

<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>▶ 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; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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 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) IR-2024-260 HURRICANE HELENE RELIEF

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>COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>522</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>COCA-COLA REFRESHMENTS USA, INC.</u></p> <p><u>PO BOX 723040</u> <u>ATLANTA, GA 31139-0040</u></p>	<p>1c Effective date of plan <u>01/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>58-0503352</u></p> <p>2c Plan Sponsor's telephone number <u>770-989-3000</u></p> <p>2d Business code (see instructions) <u>312110</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.	11/07/2024	BRIAN KERBER
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>THE COCA-COLA COMPANY BENEFITS COMMITTEE C/O THE COCA-COLA COMPANY PO BOX 1734 ATLANTA, GA 30301-1734</p>	<p>3b Administrator's EIN 58-0628465</p> <p>3c Administrator's telephone number 404-676-2121</p>
<p>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:</p> <p>a Sponsor's name COCA-COLA REFRESHMENTS USA, INC.</p> <p>c Plan Name COCA-COLA REFRESHMENTS WELFARE PLAN FOR RETIREES</p>	<p>4b EIN 58-0503352</p> <p>4d PN 522</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 7094</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 7094</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 7709</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 0</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c</p>	<p>6d 7709</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p>	<p>6e</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4Q

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u></p> <p>(4) <input type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
--	--

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>522</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COCA-COLA REFRESHMENTS USA, INC.</p>	<p>D Employer Identification Number (EIN) 58-0503352</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0149615	7709	01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	69240

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

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

AMERICAN BENEFITS AND COMPENSATION 101 PARK AVE
 FL 14
 NEW YORK, NY 10178-2103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	39043	NON-MONETARY COMPENSATION AND SUPPLEMENTAL COMPENSATION	3

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

MARSH & MCLENNAN AGENCY LLC PO BOX 350
 CONSHOHOCKEN, PA 19428-0350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	30197	NON-MONETARY COMPENSATION AND SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(6) Total additions	7c(6)	0	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		7e(1)
	(2) Administration charge made by carrier		7e(2)
	(3) Transferred to separate account.....		7e(3)
	(4) Other (specify below)		7e(4)
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3068348
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan <u>COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN</u>	B Three-digit plan number (PN) ▶	<u>522</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COCA-COLA REFRESHMENTS USA, INC.</u>	D Employer Identification Number (EIN) <u>58-0503352</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: THE COCA-COLA COMPANY VEBA TRUST

b Name of sponsor of entity listed in (a): THE COCA-COLA COMPANY

c EIN-PN <u>58-0628465-600</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>19875748</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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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	
A Name of plan COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 522
C Plan sponsor's name as shown on line 2a of Form 5500 COCA-COLA REFRESHMENTS USA, INC.	D Employer Identification Number (EIN) 58-0503352

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	540194	604883
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)	0	19875748
(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	540194	20480631
Liabilities			
g Benefit claims payable	1g	240986	166236
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	41945
k Total liabilities (add all amounts in lines 1g through 1j)	1k	240986	208181
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	299208	20272450

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)	9397693	
(B) Participants	2a(1)(B)	411593	
(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)		9809286
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)	57125904	
(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)		2847366
(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		69782556

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7064818	
(2) To insurance carriers for the provision of benefits.....	2e(2)	3075496	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10140314
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)	39669000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		39669000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		49809314

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19973242
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: **LONG & ASSOCIATES, LLC**

(2) EIN: **48-1273859**

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		9000000
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.).....		X	
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 _____.

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statement of Changes in Benefit Obligations	7
Notes to Financial Statements	8



LONG & ASSOCIATES, LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Independent Auditor's Report

To The Coca-Cola Company Benefits Committee
The Coca-Cola Company
Atlanta, Georgia:

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

We have performed audits of the accompanying financial statements of the Coca-Cola Refreshments Retiree Health & Welfare Plan (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, and statements of benefit obligations as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits, and statement of changes in benefit obligations for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 audits 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 a certification from a qualified institution as of and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's 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 audits. 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.



LONG & ASSOCIATES, LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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.

Auditor's 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 auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 audits 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.



LONG & ASSOCIATES, LLC
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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.

Long & Associates, LLC

October 31, 2024
Alpharetta, Georgia

**COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31,	2023	2022
<u>ASSETS</u>		
Investments, at fair value:		
Total investments in VEBA Trust	\$ 19,875,748	\$ —
Receivables:		
Prescription drug rebates	134,416	540,194
Income taxes receivable	470,467	—
Total receivables	604,883	540,194
Total assets	\$ 20,480,631	\$ 540,194
<u>LIABILITIES</u>		
Accrued administrative expenses	\$ 41,945	\$ —
Total liabilities	\$ 41,945	\$ —
Net assets available for benefits	\$ 20,438,686	\$ 540,194

**COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Year Ended December 31, 2023
Additions to net assets attributed to:	
Net investment gain from VEBA Trust	\$ 3,372,152
Change in interest in VEBA Trust	57,125,904
Contributions:	
Employer	9,397,693
Participant	411,593
Total contributions	9,809,286
Total additions	70,307,342
Deductions from net assets attributed to:	
Benefits paid:	
Medical	(7,128,205)
Dental	(11,363)
Insurance premiums	(3,075,496)
Total benefits paid	(10,215,064)
Other:	
Post-65 settlement	(39,669,000)
Income tax expense	(245,913)
Administrative expenses	(278,873)
Total other	(40,193,786)
Total deductions	(50,408,850)
Net increase (decrease) in net assets available for benefits	19,898,492
Net assets available for benefits:	
Beginning of year	540,194
End of year	\$ 20,438,686

**COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
STATEMENTS OF BENEFIT OBLIGATIONS**

December 31,	2023	2022
Amounts currently payable to or for participants, beneficiaries and dependents:		
Medical and dental claims payable	\$ 23,987	\$ 39,754
Other obligations for current benefit coverage:		
Claims incurred but not reported	142,249	201,232
Postretirement benefit obligations:		
Current retirees and survivors	49,926,181	105,231,603
Other participants fully eligible for benefits	468,462	291,624
Other participants not yet fully eligible for benefits	2,053,812	1,162,923
Total postretirement benefit obligations	52,448,455	106,686,150
Total benefit obligations	\$ 52,614,691	\$ 106,927,136

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

	Year Ended December 31, 2023
Amounts currently payable to or for participants, beneficiaries and dependents:	
Balance at beginning of year	\$ 39,754
Benefits reported and approved for payment	10,199,297
Benefits paid	(10,215,064)
Balance at end of year	23,987
Other obligations for current benefit coverage:	
Balance at beginning of year	201,232
Net change during year	(58,983)
Balance at end of year	142,249
Postretirement benefit obligations:	
Balance at beginning of year	106,686,150
Benefits accumulated	59,748
Benefits paid	(10,215,064)
Participant contributions	411,593
Changes in actuarial assumptions	3,044,395
Change in plan provisions	1,477,322
Settlements	(39,669,000)
Interest due to decrease in discount period	5,550,507
Changes in demographic data and claims experience	(14,897,196)
Balance at end of year	52,448,455
Total benefit obligations at end of year	\$ 52,614,691

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of the Plan

General

The Coca-Cola Refreshments Retiree Health & Welfare Plan (the “Plan”) is sponsored by Coca-Cola Refreshments USA, Inc. (the “Company”), a wholly owned subsidiary of The Coca-Cola Company (“TCCC”). The Plan is a contributory retiree welfare benefit plan that provides medical, dental, and group and voluntary life insurance benefits to eligible former employees of Coca-Cola Refreshments (“CCR”). Effective December 31, 2009, the Plan was closed to new hires. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. The Plan was established effective January 1, 2014 and is intended to qualify as an ERISA welfare benefit plan as defined in section 3(1) of ERISA. During 2023, the Plan was partially funded through a voluntary employee beneficiary association trust, The Coca-Cola Company Postretirement Benefits Trust (the “VEBA Trust”). The Northern Trust Company (the “Trustee”) is the trustee of the VEBA Trust. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

Contributions

Throughout 2023 and prior plan years, the Plan document determined the Company's contribution toward retiree medical benefits based on a “cap” which limited the Company's contribution. The “cap” was reached on January 1, 2018, and contribution rates for all retirees absorb all medical costs above the overall Company contribution limit. Upon full transition to Retirement Reimbursement Accounts (“RRA”) after 2023, the Company similarly defines a fixed contribution. Going forward, contributions for retirees are not explicitly determined by the Company, but rather retirees are responsible for any medical premium costs above the RRA subsidy.

Benefits

The Plan provides medical benefits, including prescription drug benefits, dental benefits, and life insurance to certain eligible retirees and their dependents.

Effective January 1, 2020 for post-65 retirees and January 1, 2024 for non-Medicare retirees, most retirees receive an annual RRA stipend for use in purchasing coverage on an individual marketplace, administered by ViaBenefits. Alternatively, pre-65 retirees may use the fixed stipend toward the full cost of pre-65 retiree group coverage sponsored by the Company. The stipend is a fixed amount and not expected to change in the future.

Insured Benefits & Premiums

The Plan also provides life insurance benefits covered by insurance policies funded for basic life, by premiums paid to the insurer directly by the Company. The Plan also provides voluntary life insurance benefits covered by insurance policies funded for supplemental and accidental dismemberment and death, by premiums paid to the insurer by the participant. Both group and voluntary life benefits are fully insured with the insurer. The postretirement benefit obligation related to life insurance benefits represents the obligation of the Plan to pay premiums in future years. See Note 5.

Administration

Under the Plan, ViaBenefits administers annual stipends for applicable participants. Aetna, CVS Caremark, and Delta Dental are the claim administrators for the medical, prescription drug, and dental benefits, respectively. The claim administrators approve the claims in accordance with the Plan document regarding correctness of amounts based on supporting documentation, applicable Plan benefits and limitations thereon. The claim administrators disburse claim payments, which are paid directly by the Company.

For life insurance, the administration and payment of eligible claims are performed by the Plan's third-party claims processor, MetLife. The claims processor pays claims directly to or on behalf of retirees and covered dependents

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. The Company reserves the right to terminate the Plan or any benefit option under the Plan at any time by written document executed by the Company’s Board of Directors. This right includes, but is not limited to, the right to terminate benefits available to participants and enrolled dependents already receiving coverage under the Plan. Upon termination or discontinuance of the Plan, all elections with respect to the Plan shall terminate, and payments with respect to

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

benefits shall be made only with respect to claims incurred on or prior to the date of the Plan's termination. All Plan documents are available from the Company's corporate benefits department.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value in accordance with Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements* ("ASC 820"). See Note 4 for fair value measurements.

Claims Incurred but Not Reported

Medical and dental claims incurred but not reported are determined by the Company based on an analysis of historical claims paid.

Risks and Uncertainties

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

Plan Expenses

At the discretion of The Coca-Cola Company Benefits Committee (the "Committee"), all costs such as benefit claims processing, legal fees and expenses incurred in administering the Plan are paid by the Company. Administrative fees totaled approximately \$32,000 to Aetna, CVS Caremark and Delta Dental during the year ended December 31, 2023.

Post-65 Settlement

In December 2023, the Company settled its post-65 other postretirement benefit obligations for the Plan such that retiree reimbursement accounts will be funded by an insurance company beginning January 1, 2025 for the lifetime of certain retirees and their eligible dependents. The transaction resulted in no change to underlying benefits or plan administration, but only to the future financing of benefits. Pursuant to the settlement, the Company transferred \$39,669,000 of VEBA Trust assets to an insurer.

Note 3 – Information Certified by the Trustee

The Company, acting in its capacity as Plan administrator, has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following is a summary of unaudited information regarding the plan as of December 31, 2023 and 2022, and for the year ended December 31, 2023, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information certified and prepared by the Trustee and furnished by the Company:

- Fair value of the VEBA Trust's investments of \$121,026,027 and \$325,684,362 as of December 31, 2023 and 2022, respectively.
- VEBA Trust net investment gain of \$18,160,100, including \$7,627,549 in interest and dividends and net increase in fair value of investments of \$10,532,551, for the year ended December 31, 2023.
- Securities lending income earned during the year ended December 31, 2023 of \$28,068, net of Trustee fees of \$9,346. The fair value of securities loaned by the VEBA Trust of \$13,700,749 and \$19,007,331 as of December 31, 2023 and 2022, respectively.

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 – Investments in VEBA Trust

VEBA Trust assets are allocated among applicable plans by assigning to each plan those transactions which can be specifically identified and allocating among all plans the net investment income, gains, losses, and expense of the VEBA Trust in proportion to the fair value of the assets assigned to each plan.

The Plan's interest in the VEBA Trust as a percentage of net assets of the VEBA Trust was 18.57% and 0.00% at December 31, 2023 and 2022, respectively.

The statements of net assets available for available for benefits for the Plan and the VEBA Trust as of December 31, 2023 and VEBA Trust as of December 31, 2022 are as follows:

	2023 VEBA Trust	2023 Plan's Portion of VEBA Trust	2022 VEBA Trust
Assets:			
Investments, at fair value:			
Money market funds	\$ 6,239,848	\$ 1,158,679	\$ 34,269,476
Cash	—	—	809,066
Common and preferred stocks	65,689,706	12,197,933	125,481,464
Bonds and notes	—	—	64,808,131
Registered investment companies	35,008,464	6,500,728	81,308,894
Securities lending collateral investment pool	14,088,009	2,616,005	19,007,331
Accrued interest and dividends	99,132	18,408	928,115
Total assets	121,125,159	22,491,753	326,612,477
Liabilities:			
Liability for securities lending collateral	14,088,009	2,616,005	19,007,331
Total liabilities	14,088,009	2,616,005	19,007,331
Net assets	\$ 107,037,150	\$ 19,875,748	\$ 307,605,146

The net assets of the VEBA Trust as of December 31, 2022 included The Coca-Cola Company Retiree Health Plan only.

The change in net assets available for benefits of the VEBA Trust for the year ended December 31, 2023 was as follows:

	Year Ended December 31, 2023
Additions to net assets attributed to:	
Net appreciation in fair value of investments	\$ 10,532,551
Interest and dividends	7,627,549
Participant contributions	7,598,016
Total additions	25,758,116
Deductions from net assets attributed to:	
Distributions to participants	33,281,499
Post-65 annuitization	187,474,000
Administrative expenses	1,560,354
Tax disbursements	4,010,259
Total deductions	226,326,112
Net decrease in net assets of the VEBA Trust	\$ (200,567,996)

Fair Value Measurements

The VEBA Trust measures fair value under ASC 820. ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

liability in an orderly transaction between market participants on the measurement date. ASC 820 also established a fair value hierarchy that prioritizes the inputs used to measure fair value.

This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs used to measure fair value are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

The fair values of investments as of December 31, 2023 and 2022 are summarized in the tables below:

December 31, 2023	Level 1	Level 2	Total
Assets:			
Common and preferred stocks ¹	\$ 65,689,706	\$ —	\$ 65,689,706
Money market funds ³	—	6,239,848	6,239,848
Registered investment companies ⁴	—	35,008,464	35,008,464
Securities lending collateral investment pool ⁵	\$ —	14,088,009	14,088,009
Total assets in the fair value hierarchy	65,689,706	55,336,321	121,026,027
Liabilities:			
Liability for securities lending collateral ⁵	—	14,088,009	14,088,009
Total liabilities in the fair value hierarchy	—	14,088,009	14,088,009
Net assets in the fair value hierarchy	65,689,706	41,248,312	106,938,018
Accrued interest and dividends ⁶	—	—	99,132
Total VEBA Trust Assets	\$ 65,689,706	\$ 41,248,312	\$ 107,037,150

December 31, 2022	Level 1	Level 2	Total
Assets:			
Common and preferred stocks ¹	\$ 125,481,464	\$ —	\$ 125,481,464
Corporate bonds and notes ²	—	64,808,131	64,808,131
Money market funds ³	—	34,269,476	34,269,476
Non-interest-bearing cash	809,066	—	809,066
Registered investment companies ⁴	—	81,308,894	81,308,894
Securities lending collateral investment pool ⁵	—	19,007,331	19,007,331
Total assets in the fair value hierarchy	126,290,530	199,393,832	325,684,362
Liabilities:			
Liability for securities lending collateral ⁵	—	19,007,331	19,007,331
Total liabilities in the fair value hierarchy	—	19,007,331	19,007,331
Net assets in the fair value hierarchy	126,290,530	180,386,501	306,677,031
Accrued interest and dividends ⁶	—	—	928,115
Total VEBA Trust Assets	\$ 126,290,530	\$ 180,386,501	\$ 307,605,146

¹ All common and preferred stocks are invested in U.S. securities as of December 31, 2023 and December 31, 2022. These investments are reflected at Level 1 as their fair values are determined by quoted market prices.

² Corporate bond securities are valued by discounting the related cash flows based on current yields of similar instruments with comparable characteristics, as provided by a third party using a computerized valuation formula. If quoted market prices are not available, then fair values are estimated using the most recent bid prices in the over-the-counter market in which the individual securities are traded and adjusted for other factors, such as interest rates, credit, etc., as determined by the broker and/or custodian.

³ Money market securities are valued using amortized cost in accordance with rules under the Investment Company Act of 1940. Amortized cost approximates the current fair value of a security, but since the value is not obtained from a quoted price in an active market, such securities are reflected as Level 2.

⁴ The Plan held an investment in registered investment companies with a tax-exempt interest income objective with limited interest rate risk exposure as of December 31, 2023 and 2022.

⁵ Refer to Securities Lending section below.

⁶ Accrued interest and dividends are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets of the VEBA Trust.

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

Securities Lending

The VEBA Trust has an agreement authorizing the Trustee to lend securities held by the VEBA Trust to third parties. The Trustee must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. At all times, the borrower must maintain cash or equivalent collateral equal in value to at least 102% of the value of securities loaned. Both the collateral and the securities loaned are marked-to-market daily so that all loaned securities are always fully collateralized. In the event that the loaned securities are not returned by the borrowers, the Trustee will at its own expense either replace the loaned securities or, if unable to purchase those securities on the open market, credit the VEBA Trust with cash equal to the fair value of the loaned securities. The amount of collateral held under securities lending is reported as an asset and a corresponding liability in the investment in the VEBA Trust. The VEBA Trust and Trustee each receive a percentage of the net income derived from securities lending activities based on the type of securities. Income earned from securities lending activities during the year ended December 31, 2023 was \$78,467, net of Trustee fees of \$9,346 and rebates of \$41,053.

Although the VEBA Trust's securities lending activities are collateralized, they involve both market and credit risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize the loan upon a sudden material change in fair value of the loaned securities or the collateral. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

The fair value of securities loaned by the VEBA Trust as of December 31, 2023 and 2022:

	December 31, 2023		December 31, 2022
Corporate bonds	13,700,749	\$	19,007,331
Total fair value	\$ 13,700,749	\$	19,007,331

Transactions with Parties-in-Interest

The Plan does not consider benefits accrued or paid for participants as party-in-interest transactions. Fees paid during the year for investment management, auditing, actuarial and other professional services rendered by parties-in-interest were based on customary and reasonable rates for such services. Certain investments, managed by The Northern Trust Company, the Trustee as defined by the Plan, qualify as party-in-interest transactions.

Note 5 – Postretirement Benefit Obligations

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements (valuation date), reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) certain active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service at the Company rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount which results from applying actuarial assumptions to historical claims data to estimate future annual incurred claims costs per Plan participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be paid by Medicare, the retired Plan participants and other payers.

Due to the annual RRA stipend, the rate of increase in the per capita cost of covered medical and dental benefits are no longer significant to the postretirement benefit obligation. Both Pre-65 and Post-65 medical obligations are not impacted by trend rates as of December 31, 2023.

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

Other significant assumptions used in the valuations as of December 31, 2023 and 2022 are as follows:

Discount rate	5.14% (2023), 5.45% (2022)
Average retirement age	Graduated table of ages between 55 and 70
Mortality basis	2023 and 2022 mortality rates were updated to the Pri-2012 sex distinct tables with separate mortality rates for annuitants, non-annuitants, and contingent survivors. The table is projected with MP-2021 (2023 and 2022) improvement scale, modified to reflect a long-term improvement rate of 0.75%.

The effect of the actuarial assumption changes resulted in an increase of \$3,044,395 in the postretirement benefit obligations for the year ended December 31, 2023.

The foregoing provisions are based on the presumption that the Plan will continue. If the Plan was to terminate, other factors might be applicable in determining the postretirement benefit obligations.

Note 6 – Income Tax Status

The VEBA Trust, which was used to partially fund the Plan, received a favorable exemption letter from the Internal Revenue Service (the "IRS"), dated December 18, 2009 and effective as of October 1, 2006, related to the VEBA Trust's tax-exempt status under the provisions of Section 501(c)(9) of the IRC as a Voluntary Employee Beneficiary Association. The Plan and VEBA Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the VEBA Trust. The Committee believes that the Plan's design and operations are in compliance with the IRC.

The VEBA Trust is exempt from federal income taxes under Section 501(c)(9) of the IRC, except for unrelated business income. The VEBA Trust incurred unrelated business income tax of \$1,324,317 for the year ended December 31, 2023. This amount is reported as income tax expense in the statement of changes in net assets available for benefits based on the Plan's interest in the VEBA Trust.

Accounting principles generally accepted in the United States require Plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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, 2023, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

Note 7 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2023	
Net assets available for benefits per the financial statements	\$	20,438,686
Less: Benefits payable and incurred but not reported (IBNR)		(166,236)
Net assets available for benefits per Form 5500	\$	20,272,450

COCA-COLA REFRESHMENTS RETIREE HEALTH & WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the year ended December 31, 2023:

Benefits paid per the financial statements	\$	10,215,064
Less: Benefits payable and IBNR at beginning of year		(240,986)
Add: Benefits payable and IBNR at end of year		166,236
Benefits paid per Form 5500	\$	10,140,314

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

Net increase (decrease) in net assets per the financial statements	\$	19,898,492
Add: Benefits payable and IBNR at beginning of year		240,986
Less: Benefits payable and IBNR at end of year		(166,236)
Net increase (decrease) in net assets per Form 5500	\$	19,973,242

Note 8 – Subsequent Events

Effective September 11, 2024, the Company settled its other postretirement benefit obligations for certain retirees as of September 30, 2023 due to an insured buyout for the Company-paid basic retiree life plan. The transaction resulted in no change to underlying benefits, but only a change in premium funding. Pursuant to the transaction, the Company transferred approximately \$42,200,000 of VEBA Trust assets to an insurer on the transaction's effective date and will transfer an expected \$2,200,000 in the fourth quarter of 2024.

Plan management has performed a review of subsequent events through October 31, 2024, the date that the financial statements were available to be issued, and concluded there were no additional subsequent events or transactions occurring during this period that required recognition or disclosure in the Plan's financial statements.