611,722	37,415,241
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.29%	
6 Target normal cost			
a Present value of current plan year accruals	6a	2,659,256	
b Expected plan-related expenses	6b	223,000	
c Target normal cost	6c	2,882,256	

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	ERIC A. KEENER <i>E.A.K.</i> Signature of actuary	10/02/2025 Date
	ERIC A. KEENER Type or print name of actuary	2306663 Most recent enrollment number
	Aon Consulting, Inc. Firm name	203-852-1100 Telephone number (including area code)
	800 Connecticut Avenue 3rd Floor NORWALK CT 06854 Address of the firm	

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 60

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? 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 6c)..... **31a** 2,882,256

b Excess assets, if applicable, but not greater than line 31a **31b** 2,882,256

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 2,751,838

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 2,751,838

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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
 America, Inc. At Its Plant At Plainfield, IL
 EIN: 06-1067908 PN: 010

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Months to Discount to 1/1/2024 at 5.29%	Interest Adjusted Contribution
September 5, 2025	\$ 3,000,000	20.1	\$ 2,751,838
Total Contribution	\$ 3,000,000		\$ 2,751,838

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
 America, Inc. At Its Plant At Plainfield, IL
 EIN: 06-1067908 PN: 010

Schedule SB, line 22 — Description of Weighted Average
 Retirement Age

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. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	
50		4.50%	1.0000	2.25
51		4.50%	0.9550	2.19
52		4.50%	0.9120	2.13
53		4.50%	0.8710	2.08
54		4.50%	0.8318	2.02
55		9.00%	0.7944	3.93
56		5.00%	0.7229	2.02
57		5.00%	0.6867	1.96
58		5.00%	0.6524	1.89
59		5.00%	0.6198	1.83
60		5.00%	0.5888	1.77
61		10.00%	0.5593	3.41
62		20.00%	0.5034	6.24
63		20.00%	0.4027	5.07
64		20.00%	0.3222	4.12
65		30.00%	0.2577	5.03
66		30.00%	0.1804	3.57
67		30.00%	0.1263	2.54
68		30.00%	0.0884	1.80
69		30.00%	0.0619	1.28
70		100.00%	0.0433	3.03
Weighted Average				60.16

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Long-Term Inflation Rate	3.00%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Assumed to retire at Age 65.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, Il
EIN: 06-1067908 PN: 010

For ERISA Requirements

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2023 pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	3.50%. The applicable third segment rate limitation is 5.92%.
2023 Plan Year	5.40%. The applicable third segment rate limitation is 5.74%.
Trust Expenses Included in Target Normal Cost	Prior year actual non-investment trust expenses reduced by prior year PBGC premiums, adjusted by inflation, and increased by estimated current year PBGC premiums. The result is rounded to the nearest \$1,000. The expense load thus determined for 2024 is \$223,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

For ERISA Requirement

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
 America, Inc. At Its Plant At Plainfield, IL
 EIN: 06-1067908 PN: 010

Actuarial Assumptions and Methods

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	8.00%	45	5.00%
16	8.00%	46	5.00%
17	8.00%	47	5.00%
18	8.00%	48	5.00%
19	8.00%	49	5.00%
20	8.00%	50	4.00%
21	8.00%	51	4.00%
22	8.00%	52	4.00%
23	8.00%	53	4.00%
24	8.00%	54	4.00%
25	8.00%	55	4.00%
26	8.00%	56	4.00%
27	8.00%	57	4.00%
28	8.00%	58	4.00%
29	8.00%	59	4.00%
30	6.00%	60+	4.00%
31	6.00%		
32	6.00%		
33	6.00%		
34	6.00%		
35	6.00%		
36	6.00%		
37	6.00%		
38	6.00%		
39	6.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
 America, Inc. At Its Plant At Plainfield, IL
 EIN: 06-1067908 PN: 010

Table 2

Retirement Rates for Funding and ASC 960

Age	Rate
50	4.50%
51	4.50%
52	4.50%
53	4.50%
54	4.50%
55	9.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

Table 3

Withdrawal Rates for Funding and ASC 960

Age	Years of Service					
	0	1	2	3	4	5+
15	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
16	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
17	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
18	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
19	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
20	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
21	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
22	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
23	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
24	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
25	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
26	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
27	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
28	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
29	25.00%	20.00%	20.00%	20.00%	6.00%	6.00%
30	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
31	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
32	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
33	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
34	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
35	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
36	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
37	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
38	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
39	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
40	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
41	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
42	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
43	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
44	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

Table 3 (continued)

Withdrawal Rates for Funding and ASC 960

Age	Years of Service					
	0	1	2	3	4	5+
45	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
46	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
47	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
48	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
49	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
50	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
51	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
52	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
53	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
54	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
55	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
56	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
57	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
58	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
59	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
60	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
61	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
62	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
63	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
64	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
65	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
66	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
67	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
68	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
69	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%
70+	25.00%	20.00%	12.00%	10.00%	6.00%	6.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
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Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.03%	45	0.08%
16	0.03%	46	0.11%
17	0.03%	47	0.13%
18	0.03%	48	0.15%
19	0.03%	49	0.18%
20	0.03%	50	0.21%
21	0.03%	51	0.25%
22	0.03%	52	0.29%
23	0.03%	53	0.34%
24	0.03%	54	0.39%
25	0.03%	55	0.45%
26	0.03%	56	0.52%
27	0.03%	57	0.61%
28	0.03%	58	0.71%
29	0.03%	59	0.84%
30	0.03%	60	1.01%
31	0.03%	61	1.21%
32	0.03%	62	1.44%
33	0.03%	63	1.70%
34	0.03%	64	2.00%
35	0.03%	65+	0.00%
36	0.03%		
37	0.03%		
38	0.03%		
39	0.03%		
40	0.04%		
41	0.04%		
42	0.04%		
43	0.05%		
44	0.06%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

The plan provisions in effect on January 1, 2024 are summarized below:

Effective Date	January 1, 1969. The most recent amendment to the 2013 plan restatement was effective January 1, 2018.
Eligibility	Hourly employee of the Company and a member of a collective bargaining unit.
Participation	First day of the month coincident with or next following the date of becoming an Eligible Employee.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 Years of Credited Service.
Disability	Age 45 with 10 Years of Credited Service and totally disabled.
Deferred Vested	Five Years of Credited Service.
Preretirement Survivor Benefit	Five Years of Credited Service.
Amount of Benefits	
Normal Retirement	The maximum of (1) and (2) below: (1) 1.10% of Average Compensation times Years of Credited Service (maximum of 40 years). (2) July 31, 1998 accrued benefit.
Early Retirement	Normal retirement benefit reduced 5% per year for every year early retirement precedes age 62.
Disability	Normal retirement benefit accrued to date of disability. Benefit payments commence at time of disability.
Deferred Vested	Accrued normal retirement benefit. Payments commence at age 65 or earlier with reductions.
Preretirement Survivor Benefit	Benefit equal to 50% of the normal retirement benefit the participant had accrued to the date of death, commencing no earlier than the date which the participant would have been eligible for early retirement.
Normal Form of Benefits	
Single Employees	Life annuity.
Married Employees	50% Joint & Survivor annuity.
Definitions	
Compensation	Base salary plus cash bonuses, overtime, shift differentials, and section 401(k) or section 125 deferrals.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

Years of Credited Service

Play year in which an individual completes at least 1,000 hours of service with no fractional credit for years with less than 1,000 hours.

Average Compensation

The average of a participant's highest 60 consecutive months of compensation during the final 120-month period before termination or retirement.

Plan Changes Since the Prior Year

The compensation limit under IRC section 401(a)(17) has increased from \$330,000 in 2023 to \$345,000 in 2024.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, IL
EIN: 06-1067908 PN: 010

Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, NJ
EIN: 06-1067908 PN: 010

Schedule SB, line 24 — Change in Actuarial Assumptions

The ERISA Valuation reflects the following assumption changes:

- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- The expected return on assets has been updated from 3.50 percent to 5.40 percent for the 2023 Plan Year.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
 America, Inc. At Its Plant At Plainfield, IL
 EIN: 06-1067908 PN: 010

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	3	3								
25-29	6	20 \$80,064	2							
30-34	5	16	9	6						
35-39	5	22 \$83,865	12	16	1					
40-44	3	13	16	17	11	4				
45-49	6	8	8	16	11	4				
50-54	1	5	19	14	12	12	1			
55-59	2	5	10	4	11	9		2		
60-64	2	4	12	11	6	5		2	3	
65-69	1		1	3						
70+										

N-400

Schedule SB Attachment (Form 5500) –2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
America, Inc. At Its Plant At Plainfield, Il
EIN: 06-1067908 PN: 010

Schedule SB, line 26b – Schedule of Projection of Expected
Benefit Payments

	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	57,678	5,047	1,019,558	1,082,283
2025	191,292	6,015	1,004,522	1,201,829
2026	331,338	16,380	988,651	1,336,369
2027	475,159	29,686	971,445	1,476,290
2028	616,184	30,466	952,934	1,599,584
2029	762,320	69,124	933,167	1,764,612
2030	888,651	87,620	911,277	1,887,548
2031	999,212	118,106	888,489	2,005,807
2032	1,103,861	142,509	864,847	2,111,216
2033	1,205,388	145,451	840,459	2,191,298
2034	1,294,275	169,072	815,100	2,278,448
2035	1,379,889	177,754	788,793	2,346,436
2036	1,466,876	228,422	761,545	2,456,843
2037	1,554,247	275,540	733,362	2,563,148
2038	1,627,787	305,123	704,245	2,637,156
2039	1,711,983	324,174	674,192	2,710,349
2040	1,755,473	356,350	643,196	2,755,019
2041	1,815,059	374,465	611,244	2,800,768
2042	1,839,006	388,553	578,323	2,805,881
2043	1,887,948	398,627	544,430	2,831,005
2044	1,927,326	426,394	509,599	2,863,319
2045	1,985,183	454,347	473,915	2,913,445
2046	2,025,199	452,353	437,535	2,915,087
2047	2,004,730	472,248	400,690	2,877,668
2048	2,039,394	477,564	363,685	2,880,643
2049	2,014,190	468,773	326,903	2,809,866
2050	1,999,096	508,116	290,786	2,797,998
2051	1,990,985	502,052	255,820	2,748,857
2052	1,951,132	495,583	222,489	2,669,205
2053	1,923,195	500,245	191,231	2,614,670
2054	1,864,894	483,101	162,413	2,510,408
2055	1,813,812	473,402	136,300	2,423,514
2056	1,765,737	462,244	113,048	2,341,029
2057	1,692,996	442,790	92,702	2,228,488
2058	1,612,765	423,505	75,204	2,111,475
2059	1,535,657	403,748	60,408	1,999,812
2060	1,460,812	388,741	48,100	1,897,653
2061	1,375,283	367,428	38,024	1,780,735
2062	1,289,011	345,879	29,904	1,664,794
2063	1,208,438	324,235	23,455	1,556,129
2064	1,128,248	302,612	18,401	1,449,261
2065	1,047,616	281,199	14,483	1,343,297
2066	968,933	259,990	11,472	1,240,395
2067	892,728	239,208	9,170	1,141,106
2068	819,475	218,967	7,415	1,045,856
2069	749,202	199,370	6,070	954,642
2070	682,018	180,514	5,029	867,561
2071	618,049	162,485	4,208	784,742
2072	557,383	145,359	3,546	706,287
2073	500,110	129,193	2,999	632,302

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
 America, Inc. At Its Plant At Plainfield, IL
 EIN: 06-1067908 PN: 010

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Months to Discount to 1/1/2024 at 5.29%	Interest Adjusted Contribution
September 5, 2025	\$ 3,000,000	20.1	\$ 2,751,838
Total Contribution	\$ 3,000,000		\$ 2,751,838

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 The Pension Plan for Hourly Paid Employees Of Diageo North
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Schedule SB, line 22 — Description of Weighted Average
 Retirement Age

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. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)	
50		4.50%	1.0000	2.25
51		4.50%	0.9550	2.19
52		4.50%	0.9120	2.13
53		4.50%	0.8710	2.08
54		4.50%	0.8318	2.02
55		9.00%	0.7944	3.93
56		5.00%	0.7229	2.02
57		5.00%	0.6867	1.96
58		5.00%	0.6524	1.89
59		5.00%	0.6198	1.83
60		5.00%	0.5888	1.77
61		10.00%	0.5593	3.41
62		20.00%	0.5034	6.24
63		20.00%	0.4027	5.07
64		20.00%	0.3222	4.12
65		30.00%	0.2577	5.03
66		30.00%	0.1804	3.57
67		30.00%	0.1263	2.54
68		30.00%	0.0884	1.80
69		30.00%	0.0619	1.28
70		100.00%	0.0433	3.03
Weighted Average				60.16

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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2045	1,985,183	454,347	473,915	2,913,445
2046	2,025,199	452,353	437,535	2,915,087
2047	2,004,730	472,248	400,690	2,877,668
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2051	1,990,985	502,052	255,820	2,748,857
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Schedule SB Attachment (Form 5500) — 2024 Plan Year
The Pension Plan for Hourly Paid Employees Of Diageo North
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Schedule SB, Part V — Summary of Plan Provisions

The plan provisions in effect on January 1, 2024 are summarized below:

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Eligibility	Hourly employee of the Company and a member of a collective bargaining unit.
Participation	First day of the month coincident with or next following the date of becoming an Eligible Employee.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	Age 55 with 10 Years of Credited Service.
Disability	Age 45 with 10 Years of Credited Service and totally disabled.
Deferred Vested	Five Years of Credited Service.
Preretirement Survivor Benefit	Five Years of Credited Service.
Amount of Benefits	
Normal Retirement	The maximum of (1) and (2) below: (1) 1.10% of Average Compensation times Years of Credited Service (maximum of 40 years). (2) July 31, 1998 accrued benefit.
Early Retirement	Normal retirement benefit reduced 5% per year for every year early retirement precedes age 62.
Disability	Normal retirement benefit accrued to date of disability. Benefit payments commence at time of disability.
Deferred Vested	Accrued normal retirement benefit. Payments commence at age 65 or earlier with reductions.
Preretirement Survivor Benefit	Benefit equal to 50% of the normal retirement benefit the participant had accrued to the date of death, commencing no earlier than the date which the participant would have been eligible for early retirement.
Normal Form of Benefits	
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Compensation	Base salary plus cash bonuses, overtime, shift differentials, and section 401(k) or section 125 deferrals.

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The average of a participant's highest 60 consecutive months of compensation during the final 120-month period before termination or retirement.

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Schedule SB Attachment (Form 5500) — 2024 Plan Year
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America, Inc. At Its Plant At Plainfield, NJ
EIN: 06-1067908 PN: 010

Schedule SB, line 24 — Change in Actuarial Assumptions

The ERISA Valuation reflects the following assumption changes:

- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- The expected return on assets has been updated from 3.50 percent to 5.40 percent for the 2023 Plan Year.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.