

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed 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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
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 PREMIUM BEVERAGE SUPPLY CASH BALANCE PLAN	1b	Three-digit plan number (PN) ▶	002
		1c	Effective date of plan	01/01/2012
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) PREMIUM BEVERAGE SUPPLY 3701 LACON RD. HILLARD, OH 43026	2b	Employer Identification Number (EIN)	31-1439207
		2c	Sponsor's telephone number	614-777-1007
		2d	Business code (see instructions)	424800
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b	Administrator's EIN	
		3c	Administrator's telephone number	
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	
5a	Total number of participants at the beginning of the plan year	5a		58
b	Total number of participants at the end of the plan year	5b		46
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)		
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)		
d(1)	Total number of active participants at the beginning of the plan year	5d(1)		56
d(2)	Total number of active participants at the end of the plan year	5d(2)		43
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e		9

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/09/2024	RONALD WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2024	RONALD WILSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 524362. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3043836	3373129
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3043836	3373129
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	329293	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		329293
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		329293
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 1D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☐ No
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	
☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
☐ Yes ☒ No	
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII IRS Compliance Questions

14a 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	
14b 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	
15 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 _____.	

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
▶ 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 PREMIUM BEVERAGE SUPPLY CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PREMIUM BEVERAGE SUPPLY	D Employer Identification Number (EIN) 31-1439207
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 12 Day 31 Year 2023			
2	Assets:			
a	Market value	2a	3373129	
b	Actuarial value	2b	3373129	
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	0	0	0
b	For terminated vested participants	1	490	490
c	For active participants	43	2911541	2911541
d	Total	44	2912031	2912031
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	4.75 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	0	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>JULIA CHERNYAK</div> <div>Type or print name of actuary</div> <div>JC ACTUARIAL BENEFIT CONSULTANTS</div> <div>Firm name</div> <div>7318 SELWORTHY LANE SOLON, OH 44139</div> <div>Address of the firm</div>	<div>09/24/2024</div> <div>Date</div> <div>23-06817</div> <div>Most recent enrollment number</div> <div>440-725-4691</div> <div>Telephone number (including area code)</div>
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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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.65</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>4.75</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	115.83 %
15 Adjusted funding target attainment percentage	15	115.83 %
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	110.42 %
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
Totals ▶			18(b)		18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	0
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			
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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

E-SIGNATURE AUTHORIZATION

for

Premium Beverage Supply Cash Balance Plan

31-1439207/002

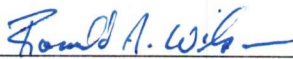
For Plan Year 01/01/2023 through 12/31/2023

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

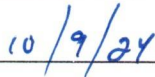
I/We authorize JC Actuarial Benefit Consultants to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to JC Actuarial Benefit Consultants before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- JC Actuarial Benefit Consultants will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- JC Actuarial Benefit Consultants will maintain a copy of this written authorization in its records.
- JC Actuarial Benefit Consultants will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- JC Actuarial Benefit Consultants shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.



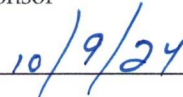
Plan Administrator



Date



Plan Sponsor



Date

Form 5500-SF

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee
Benefit PlanThis form is required to be filed under sections 104 and 4065 of the Employee Retirement
Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal
Revenue Code (the Code).OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to
Public Inspection

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning	01/01/2023	and ending	12/31/2023
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)		
B This return/report is:	☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)		
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)		
D If the plan is a collectively-bargain plan, check here	☐ ☐		
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 Premium Beverage Supply Cash Balance Plan	1b Three-digit plan number (PN) ► 002
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) Premium Beverage Supply 3701 Lacon Rd. US Hilliard OH 43026	1c Effective date of plan 01/01/2012 2b Employer Identification Number (EIN) 31-1439207 2c Sponsor's telephone number (614) 777-1007 2d Business code (see instructions) 424800
3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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
5a Total number of participants at the beginning of the plan year	5a 58
b Total number of participants at the end of the plan year	5b 46
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)
d(1) Total number of active participants at the beginning of the plan year	5d(1) 56
d(2) Total number of active participants at the end of the plan year	5d(2) 43
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 9

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	<i>Ronald Wilson</i>	10/9/24	Ronald Wilson
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Ronald A Wilson</i>	10/9/24	Ronald Wilson
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2023)
v. 230728

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year 524362. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	3,043,836	3,373,129
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	3,043,836	3,373,129
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	329,293	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		329,293
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions) ...	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		329,293
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 1D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below ☒ Yes ☐ No

a. Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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: _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☐ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year. **12b**

c Enter the amount contributed by the employer to the plan for the plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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

Premium Beverage Supply Cash Balance Plan
EIN / PN: 31-1439207/002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Effective Date: January 1, 2012.

Eligibility to Participate: Employee shall become participants on the first date of the month, he or she completes 1 Year of Eligibility Service and attain age 21.

Plan Year: The twelve consecutive-month period commencing on January 1 and ending on December 31.

Year of Eligibility Service: An Eligibility Computation Period (12 months from employment with the Plan Year after that) during which the employee has at least 1,000 Hours of Service with Employer.

Year of Vesting Service: A Plan Year during which the employee has at least 1,000 Hours of Service with Employer.

Normal Retirement Date (NRD): The first of the month coinciding with or next following the date on which the Participant attains age 62.

Compensation: The total of all amounts paid by the Employer to or for the benefit of a Participant while a Participant. Compensation shall include any elective deferral and any amount which is not includible in the gross income by the reason of Code Sections 125 or 457. For detailed description please refer to the Plan Document.

Accrued Benefit: monthly annuity payable in the Normal Form that is the Actuarial Equivalent of a Participant's Hypothetical Account at the normal retirement date. A participant's accrued benefit determinable from the subaccount A will be reduced by the actuarial equivalent of the hypothetical offset account.

Cash Balance Account:

Cash Balance Account equals sum of a Subaccount A and a Subaccount B.

The opening Cash Balance Account for Group One is \$70,000.

If the Participant is a member of Group One, his account A shall be credited with 3.5% of Compensation and his account B shall be credited with \$100,000 for 2012-2014 Plan Years and \$200,000 for 2015.

For 2016 Plan Year, his account A shall be credited with 4% of Compensation and his account B shall be credited with \$200,000. For 2017 and after, his account A shall be credited with 4.2% of Compensation and his account B shall be credited with \$200,000.

For 2021 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$300,000. For 2022 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$0. Group One: Ronald A. Wilson.

Summary of Plan Provisions

If the Participant is a member of Group Two, for years 2014-2015 his account A should be credited with 3% of Compensation and his account B shall be credited with \$0. For years 2016 , his account A shall be credited with 4% of Compensation and his account B shall be credited with \$0. For years 2017 and after, his account A shall be credited with 4.2% of Compensation and his account B shall be credited with \$0. For years 2021 and after, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$0.

Group Two: All participants who are not in Group One or Three.

Effective 1/1/2015, if the Participant is a member of Group Three, his account A should be credited with 3.5% of Compensation and his account B shall be credited with \$50,000. Effective 1/1/2016, if the Participant is a member of Group Three, his account A should be credited with 4% of Compensation and his account B shall be credited with \$50,000. Effective 1/1/2017, if the Participant is a member of Group Three, his account A should be credited with 4.2% of Compensation and his account B shall be credited with \$50,000. Effective 1/1/2018, if the Participant is a member of Group Three, his account A should be credited with 4.2% of Compensation and his account B shall be credited with \$100,000.

For 2021 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$200,000.

For 2022 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$0.

Group Three: Lisa Wilson.

A participant has to complete at least 1,000 hours of Service.

Interest Credit: 30 year treasury rate for the third month preceding the first day of the Plan Year.

Hypothetical Account: an account consisting of the sum of a contribution credits and interest credits.

Hypothetical Offset Account: Hypothetical account attributable to the non-elective contributions under the 401k Plan and equal to the sum of the following provisions: Contributions: Employer contributions for the Plan Year beginning before 1/1/16, limited to 3.5% of a Participant's Compensation; for Plan Year beginning before 1/1/17, 4% of Compensation and 4.2% of Compensation for Plan Years beginning after 12/31/2016, or if greater, the lowest non-elective contribution allocated to any Participant receiving a contribution credit during a Plan Year. Proportionate Share of Earnings. The actual earnings on the offset account for the Plan Year which are calculated by multiplying the earnings in each plan by a fraction, of which the numerator is the Hypothetical Offset Account balance as of the beginning of the Plan Year and the denominator is the total non-elective contribution account balance as of the beginning of the Plan Year.

Premium Beverage Supply Cash Balance Plan
EIN / PN: 31-1439207/002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Normal Retirement Benefit: Accrued Benefit commencing at Normal Retirement Date.

Early Retirement Benefit: None

Termination Benefit: Participant's Vested Percentage shall be based upon the Participant's Years of Service as follows:

Years of Vesting Service	Vested Portion of Accrued Benefit
0-1	0%
2	0%
3	100%

Only years from the effective date of the plan should be counted.

Benefit Payment Option:

The Trustee shall pay the vested (non-forfeitable) portion of a Participant's Vested Cash Balance Benefits in any of the following options chosen by the Participant:

(a) In one (1) Single-sum payment (at plan termination only); or

Premium Beverage Supply Cash Balance Plan

EIN / PN: 31-1439207/002

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

Weighted Average Retirement Age is the latest the NRA under the plan or actual age of the participants ta the end of the year.

$(67*1+62*42)/43=62$

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

► **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

Premium Beverage Supply Cash Balance Plan

B Three-digit

plan number (PN) ►

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Premium Beverage Supply

D Employer Identification Number (EIN)

31-1439207

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

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

Basic Information

1 Enter the valuation date: Month 12 Day 31 Year 2023

2 Assets:

a Market value **2a** **3,373,129**

b Actuarial value **2b** **3,373,129**

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	0	0	0
b For terminated vested participants	1	490	490
c For active participants	43	2,911,541	2,911,541
d Total	44	2,912,031	2,912,031

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

a Funding target disregarding prescribed at-risk assumptions **4a**

b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b**

5 Effective interest rate **5** **4.75 %**

6 Target normal cost

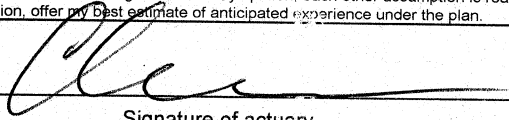
a Present value of current plan year accruals **6a** **0**

b Expected plan-related expenses **6b** **0**

c Target normal cost **6c** **0**

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.



Signature of actuary

Julia Chernyak

Type or print name of actuary

JC Actuarial Benefit Consultants

Firm name

7318 Selworthy Lane

US Solon

OH 44139

Address of the firm

09/24/2024

Date

23-06817

Most recent enrollment number

(440) 725-4691

Telephone number (including area code)

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

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

**Schedule SB (Form 5500) 2023
v. 230728**

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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.65</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>4.75</u> % ...		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Funding Percentages

14 Funding target attainment percentage	14	115.83 %
15 Adjusted funding target attainment percentage	15	115.83 %
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	110.42 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Contributions and Liquidity Shortfalls

(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
Totals ▶ 18(b)			18(c)		

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.00 %3rd segment:
5.74 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**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****Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30****Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

0

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

0

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

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

0

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

0

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

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

Premium Beverage Supply Cash Balance Plan
 EIN / PN: 31-1439207/002
 Schedule SB, line 26 - Schedule of Active Participant Data

Schedule of Active Participant Data

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29	0	4	1	0	0	0	0	0	0	0	5
30 to 34	0	2	1	1	0	0	0	0	0	0	4
35 to 39	0	3	2	3	0	0	0	0	0	0	8
40 to 44	0	0	2	3	1	0	0	0	0	0	6
45 to 49	0	1	3	3	2	1	0	0	0	0	10
50 to 54	0	0	1	0	1	1	0	0	0	0	3
55 to 59	0	0	1	3	0	0	0	0	0	0	4
60 to 64	0	0	0	0	0	0	1	0	0	0	1
65 to 69	0	0	0	0	0	0	1	0	0	0	1
over 70	0	0	0	0	0	0	0	0	0	0	0
Total	0	11	11	13	4	2	2	0	0	0	43

Premium Beverage Supply Cash Balance Plan

EIN / PN: 31-1439207/002

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

Weighted Average Retirement Age is the latest the NRA under the plan or actual age of the participants to the end of the year.

$(67*1+62*42)/43=62$

Actuarial Method and Assumptions

Cost Method:

The Unit Credit Method as defined by the Pension Protection Act of 2006.

Asset Valuation Method:

The Actuarial Value of Assets (Plan Assets) is equal to the average of market value of assets for 3 years as described in IRS Notice 2009-22.

Actuarial assumptions

Investment Return for Funding	4.75%	Applicable during first 5 years starting from the Val Date.
	5.00%	Applicable during years 6-20 starting from the Val Date.
	5.74%	Applicable during years 21 and beyond starting from the Val Date.
Investment Return for	4.21%	Applicable during first 5 years starting from the Val Date.
Maximum Tax Deductible	4.86%	Applicable during years 6-20 starting from the Val Date.
Contribution	4.87%	Applicable during years 21 and beyond starting from the Val Date.
Salary increases	N/A	
Mortality	Post-Retirement - 2023 Applicable Mortality Table Pre-Retirement - none.	
Withdrawal	None	
Disability	None	
Retirement	100% at age 62 or valuation age, if later	
Expenses	None	
Form of Payment	Lump Sum	
Changes in non-prescribed assumptions	None	

An employee census, asset data and contribution amounts were supplied by the Company and relied on to be complete and accurate.

Premium Beverage Supply Cash Balance Plan
EIN / PN: 31-1439207/002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Effective Date: January 1, 2012.

Eligibility to Participate: Employee shall become participants on the first date of the month, he or she completes 1 Year of Eligibility Service and attain age 21.

Plan Year: The twelve consecutive-month period commencing on January 1 and ending on December 31.

Year of Eligibility Service: An Eligibility Computation Period (12 months from employment with the Plan Year after that) during which the employee has at least 1,000 Hours of Service with Employer.

Year of Vesting Service: A Plan Year during which the employee has at least 1,000 Hours of Service with Employer.

Normal Retirement Date (NRD): The first of the month coinciding with or next following the date on which the Participant attains age 62.

Compensation: The total of all amounts paid by the Employer to or for the benefit of a Participant while a Participant. Compensation shall include any elective deferral and any amount which is not includible in the gross income by the reason of Code Sections 125 or 457. For detailed description please refer to the Plan Document.

Accrued Benefit: monthly annuity payable in the Normal Form that is the Actuarial Equivalent of a Participant's Hypothetical Account at the normal retirement date. A participant's accrued benefit determinable from the subaccount A will be reduced by the actuarial equivalent of the hypothetical offset account.

Cash Balance Account:

Cash Balance Account equals sum of a Subaccount A and a Subaccount B.

The opening Cash Balance Account for Group One is \$70,000.

If the Participant is a member of Group One, his account A shall be credited with 3.5% of Compensation and his account B shall be credited with \$100,000 for 2012-2014 Plan Years and \$200,000 for 2015.

For 2016 Plan Year, his account A shall be credited with 4% of Compensation and his account B shall be credited with \$200,000. For 2017 and after, his account A shall be credited with 4.2% of Compensation and his account B shall be credited with \$200,000.

For 2021 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$300,000. For 2022 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$0. Group One: Ronald A. Wilson.

Summary of Plan Provisions

If the Participant is a member of Group Two, for years 2014-2015 his account A should be credited with 3% of Compensation and his account B shall be credited with \$0. For years 2016 , his account A shall be credited with 4% of Compensation and his account B shall be credited with \$0. For years 2017 and after, his account A shall be credited with 4.2% of Compensation and his account B shall be credited with \$0. For years 2021 and after, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$0.

Group Two: All participants who are not in Group One or Three.

Effective 1/1/2015, if the Participant is a member of Group Three, his account A should be credited with 3.5% of Compensation and his account B shall be credited with \$50,000. Effective 1/1/2016, if the Participant is a member of Group Three, his account A should be credited with 4% of Compensation and his account B shall be credited with \$50,000. Effective 1/1/2017, if the Participant is a member of Group Three, his account A should be credited with 4.2% of Compensation and his account B shall be credited with \$50,000. Effective 1/1/2018, if the Participant is a member of Group Three, his account A should be credited with 4.2% of Compensation and his account B shall be credited with \$100,000.

For 2021 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$200,000.

For 2022 Plan Year, his account A shall be credited with 7% of Compensation and his account B shall be credited with \$0.

Group Three: Lisa Wilson.

A participant has to complete at least 1,000 hours of Service.

Interest Credit: 30 year treasury rate for the third month preceding the first day of the Plan Year.

Hypothetical Account: an account consisting of the sum of a contribution credits and interest credits.

Hypothetical Offset Account: Hypothetical account attributable to the non-elective contributions under the 401k Plan and equal to the sum of the following provisions: Contributions: Employer contributions for the Plan Year beginning before 1/1/16, limited to 3.5% of a Participant's Compensation; for Plan Year beginning before 1/1/17, 4% of Compensation and 4.2% of Compensation for Plan Years beginning after 12/31/2016, or if greater, the lowest non-elective contribution allocated to any Participant receiving a contribution credit during a Plan Year. Proportionate Share of Earnings. The actual earnings on the offset account for the Plan Year which are calculated by multiplying the earnings in each plan by a fraction, of which the numerator is the Hypothetical Offset Account balance as of the beginning of the Plan Year and the denominator is the total non-elective contribution account balance as of the beginning of the Plan Year.

Premium Beverage Supply Cash Balance Plan
EIN / PN: 31-1439207/002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Normal Retirement Benefit: Accrued Benefit commencing at Normal Retirement Date.

Early Retirement Benefit: None

Termination Benefit: Participant's Vested Percentage shall be based upon the Participant's Years of Service as follows:

Years of Vesting Service	Vested Portion of Accrued Benefit
0-1	0%
2	0%
3	100%

Only years from the effective date of the plan should be counted.

Benefit Payment Option:

The Trustee shall pay the vested (non-forfeitable) portion of a Participant's Vested Cash Balance Benefits in any of the following options chosen by the Participant:

(a) In one (1) Single-sum payment (at plan termination only); or

Premium Beverage Supply Cash Balance Plan
 EIN / PN: 31-1439207/002
 Schedule SB, Part V -Statement of Actuarial Assumptions/Methods

Actuarial Method and Assumptions

Cost Method:

The Unit Credit Method as defined by the Pension Protection Act of 2006.

Asset Valuation Method:

The Actuarial Value of Assets (Plan Assets) is equal to the average of market value of assets for 3 years as described in IRS Notice 2009-22.

Actuarial assumptions

Investment Return for Funding	4.75%	Applicable during first 5 years starting from the Val Date.
	5.00%	Applicable during years 6-20 starting from the Val Date.
	5.74%	Applicable during years 21 and beyond starting from the Val Date.
Investment Return for Maximum Tax Deductible Contribution	4.21%	Applicable during first 5 years starting from the Val Date.
	4.86%	Applicable during years 6-20 starting from the Val Date.
	4.87%	Applicable during years 21 and beyond starting from the Val Date.
Salary increases	N/A	
Mortality	Post-Retirement - 2023 Applicable Mortality Table	
	Pre-Retirement - none.	
Withdrawal	None	
Disability	None	
Retirement	100% at age 62 or valuation age, if later	
Expenses	None	
Form of Payment	Lump Sum	
Changes in non-prescribed assumptions	None	

An employee census, asset data and contribution amounts were supplied by the Company and relied on to be complete and accurate.

Premium Beverage Supply Cash Balance Plan
EIN / PN: 31-1439207/002
Schedule SB, line 26 - Schedule of Active Participant Data

Schedule of Active Participant Data

	<u>Under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29	0	4	1	0	0	0	0	0	0	0	5
30 to 34	0	2	1	1	0	0	0	0	0	0	4
35 to 39	0	3	2	3	0	0	0	0	0	0	8
40 to 44	0	0	2	3	1	0	0	0	0	0	6
45 to 49	0	1	3	3	2	1	0	0	0	0	10
50 to 54	0	0	1	0	1	1	0	0	0	0	3
55 to 59	0	0	1	3	0	0	0	0	0	0	4
60 to 64	0	0	0	0	0	0	1	0	0	0	1
65 to 69	0	0	0	0	0	0	1	0	0	0	1
over 70	0	0	0	0	0	0	0	0	0	0	0
Total	0	11	11	13	4	2	2	0	0	0	43