

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><b>2a</b> 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 BEVERAGES NORTHEAST, INC.</u></p> <p><u>ONE EXECUTIVE PARK DRIVE</u>  <u>BEDFORD, NH 03110</u></p>	<p><b>1c</b> Effective date of plan  <u>01/01/2024</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>04-2614952</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>603-627-7871</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	MELISSA SZYMANOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	MELISSA SZYMANOWSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	582
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	334
	<b>6a(2)</b>	291
	<b>6b</b>	76
	<b>6c</b>	184
	<b>6d</b>	551
	<b>6e</b>	8
	<b>6f</b>	559
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1B 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">004</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">COCA-COLA BEVERAGES NORTHEAST, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">04-2614952</span></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  
EMPOWER ANNUITY 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
06-1050034	93629	556844-E2	559	01/01/2024	12/31/2024

**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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	220753
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	11018722

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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. .... Specify nature of costs ▶	<b>6d</b>	

**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

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0
(2) Dividends and credits.....	<b>7c(2)</b>	0
(3) Interest credited during the year.....	<b>7c(3)</b>	7945
(4) Transferred from separate account .....	<b>7c(4)</b>	0
(5) Other (specify below).....	<b>7c(5)</b>	212808

▶ PLAN EXCHANGE IN MARKET VALUE ADJUSTMENT

(6) Total additions ..... **7c(6)** 220753

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 220753

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	0
(2) Administration charge made by carrier.....	<b>7e(2)</b>	0
(3) Transferred to separate account .....	<b>7e(3)</b>	0
(4) Other (specify below).....	<b>7e(4)</b>	0

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 220753

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

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. ▶

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

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

<b>A</b> Name of plan <u>PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COCA-COLA BEVERAGES NORTHEAST, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2614952</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>68843708</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>68843708</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>79</u>	<u>9501116</u>
	<b>b</b> For terminated vested participants .....	<u>175</u>	<u>12493913</u>
	<b>c</b> For active participants .....	<u>334</u>	<u>45334553</u>
	<b>d</b> Total .....	<u>588</u>	<u>67329582</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.26 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>410000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>410000</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/19/2025</u>	Date
	<u>ANDREW LAPE</u>	<u>23-08375</u>	Most recent enrollment number
	Type or print name of actuary	<u>781-373-6900</u>	Telephone number (including area code)
	<u>GALLAGHER BENEFIT SERVICES, INC.</u>		
	Firm name		
	<u>8871 SOUTH RIDGELINE BOULEVARD SUITE 110 HIGHLANDS RANCH, CO 80129</u>		
	Address of the firm		

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

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

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.24 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	102.24 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05/30/2025	3300000						
			<b>Totals ▶</b>	<b>18(b)</b>	3300000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 3070169
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	410000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	410000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 3070169
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	3070169	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

<b>A</b> Name of plan <b>PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COCA-COLA BEVERAGES NORTHEAST, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2614952</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**HAND BENEFITS & TRUST COMPANY**

**74-2008758**

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

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

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

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

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

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

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

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

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

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

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 27 28 50	NONE	493493	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 64 65	TRUSTEE	8523	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	14307	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COCA-COLA BEVERAGES NORTHEAST, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2614952</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AGILIS LONG CREDIT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>HAND BENEFITS &amp; TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>74-2008758-107</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>32081020</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PGIM QUANT INTL DEV MRKT INDX</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>06-1050034-791</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PGIM QUANT SOL US BRD MKT IDX</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>06-1050034-671</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PRUDENTIAL SHORT-TERM</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>06-1050034-041</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>11018722</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AMERICAN CENTURY EQUITY FD</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>06-1050034-844</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PRU LONG CORPORATE BOND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>06-1050034-714</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COCA-COLA BEVERAGES NORTHEAST, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2614952</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	19983241
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 0	3300000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 0	116719
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 0	32081020
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b> 0	11018722
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b> 0	220753
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	0	66720455
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	0	66720455

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3300000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3300000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	446885	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		446885
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	24415160	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	23595106	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		820054
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-2471194	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-2471194

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-4407929
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-1312058
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		5895426
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2271184

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3991183	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3991183
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	59620	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	8523	
(7) Actuarial fees .....	<b>2i(7)</b>	433873	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		502016
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4493199

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2222015
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		69218428
(2) From this plan .....	<b>2l(2)</b>		275958

**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: **BOIVIN & ASSOCIATES, CPAS, PLLC**

(2) EIN: **27-1516157**

**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
<b>a</b> 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>b</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	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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 0.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.	04-2614952	001

**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 549162.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR LEGACY AND LOWELL EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>COCA-COLA BEVERAGES NORTHEAST, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2614952</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 06-1050034

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	17
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

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

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

## Report of Independent Auditors

To the Plan Administrator and Participants  
Pension Plan for Legacy and Lowell Employees of  
Coca-Cola Beverages Northeast, Inc.

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

We have performed an audit of the accompanying financial statements of the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc., 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 statement of net assets available for benefits as of December 31, 2024 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. 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.

### **Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting**

As described in Note 1 and Note 2 to the financial statements, the Board of Directors authorized the termination of the Plan effective April 30, 2024, and management determined liquidation is imminent. As a result, the financial statements have been prepared on the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

### **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.

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. 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.

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

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

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

## **Other Matters**

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

#### **In our opinion**

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule 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).

The supplemental schedule of reportable transactions for the year ended December 31, 2024, is not presented. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Our opinion on the ERISA-required supplemental schedule is not modified with respect to this matter.

*Boivin & Associates, CPAs, PLLC*

Boivin & Associates, CPAs, PLLC

Merrimack, New Hampshire

October 13, 2025

**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

**2024**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

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


<b>A</b> Name of plan Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.		<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Coca-Cola Beverages Northeast, Inc.		<b>D</b> Employer Identification Number (EIN) 04-2614952	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>				
<b>2</b> Assets:				
<b>a</b> Market value .....			<b>2a</b> 68,843,708	
<b>b</b> Actuarial value .....			<b>2b</b> 68,843,708	
<b>3</b> Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....		79	9,501,116	9,501,116
<b>b</b> For terminated vested participants .....		175	12,493,913	12,493,913
<b>c</b> For active participants .....		334	45,334,553	45,334,553
<b>d</b> Total .....		588	67,329,582	67,329,582
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....			<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....			<b>4b</b>	
<b>5</b> Effective interest rate .....			<b>5</b> 5.26 %	
<b>6</b> Target normal cost .....				
<b>a</b> Present value of current plan year accruals .....			<b>6a</b> 0	
<b>b</b> Expected plan-related expenses .....			<b>6b</b> 410,000	
<b>c</b> Target normal cost .....			<b>6c</b> 410,000	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	 Andrew Lape	9/19/2025
	Signature of actuary	Date
Andrew Lape	Type or print name of actuary	23-08375
		Most recent enrollment number
Gallagher Benefit Services, Inc.	Firm name	(781) 373-6900
		Telephone number (including area code)
8871 South Ridgeline Boulevard Suite 110 Highlands Ranch	Address of the firm	CO 80129

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.



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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code) .....				21b 4
22 Weighted average retirement age .....				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

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

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

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

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c) .....	<b>31a</b>	410,000
b Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	410,000

32 Amortization installments:	Outstanding Balance		Installment
	a Net shortfall amortization installment .....	0	0
	b Waiver amortization installment.....	0	0

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

**33**

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement .....	0	0	0
36 Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 3,070,169
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			<b>38a</b> 3,070,169
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
40 Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

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

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Schedule SB, Line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance**

There was no prefunding balance as of the beginning of the prior year since this Plan was not in existence at that time. The Plan was created as of 1/1/2024 as the result of a spin-off from another plan, the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. \$6,248,579 of the 1/1/2024 prefunding balance was allocated to this Plan, the development of which is shown below. The full amount of the \$6,248,579 prefunding balance was then waived, resulting in a final prefunding balance of \$0 as of 1/1/2024.

(1)	Prefunding balance of the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. as of 1/1/2023	\$13,347,848
(2)	Market value of assets of the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. as of 12/31/2023 (without contributions receivable)	\$94,596,082
(3)	Market value of assets spun off to the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. as of 12/31/2023 (without contributions receivable)	\$66,142,470
(4)	Allocation percentage [(3) / (2)]	69.92%
(5)	Hypothetical prefunding balance for the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. as of 1/1/2023 [(1) * (4)]	\$9,332,941
(6)	Applied to 2023 Plan Year <sup>1</sup>	\$3,604,504
(7)	Balance as of 1/1/2023 prior to adjustments for interest, additions, and waived amounts [(5) - (6)]	\$5,728,437
(8)	Return on assets from 1/1/2023 - 12/31/2023 for the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.	9.08%
(9)	Adjustment for investment return [(7) * (8)]	\$520,142
(10)	Preliminary prefunding balance of the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. as of 1/1/2024 [(7) + (9)]	\$6,248,579
(11)	Portion of prefunding balance elected to be waived	\$6,248,579
(12)	Final prefunding balance for the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. as of 1/1/2024 [(10) - (11)]	\$0

<sup>1</sup> A total of \$6,495,963 of prefunding balance was applied to the 2023 Plan Year for the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. prior to the spin-off at year-end. The portion of the 2023 Minimum Required Contribution hypothetically applicable to Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. is \$3,604,504.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	Px	Px	= (1) * (3)	Age	= (4) * (5)
55	0.02	0.980000	1.000000	0.020000	55.0	1.100
56	0.04	0.960000	0.980000	0.039200	56.0	2.195
57	0.06	0.940000	0.940800	0.056448	57.0	3.218
58	0.08	0.920000	0.884352	0.070748	58.0	4.103
59	0.10	0.900000	0.813604	0.081360	59.0	4.800
60	0.13	0.870000	0.732243	0.095192	60.0	5.711
61	0.16	0.840000	0.637052	0.101928	61.0	6.218
62	0.20	0.800000	0.535124	0.107025	62.0	6.636
63	0.25	0.750000	0.428099	0.107025	63.0	6.743
64	0.37	0.630000	0.321074	0.118797	64.0	7.603
65	0.50	0.500000	0.202277	0.101138	65.0	6.574
66	0.50	0.500000	0.101138	0.050569	66.0	3.338
67	0.50	0.500000	0.050569	0.025285	67.0	1.694
68	1.00	0.000000	0.025285	0.025285	68.0	1.719
Totals:				1.000000		61.652
Total of Column (6) / Total of Column (4), Rounded to nearest age:						62.000

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Schedule SB, Line 26a – Schedule of Active Participant Data**

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	30 to 34	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25											0
25 to 29											0
30 to 34				1	1						2
35 to 39				2	16	4					22
40 to 44					13	21					34
45 to 49				1	16	22	19	1			59
50 to 54				1	14	18	20	9	3		65
55 to 59				1	17	19	11	13	21	1	83
60 to 64					12	8	9	4	14	12	59
65 to 69					2	1	3	1	1	2	10
70 & up											0
Total	0	0	0	6	91	93	62	28	39	15	334

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

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

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**Actuarial Methods**

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The actuarial methods described in this section are either required by IRC §430 or were selected from the methods permitted by IRC §430.

**Funding Method**

The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The target normal cost only consists of the assumed administrative expenses since benefit accruals are frozen.

The Projected Unit Credit method is used solely for development of maximum deductible contribution.

**Asset Valuation Method**

Market value of assets.

**Measurement Date**

January 1, 2024.

**Valuation Date**

First day of the plan year.

**Benefits Not Valued**

We are not aware of any benefits required to be valued that were not. To the best of our knowledge we have reflected all material provisions of the Plan.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

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

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**Economic Assumptions**

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**Interest Rates**

*Maximum Deductible*

September 2023 IRS Segment Rates:

First Segment	3.62%
Second Segment	4.46%
Third Segment	4.52%
Single Effective Rate	4.32%

*Minimum Funding*

September 2023 IRS Segment Rates (reflecting segment rate stabilization as amended under ARP 2021):

First Segment	4.75%
Second Segment	4.87%
Third Segment	5.59%
Single Effective Rate	5.26%

**Future Increases in Maximum Pay and Benefits**

Pay and benefits limitations set by IRC 401(a)(17) and 415(b), are not assumed to increase in the future.

**Future Cost of Living Adjustments**

None.

**Lump Sum Interest Rate**

Same as valuation interest rates listed above.

**Lump Sum Mortality Table**

2024 Applicable Mortality Table pursuant to IRC 417(e)

**Plan-related Expenses**

\$410,000 was added to the Target Normal Cost to represent plan-related expenses anticipated to be paid from the plan's assets for the plan year.



EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

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

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**Demographic Assumptions (cont.)**

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**Termination**

Sample termination rates for non-union and Bangor participants are illustrated below:

<u>Decrement</u>	<u>Years of Service</u>			
	<u>Age</u>	<u>0-1</u>	<u>1-2</u>	<u>2-3</u>
20	0.249384	0.287113	0.186730	0.099384
25	0.246742	0.263634	0.183428	0.096742
30	0.243031	0.239358	0.178789	0.074425
35	0.237062	0.213251	0.171328	0.069650
40	0.227543	0.184645	0.159429	0.062034
45	0.213540	0.163540	0.141925	0.050832
50	0.192247	0.142247	0.115309	0.042247
55	0.165488	0.115488	0.081860	0.018586
60	0.151465	0.101465	0.064331	0.002051
65	0.000000	0.000000	0.000000	0.000000

Sample termination rates for Lowell participants are illustrated below:

<u>Decrement</u>	<u>Years of Service</u>			
	<u>Age</u>	<u>0-1</u>	<u>1-2</u>	<u>2-3</u>
20	0.249384	0.287113	0.186730	0.159014
25	0.246742	0.263634	0.183428	0.130602
30	0.243031	0.239358	0.178789	0.102334
35	0.237062	0.213251	0.171328	0.095768
40	0.227543	0.184645	0.159429	0.085297
45	0.213540	0.163540	0.141925	0.069894
50	0.192247	0.142247	0.115309	0.052809
55	0.165488	0.115488	0.081860	0.019360
60	0.151465	0.101465	0.064331	0.001831
65	0.000000	0.000000	0.000000	0.000000

**Decrement Timing**

Beginning of year decrements.

**Marriage**

90% of all plan participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

**Form of Payment**

80% of participants are assumed to take a lump sum and 20% of participants are assumed to elect the normal form of payment based on their marital status (Life Annuity for single, 50% Joint and Survivor Annuity for married).

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions**

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**Plan Provisions**

---

**Effective Date**

January 1, 2024. This plan was spun off from the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. on this date and provides benefits accrued under the prior plan.

Plan provisions on the following pages have been divided into the following categories:

- Coke Northeast Legacy - Includes all non-union participants hired prior to January 1, 2009 and union participants who are members of United Food and Commercial Workers International Union 1445 ("Bangor participants") hired prior to January 1, 2009. Excluded from this group are union employees of Lowell.
- Lowell union

Any participant who had a second benefit in the prior plan that was not eligible to be spun off to this plan had the entirety of their benefits remain in the prior plan.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions (continued)**

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**Plan Provisions – Coke Northeast Legacy**

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<b>Eligibility</b>	Employees who participated in the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. (the “Coke Northeast Plan”) and had accrued benefits prior to January 1, 2024 that were spun off to this Plan are eligible to participate in this Plan.
<b>Credited Service</b>	<p>One year of Credited Service is granted for each calendar year in which an employee completes 1,800 or more hours of service. A partial year of Credited Service is granted for a calendar year in which an employee completed at least 1,000 hours but less than 1,800 hours. The partial year is equal to the ratio of hours worked to 1,800, rounded to the nearest tenth.</p> <p>Credited Service prior to December 31, 1989, for participants of the prior plans on December 31, 1989 shall be determined according to the provisions of such prior plans.</p> <p>No service is credited after December 31, 2023 (or June 30, 2023 for Bangor participants) for purposes of benefit accrual.</p>
<b>Vesting Service</b>	<p>After January 1, 1990, one year of Vesting Service is granted for each plan year during which a participant works 1,000 or more hours.</p> <p>The provisions of the prior plans govern the determination of pre-1990 service for those employees who were participants in the prior plans on December 31, 1989.</p>
<b>Vesting</b>	5 year cliff vesting.
<b>Earnings</b>	All wages reportable on Form W-2 or any successor form, plus amounts deferred pursuant to a deferred compensation arrangement under 401(k), but excluding life insurance imputed income, moving expenses, automobile reimbursements, and other such compensation.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions (continued)**

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**Plan Provisions – Coke Northeast Legacy (cont.)**

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**Final Average Earnings**

For employees of United Food and Commercial Workers International Union 1445: The greater of

- The Final Average Earnings as calculated above as of March 15, 2015, and
- The average earnings during the most recent calendar years (up to 10 years) beginning with calendar year 2009
- No earnings beyond June 30, 2023 will be included in this calculation

For all other employees: The greater of

- The Final Average Earnings as calculated above as of December 31, 2013, and
- The average earnings during the most recent calendar years (up to 10 years) beginning with calendar year 2009
- No earnings beyond December 31, 2023 will be included in this calculation

**Normal Retirement**

*Eligibility*

The later of age 65 or five years of plan membership.

*Annual Benefit*

Equal to the Accrued Normal Retirement Benefit.

**Accrued Normal Retirement Benefit**

1.05% of Final Average Earnings multiplied by Credited Service (maximum 25 years).

New London employees will receive Credited Service from January 1, 2007 and Vesting Service from August 31, 2006.

**Early Retirement**

*Eligibility*

Age 55 with 10 years of service or age 62 with 5 years of service.

*Annual Benefit*

Accrued normal retirement benefit reduced 6.66% for the first 5 years prior to normal retirement date and 3.33% for the next 5 years preceding normal retirement date.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions (continued)**

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<b>Plan Provisions – Coke Northeast Legacy (cont.)</b>	
<b>Normal Form of Payment</b>	Life Annuity.
<b>Optional Forms of Payment</b>	Life annuity with 60 or 120 months guaranteed; 50%, 66.67%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under \$10,000 or an unlimited lump sum if participant met qualifications for early retirement upon leaving active status.
<b>Optional Form Conversion Basis</b>	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.
<b>Employee Contributions</b>	No longer allowed. Participants who contributed under a prior plan are fully vested in their accumulated contributions.
<b>Maximum Pay and Benefits</b>	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions (continued)**

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**Plan Provisions – Lowell**

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**Eligibility** Employees who participated in the Coke Northeast Plan and had benefits attributable to the Distillery Rectifying Wine and Allied Workers' International Union of America Local #8 and Local #513 AFL-CIO prior to January 1, 2024 that were spun off to this Plan are eligible to participate in this Plan.

**Service** All years of Service with the Employer from date of employment to the earliest of retirement, termination of employment, or date of death except Service while receiving disability benefits under the Plan and Service in excess of 35 years. For employees first becoming participants on or after June 1, 1985, Credited Service begins with date of participation.

Credited Service was frozen effective April 1, 2022.

**Vesting** 5 year cliff vesting.

**Normal Retirement**

*Eligibility* Attainment of age 62 and five years of Service.

*Annual Benefit* Equal to the Accrued Normal Retirement Benefit.

**Accrued Normal Retirement Benefit** \$257.14 times years of Credited Service earned prior to April 1, 1998 plus \$300 times years of Credited Service earned between April 1, 1988 and April 1, 2001 plus \$400 times years of Credited Service earned between April 1, 2001 and April 1, 2005 plus \$500 times years of Credited Service earned between April 1, 2005 and April 1, 2008 plus \$600 times years of Credited Service earned between April 1, 2008 and April 1, 2011 plus \$650 times years of Credited Service earned between April 1, 2011 and April 1, 2014 plus \$700 times years of Credited Service earned between April 1, 2014 and April 1, 2017 plus \$725 times years of Credited Service earned between April 1, 2017 and April 1, 2020 plus \$750 times years of Credited Service earned between April 1, 2020 and April 1, 2022.

In no event shall the years of Credited Service exceed 35, and the latest years will be counted first.

Benefit accruals were frozen effective April 1, 2022.

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Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions (continued)**

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**Plan Provisions – Lowell (cont.)**

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**Early Retirement**

*Eligibility* Age 55 and 15 years of Service.

*Annual Benefit* Accrued normal retirement benefit reduced 7.2% a year for the first 5 years and 3.6% per year for the next 2 years for the number of years and months that the Annuity Commencement Date precedes Normal Retirement Date.

**Late Retirement**

Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Service and Pay upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.

**Disability Retirement Benefit**

Each Participant who becomes disabled will receive a disability benefit commencing on the first day of the sixth month coincident with or next following the date the Participant became disabled:

- (1) the Participant was actively employed and accruing Service
- (2) the Participant had accrued at least 10 years of Credited Service

And provided he/she is entitled to Disability Insurance Benefits under the Social Security Act.

Disability benefit payments will be made until the earliest of the following dates:

- (1) The date the Participant ceased to be disabled;
- (2) The Participant's Normal Retirement Date; or
- (3) The date of the Participant's death.

In the event that disability benefit payments cease as of the date of the participant's death, retirement income may be payable in accordance with the Preretirement Spouse Benefit provisions of this Plan.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Part V – Summary of Plan Provisions (continued)**

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**Plan Provisions – Lowell (cont.)**

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**Surviving Spouse Death Benefit**

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 55 and the completion of 15 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

**Normal Form of Payment**

Life Annuity.

**Optional Forms of Payment**

Life annuity with 120 months guaranteed; 50%, 66.67%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under \$10,000 or an unlimited lump sum if participant met qualifications for early retirement upon leaving active status.

**Optional Form Conversion Basis**

Optional forms are calculated based on the factors stated in the Lowell Appendix of the plan document.

**Employee Contributions**

None.

**Maximum Pay and Benefits**

Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

EIN: 04-2614952, Plan ID: 004

Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.

Attachment to 2024 Schedule SB

**Schedule SB – Statement by Enrolled Actuary**

This Plan (the “Spinoff Plan”) was created as of January 1, 2024 as a result of a spin-off from the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. (“Coke Northeast Plan”). In particular:

- Assets were transferred from the Coke Northeast Plan’s trust to the Spinoff Plan’s trust. The correct amount was not yet known on the Plan’s initial effective date of January 1, 2024 so several transactions and subsequent adjustments were made to ensure the appropriate amount of assets (including appropriate adjustments for intervening investment returns) was allocated based on the final January 1, 2024 participant census data and liability allocations, once those became known.
- The Coke Northeast Plan’s Prefunding Balance as of December 31, 2023 prior to the spin-off transactions was allocated to the Spinoff Plan based on the portion of assets allocated to the Plan as part of the spin-off.

Additionally, the Plan was terminated effective April 30, 2024, ending the application of IRC §430 minimum funding requirements. Assets were fully distributed during the 2025 calendar year.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Statement of Net Assets Available for Benefits in Liquidation

December 31, 2024

**Assets**

Investment, at contract value	\$ 220,753
Total investments	<u>220,753</u>

**Receivable:**

Transfer settlement from Empower Trust Company, LLC to Delaware Charter Guarantee & Trust Company	63,199,702
Employer contributions receivable	<u>3,300,000</u>
Total receivable	<u>66,499,702</u>
Net assets available for benefits	<u><u>\$ 66,720,455</u></u>

*See accompanying notes.*

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Statement of Changes in Net Assets Available for Benefits in Liquidation

Year Ended December 31, 2024

**Additions**

Net depreciation in fair value of investments	(1,028,816)
Employer contribution	3,300,000
Transfer from Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.	<u>68,942,470</u>
Total additions	<u>71,213,654</u>

**Deductions**

Benefit payments to participants	3,991,183
Administrative expenses	<u>502,016</u>
Total deductions	<u>4,493,199</u>
Net increase	66,720,455
Net assets available for benefits at beginning of year	<u>-0-</u>
Net assets available for benefits at end of year	<u><u>\$ 66,720,455</u></u>

*See accompanying notes.*

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Notes to Financial Statements

December 31, 2024

**1. Description of the Plan**

The following brief description of the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc., (the “Plan” or “Spin off Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. Copies of the Plan document are available from the plan administrator.

The Plan Sponsor is Coca-Cola Beverages Northeast, Inc. (Company).

The Plan is a non-contributory spin-off defined benefit pension plan for eligible employees included in the Plan on or after January 1, 2024 (Spin-off Date). Each employee who on December 31, 2023:

- Was a participant in the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. (Prior Plan); and
- Had an accrued benefit under the Prior Plan that was spun off to the Spin off Plan on the Spin off date; and
- Is a member of the Lowell union, Bangor union or a non-bargained employee.

This Spin off Plan does not include any participants that have an accrued benefit in both this Plan and the Prior Plan. Those participants shall remain in the Prior Plan.

**Plan Termination**

Effective January 1, 2024, no employee hired or rehired who is a member of the Lowell union, Bangor union or a non-bargained employee will be eligible to participate in the Prior Plan.

On March 31, 2022, benefit accruals under the Prior Plan were frozen for Lowell participants. No periods of employment and compensation after March 31, 2022, count in calculating the amount of accrued benefit due to Lowell employees under the Prior Plan. However, periods of employment after March 31, 2022 count for vesting, as well as for eligibility for early retirement benefits under the Prior Plan through December 31, 2023, and under this Plan on and after January 1, 2024.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Notes to Financial Statements (continued)

**1. Description of the Plan (continued)**

**Plan Termination (continued)**

On June 30, 2023, benefit accruals under the Prior Plan were frozen for Bangor employees. No periods of employment and compensation after June 30, 2023, count in calculating the amount of accrued benefit due to Bangor employees under the Prior Plan. However, periods of employment after June 30, 2023, count for vesting, as well as for eligibility for early retirement benefits under the Prior Plan through December 31, 2023, and under this Plan on and after January 1, 2024.

On December 31, 2023, benefit accruals under the Prior Plan were frozen for non-bargained employees. No periods of employment and compensation after December 31, 2023, count in calculating the amount of accrued benefit due to non-bargained employees under the Prior Plan. However, periods of employment will be taken into count for vesting, as well as for eligibility for early retirement benefits under this Plan on and after January 1, 2024.

Effective January 1, 2024, the assets and liabilities attributable to the frozen accrued benefits of all participants under the Prior Plan who are Lowell employees, Bangor employees and the non-bargained employees (collectively the Spin-Off Group), were spun off to the Spin off Plan. See contributions and funding noted below.

The Spin off Plan was terminated effective April 30, 2024, and to the extent not already fully vested as of April 30, 2024, all participants shall be 100% vested as of this date.

As a result of the termination, liquidation basis was determined to be imminent as of April 30, 2024, and the accompanying financial statements have been prepared on the liquidation basis of accounting.

Effective December 31, 2024, the Plan terminated its trustee relationship with Empower Annuity Insurance Company of America and Empower Trust Company, LLC (collectively “Empower”) and the assets, including cash and in-kind investments, were transferred to Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company (Principal). This transfer is reflected in the statement of net assets available for benefits as a settlement receivable to the Plan. These assets were received by Principal and settled in the Trust on January 2, 2025, with additional amounts settled on January 3, 10 and 27, 2025. The Form 5500 as of December 31, 2024 and for the year then ended, presents the fair value of the specific investments, that were settled in January 2025, as owned by the Plan for 5500 reporting as these amounts were transferred in-kind on December 31, 2024.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Notes to Financial Statements (continued)

**1. Description of the Plan (continued)**

**Contributions and Funding Policy**

The Company has agreed to contribute such amounts as are necessary to provide sufficient assets to meet the benefits to be paid to Spin off Plan participants upon termination. The funding for the Spin off Plan from the Prior Plan was actuarially determined at January 1, 2024 (December 31, 2023) and the contribution required to settle all remaining liabilities at that date of \$68,942,470, which included a \$2,800,000 2023 contribution, was transferred from the Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. In addition, a contribution of \$3,300,000 was made to the Spin off Plan May 30, 2025, for additional funding required in connection with the payment of final lump sum benefits and the purchase of an annuity to settle the remaining benefit liability.

**Retirement Benefits**

A participant shall be entitled to a normal retirement benefit calculated based upon a formula, which takes into account years of credited service and potentially the compensation level of the participant, depending on union/non-union group, as defined in the Plan document, and frozen as noted above.

**2. Summary of Accounting Policies**

**Basis of Accounting**

As a result of the Plan termination, the financial statements of the Plan are prepared on the liquidation basis of accounting.

**Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value, except for the insurance contract, which is reported at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for discussion of fair value measurements.

During the year ended December 31, 2024, purchases and sales of securities are recorded on a trade-date basis.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Notes to Financial Statements (continued)

**2. Summary of Accounting Policies (continued)**

**Investment Valuation and Income Recognition (continued)**

Management fees and operating expenses charged to the Plan for the management of investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Gains and losses on security transactions are recorded as the difference between the proceeds received and cost. Cost is determined on the average cost basis. Net appreciation or depreciation, including realized and unrealized gains or losses, is reflected in the statement of changes in net assets available for benefits as net realized and unrealized appreciation (depreciation) in fair value of investments.

**Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid directly by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

**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.

**3. Certified Investments**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024, and net appreciation (depreciation) in fair value of investments and investment expenses for the year then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the custodian and trustee of the Plan.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Notes to Financial Statements (continued)

**4. Investment Contract**

The Plan investments include the *Guaranteed Deposit Account*, an offering through Empower Annuity Insurance Company of America (Empower). This investment, part of the group annuity contract non-participating, started December 28, 2021. Contributions to this investment were fully guaranteed by Empower's general account assets. This insurance contract is reported at contract value. Contract value is the relative measure for this investment because this is the amount received by the Plan if they were to initiate permitted transactions under the investment. Contract value, as reported by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The effective annual interest rate will never be less than 0%. Interest rates are established each year in advance. The new money interest rates for the year ended December 31, 2024 was 3.35%. The net credited interest rate will not be less than 1% nor greater than 3%. Should the Plan Sponsor terminate the group annuity contract, or withdrawals for the full calendar year exceed 10% of the *Guaranteed Deposit Account* balance at the beginning of the year plus 100% of any contributions and transfers made to the *Guaranteed Deposit Account* during the year, a market value adjustment will be made to reflect the difference between book and market value or other pay out restrictions may be imposed. There were no transactions in 2024 that resulted in adjustments to the value of the investment contract.

**5. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

**6. Parties-In-Interest**

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the custodian and trustee is considered party-in-interest transactions.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

Notes to Financial Statements (continued)

**6. Parties-In-Interest (continued)**

Certain plan investments included a common/collective trust fund managed by Gallagher. Gallagher, is a consultant and actuary to the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Certain plan investments were also units of pooled separate accounts managed by Empower Annuity Insurance Company of America (Empower), (previously The Prudential Retirement Insurance and Annuity Company (Prudential)). Prudential, prior to Empower acquisition, was a plan custodian and, therefore, these transactions qualify as party-in-interest transactions.

**7. Income Tax Status**

The Plan applied for determination for the terminating Plan to the IRS on March 15, 2024. The IRS is currently reviewing the application.

Accounting standards require recording uncertain income tax positions that exist in the Plan's financial statements. Plan management has determined there are no uncertain tax positions and believes there is no adjustment or disclosure required in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**8. Subsequent Events**

**Plan of Liquidation**

Based on the Plan's termination, in 2025 all frozen and previously terminated vested participants were allowed to elect either a lump sum payment or an annuity from an insurance company to settle their pension liability. Participants that did not respond were included in the annuity purchase.

An annuity contract was purchased June 2, 2025, from American National Insurance Company for approximately \$16.9 million for purposes of annuitizing in-pay retirees, and participants who did not return information for a lump sum distribution or who desired an annuity. Final termination payments in the form of lump sums and rollovers to individual qualified retirement vehicles amounted to approximately \$46.3 million and were paid in June 2025.

The Company has evaluated all subsequent events through October 13, 2025, the date the financial statements were available to be issued. During this period, there have been no other material events that would require recognition in the financial statements or disclosures to the financial statements.

Pension Plan for Legacy and Lowell  
Employees of Coca-Cola Beverages Northeast, Inc.

EIN: 04-2614952 Plan No. 004

Schedule H, Line 4i—Schedule of Assets  
(Held at End of Year)

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par Value or Maturity Value	(d) Cost	(e) Current Value
*	Empower Annuity Insurance Company	Guaranteed Deposit Account-3.35%	\$ 220,753	\$ 220,753
			\$ 220,753	\$ 220,753

\* Indicates party-in-interest to the Plan.