

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>HEARTLAND COCA-COLA BARGAINING EMPLOYEES' PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HEARTLAND COCA-COLA BOTTLING COMPANY, LLC</u> <u>9801 INDUSTRIAL BLVD</u> <u>LENEXA, KS 66215</u>	1c Effective date of plan <u>02/25/2017</u> 2b Employer Identification Number (EIN) <u>81-3590283</u> 2c Plan Sponsor's telephone number <u>636-443-0800</u> 2d Business code (see instructions) <u>312110</u>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	337
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	269
	6a(2)	242
	6b	6
	6c	50
	6d	298
	6e	0
	6f	298
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>HEARTLAND COCA-COLA BARGAINING EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HEARTLAND COCA-COLA BOTTLING COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>81-3590283</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>13163360</u>
	b Actuarial value	2b	<u>13418331</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>2</u>	<u>99406</u>
	b For terminated vested participants	<u>66</u>	<u>834437</u>
	c For active participants	<u>270</u>	<u>6505783</u>
	d Total	<u>338</u>	<u>7439626</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.30 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>552678</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>552678</u>

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

SIGN HERE		
	Signature of actuary	<u>08/18/2025</u>
	<u>WESLEY J. WICKENHEISER, FSA,EA,MAAA</u>	Date
	Type or print name of actuary	<u>23-06598</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>502-815-5182</u>
	<u>435 N WHITTINGTON PKWY SUITE 250 LOUISVILLE, KY 40222</u>	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5463235
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	5463235
10	Interest on line 9 using prior year's actual return of <u>14.43</u> %	0	788345
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6251580

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.68 %
15	Adjusted funding target attainment percentage	15	155.26 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 552678
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	914424		83195	
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 635873
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	6251580	6251580	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan HEARTLAND COCA-COLA BARGAINING EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEARTLAND COCA-COLA BOTTLING COMPANY, LLC	D Employer Identification Number (EIN) 81-3590283	

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

BAIRD

39-6037917

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

BLACKROCK

47-2191487

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

COLUMBIA CAPITAL

54-1904469

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

DELAWARE INVESTMENTS

14-1861736

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

DIMENSIONAL FUND ADVISORS, LP

22-2370029

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

DODGE & COX FUNDS

94-1441976

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

FEDERATED HERMES

25-1111467

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

HARBOR CAPITAL

34-1953397

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

HARTFORD FUNDS

41-1821330

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

JP MORGAN

26-0356040

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

MAINSTAY INVESTMENTS

84-2451596

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

METROPOLITAN WEST

95-4625304

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

MFS INVESTMENT MANAGEMENT

87-1687549

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

NEUBERGER BERMAN

45-3670871

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

NEW YORK LIFE INSURANCE

13-5582869

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

PARAMETRIC PORTFOLIO

27-3922428

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

TCW

47-2418521

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

VANGUARD

23-1945930

(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

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)

BMO FINANCIAL GROUP

36-2085229

(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?
19 21 25 28 50	NONE	54349	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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"/>

(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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HEARTLAND COCA-COLA BARGAINING EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEARTLAND COCA-COLA BOTTLING COMPANY, LLC	D Employer Identification Number (EIN) 81-3590283

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	10400
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	219742
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13761696
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13163360	13991838
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13088	13833
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13088	13833
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13150272	13978005

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	7326	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7326
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	386450	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		386450
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		980461
c Other income	2c		2821
d Total income. Add all income amounts in column (b) and enter total.....	2d		1377058

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	494580	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		494580
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	54745	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		54745
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		549325

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		827733
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: **VIRCHOW KRAUSE & COMPANY, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555528.

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

A Name of plan <u>HEARTLAND COCA-COLA BARGAINING EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEARTLAND COCA-COLA BOTTLING COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>81-3590283</u>	

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 39-6436442

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

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

3		39
---	--	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Heartland Coca-Cola Bargaining Employees' Pension Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

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Independent Auditors' Report

To the Plan Administrator of
Heartland Coca-Cola Bargaining Employees' Pension Plan

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

We have performed audits of the financial statements of Heartland Coca-Cola Bargaining Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Benefits and of Accumulated Plan Benefits as of December 31, 2024 and 2023, and the related Statement of Changes in Net Assets Available for Benefits and of Changes in Accumulated Plan Benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

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

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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 Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets as of December 31, 2024 and Schedule H, Line 4(j) - Schedule of Reportable Transactions, for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Virchow, Krause & Company, LLP

Appleton, Wisconsin
October 14, 2025

Heartland Coca-Cola Bargaining Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value		
Money market fund	\$ 219,742	\$ 192,052
Mutual funds	13,761,696	12,961,739
Total investments at fair value	13,981,438	13,153,791
Other current assets		
Accrued investment income	10,400	9,569
Total assets	13,991,838	13,163,360
Liabilities		
Payables		
Administrative expenses payable	13,833	13,088
Total liabilities	13,833	13,088
Net assets available for benefits	\$ 13,978,005	\$ 13,150,272

See notes to financial statements

Heartland Coca-Cola Bargaining Employees' Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions

Investment income

Interest and dividends	\$	393,776
Net appreciation in fair value of investments		983,282

Total investment income		1,377,058
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Total additions		1,377,058
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Deductions

Benefits paid to participants		494,580
Administrative expenses		54,745

Total deductions		549,325
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Net increase		827,733
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Net assets available for benefits

Beginning of year		13,150,272
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End of year	\$	13,978,005
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See notes to financial statements

Heartland Coca-Cola Bargaining Employees' Pension Plan

Statements of Accumulated Plan Benefits

December 31, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 297,629	\$ 94,084
Other participants	7,671,065	7,233,082
Total vested benefits	7,968,694	7,327,166
Nonvested benefits	536,903	615,605
Total actuarial present value of accumulated plan benefits	\$ 8,505,597	\$ 7,942,771

See notes to financial statements

Heartland Coca-Cola Bargaining Employees' Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 7,942,771
Increase (decrease) during the year attributable to:	
Benefits accumulated	634,155
Increase for interest	423,251
Benefits paid	(494,580)
Net increase	562,826
Actuarial present value of accumulated plan benefits at end of year	\$ 8,505,597

See notes to financial statements

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Heartland Coca-Cola Bargaining Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was established by Heartland Coca Cola Bottling Company, LLC (the Company) on February 25, 2017 in conjunction with the acquisition of business units by the Company from Coca-Cola Refreshments USA, Inc. (CCR). Prior to February 25, 2017, covered employees were accruing benefits in accordance with the terms of the Coca-Cola Refreshments Bargaining Employees' Pension Plan (the CCR Plan). However, this Plan is not intended to be a continuation of the CCR Plan and no assets have been transferred from the CCR Plan into this Plan. Accrued benefits provided for under this Plan are limited to benefits that are earned from service with the Company on or after February 25, 2017.

The Plan is a noncontributory defined benefit plan covering substantially all employees at the St. Charles, Missouri location who are represented by the District 9 Bridgeton, International Association of Machinists and Aerospace Workers, employees at the Lenexa, Kansas location who are represented by the Teamsters Local 838, employees at the St. Joseph, Missouri location who are represented by the United Cereal Workers Local 125, employees at the Springfield, Illinois location who are represented by the International Brotherhood of Teamsters Local 916, employees at the Sedalia, Missouri location who are represented by the Teamsters Local 41 and employees at the St. Charles, Missouri location who are represented by the Teamsters Local 688. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Company's Board of Directors is responsible for oversight of the Plan. The plan administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors.

All covered employees are eligible to participate in the Plan on the first day of the month following the completion of at least one year of service with the Company and the attainment age 21, as defined in the plan document.

Effective May 2018 and June 2018, the union contracts for employees represented by the United Cereal Workers Local 125 (St. Joseph, Missouri) and employees represented by the International Association of Machinists and Aerospace Workers District 9 (Bridgeton, Missouri), respectively, were amended to no longer allow for new entrants into the Plan. Further, employees represented by this union shall no longer accrue any further benefits under the Plan after April 30, 2023.

Effective May 2019, the union contracts for employees represented by the International Brotherhood of Teamsters Local 916 (Springfield, Illinois), were amended to no longer allow for new entrants into the Plan. Further, effective December 31, 2019, employees represented by this contract accrue no further pension benefits or service.

Effective December 2020, the union contracts for employees represented by the Teamsters Local 41 (Sedalia, Missouri), were amended to no longer allow for new entrants into the Plan. Further, employees represented by this union contract shall no longer accrue any further benefits under the Plan.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Effective April 2021, the union contracts for employees represented by the Teamsters Local 688 (St. Louis/St. Charles, Missouri), were amended to no longer allow for new entrants into the Plan. Further, employees represented by this union shall no longer accrue any further benefits under the Plan after March 30, 2026.

Effective June 2021, the union contracts for employees represented by the Teamsters Local 688B (Maryland Heights, Missouri), were amended to no longer allow for new entrants into the Plan. Further, employees represented by this union shall no longer accrue any further benefits under the Plan after March 30, 2026.

Effective October 2021, the union contracts for employees represented by the Teamsters Local 838 (Lenexa, Kansas), were amended to no longer allow for new entrants into the Plan. Further, effective December 31, 2021, employees represented by this contract accrue no further pension benefits or service.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. It is the policy of the Company to fund the contribution determined by the actuary. The contribution is in compliance with ERISA and is within the minimum and maximum deductible contributions as prescribed by the Internal Revenue Service (IRS) to maintain the Plan's continued qualification under IRS rules. No contribution was required for the year ending December 31, 2024

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Vesting

Employees are vested in their accrued monthly pension benefit after five years of service and 0% vested prior to achieving this service requirement.

Vesting service earned prior to February 25, 2017 under the CCR Plan is recognized in the total years of vesting service under the Plan. Vesting service earned on or after February 25, 2017 is credited at one-twelfth (1/12) of a year for each month in which the participant worked at least one hour.

In accordance with federal regulations, participants are fully vested upon reaching their normal retirement age.

Pension Benefits

Participants are eligible for normal retirement benefits upon reaching the later of age 65 or the completion of five years of service. The Plan permits early retirement for certain employees at ages 55-64 based on the terms of the specific union representation, as defined in the plan agreement. A participant is entitled to a monthly pension benefit that is based on the number of years of service multiplied by an amount as defined in the plan agreement based on the terms of the specific union representation. If a participant terminates before rendering five years of service or becoming fully vested as noted above, they forfeit the right to receive their accumulated plan benefits. These forfeitures can be used to reduce the Company's future costs of the Plan. Employees may elect to receive their benefits as a life annuity payable monthly from retirement. Married employees may elect to receive their pension benefits in the form of a joint and survivor annuity.

The Plan allows for any participants with deferred vested benefits that have left the Company to be eligible for a lump sum payout up to \$75,000.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Effective January 1, 2024, if the value of the participant's benefit does not exceed \$7,000, then distribution may only be made as an immediate lump sum payment.

Effective October 31, 2024, the Plan allows for any participants with deferred vested benefits that have left the Company to be eligible for a lump sum payout up to \$150,000.

Death and Disability Benefits

Based on the terms of the specific union representation, certain employees who become totally and permanently disabled after a specified years of service are also entitled to a monthly benefit that is based on the number of years of service multiplied by an amount as defined in the plan document. Benefit options exist which provide for the continuation of benefit payments to a surviving spouse upon the death of a retired participant and the commencement of benefit payments to a surviving spouse upon the death of a vested participant.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Recent Regulatory Updates

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

Subsequent Events

Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	December 31, 2024	December 31, 2023
Discount rate, which reflects the expected rates of return on plan assets	5.50%	5.50%
Mortality	Pri-2012 Private Retirement Plans Mortality Tables*	Pri-2012 Private Retirement Plans Mortality Tables*
Retirement age	65	65

*Healthy Lives: Blue Collar Dataset, adjusted to 2012, with projected mortality improvements after 2012 under Projection Scale MP-2021 (male and female scales)

Disabled Lives: Total Dataset Mortality, adjusted to 2012, for disabled participants with projected mortality after 2012 under Projection Scale MP-2021

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

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2024 and 2023.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market fund	\$ 219,742	\$ -	\$ -	\$ 219,742
Mutual funds	13,761,696	-	-	13,761,696
Investments at fair value	\$ 13,981,438	\$ -	\$ -	\$ 13,981,438

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market fund	\$ 192,052	\$ -	\$ -	\$ 192,052
Mutual funds	12,961,737	-	-	12,961,737
Investments at fair value	\$ 13,153,789	\$ -	\$ -	\$ 13,153,789

5. Concentrations

The Plan holds certain investments that represent 10% or more of the Plan's net assets available for benefits. As of December 31, 2024 and 2023, the Plan had investments of \$6,006,782 and \$2,171,094, respectively, that were concentrated in two and one funds, respectively.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Midwest Institutional Trust Company, the current Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the period from January 1, 2024 through December 31, 2024. BMO Harris Bank N.A., the previous Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Midwest Institutional Trust Company, the Trustee of the Plan. Contributions are held and managed by the Trustee, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Plan Termination

Presently, the Company has no intention to terminate the Plan; however, it may do so at any time. In the event of termination and after payment of any expenses of administration and liquidation allocable to plan assets, the remaining plan assets will be allocated and distributed to participants and other persons in the following manner and order to the extent of the sufficiency of such plan assets:

(a) First, to the following persons:

1. To each person who was receiving a benefit under the Plan as of the beginning of the three-year period ending on the date of termination of the Plan, the portion of such person's benefit which constitutes a guaranteed benefit under Title IV of ERISA, determined in accordance with the terms of the Plan in effect during the five-year period ending on such date under which such person's benefit would be the least.
2. To each participant who was not receiving a benefit under the Plan as of the beginning of the three-year period ending on the date of termination of the Plan but who was eligible for retirement at the beginning of such three-year period, the portion of any benefit which constitutes a guaranteed benefit under Title IV of ERISA and which would have been payable if the participant had retired and begun to receive a benefit at the beginning of such three-year period, determined in accordance with the terms of the Plan in effect during the five-year period ending on such date under which such participant's benefit would be the least.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

(b) Second, if any assets remain after the allocations above, to each person who was entitled to a benefit under the Plan as of the date of termination of the Plan, the portion of their benefit which constitutes a guaranteed benefit under Title IV of ERISA (determined without regard to Section 4022(b)(5) thereof) or which would have constituted a guaranteed benefit if Section 4022(b)(6) of such Act did not apply, properly adjusted for any allocation of assets with respect to their benefit made under subparagraph (a) above.

(c) Third, if any assets remain after the allocations above, to each person who was entitled to a benefit under the Plan as of the date of termination of the Plan, their nonforfeitable benefit, properly adjusted for any allocation of assets with respect to their benefit made under subparagraphs (a) or (b) above.

(d) Last, if any assets remain after the allocations above, to each person who was a participant in the Plan on the date of termination of the Plan, their benefit under the Plan accrued up to that date, properly adjusted for any allocation of assets with respect to their benefit made under subparagraphs (a), (b) or (c) above.

Upon termination of the Plan, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pension. However, it does not guarantee all types of benefits under covered plans and the amount of benefit protection is subject to certain limitations. The PBGC guarantees vested benefits at the level in effect on the date of plan termination.

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

9. Tax Status

The IRS has determined and informed the Company by a letter dated May 17, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

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

Heartland Coca-Cola Bargaining Employees' Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

10. 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 the amounts reported in the Statements of Net Assets Available for Benefits.

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

Heartland Coca-Cola Bargaining Employees' Pension Plan

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

EIN: 81-3590283 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Federated Hermes	Government Obligations Fund	\$ 219,742	\$ 219,742
	DFA	US Small Cap Value Portfolio	199,530	210,525
	Vanguard	Explorer Fund	192,357	207,746
	Vanguard	Mid Cap Index Fund, Class I	790,313	948,535
	Columbia	Integrated Large Cap Growth Fund	302,736	429,300
	Dodge & Cox	Stock Fund Class I	346,006	406,183
	Harbor Capital	Appreciation Fund	276,806	414,607
	JP Morgan	Equity Income Fund Class I	440,813	410,818
	Vanguard	Institutional Index Fund	1,490,487	1,897,078
	Dodge & Cox	International Stock Fund	265,261	279,946
	MFS	International Intrinsic Value Fund, Class I	319,354	283,000
	NYLI	Candriam Emerging Markets Equity Fund	176,189	207,359
	Vanguard	Developed Markets Index Fund	268,844	277,146
	Vanguard	Ftse All-World Ex U.S. Small Cap Index Fund	122,163	139,737
	Vanguard	Emerging Markets Stock Index Fund	200,205	216,275
	Baird	Intermediate Bond Fund	4,084,199	4,109,704
	TCW	Emerging Markets Income Fund, Class I	294,741	294,957
	Vanguard	Short Term Treasury Index	1,368,436	1,383,859
	Federate Hermes	Institutional High Yield Bond Fund	564,027	564,402
	Vanguard	Total Bond Market Index Institutional	850,705	792,126
	Hartford	Floating Rate Fund	286,215	288,393
			\$ 13,059,129	\$ 13,981,438

*A party in interest as defined by ERISA.

Heartland Coca-Cola Bargaining Employees' Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 81-3590283 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
Baird	Intermediate Bond Fund	\$ 3,800,000	\$ -	\$ -	-	\$ 3,800,000	\$ 3,800,000	\$ -
Baird	Core Plus Bond Fund	-	1,284,257	-	-	1,397,708	1,397,708	(113,451)
Metropolitan West	Total Return Bond Fund	-	1,271,021	-	-	1,430,990	1,430,990	(159,969)
Vanguard	Short Term Bond Index	1,185,000	-	-	-	1,185,000	1,185,000	-
Total Single Transactions		\$ 4,985,000	\$ 2,555,278	\$ -	-	\$ 7,813,698	\$ 7,813,698	\$ (273,420)
Series Transactions								
Baird	Intermediate Bond Fund	\$ 4,084,199	\$ -	\$ -	-	\$ 4,084,199	\$ 4,084,199	\$ -
Baird	Core Plus Bond Fund	7,363	-	-	-	7,363	7,363	-
Baird	Core Plus Bond Fund	-	1,284,257	-	-	1,397,708	1,397,708	(113,451)
Metropolitan West	Total Return Bond Fund	13,711	-	-	-	13,711	13,711	-
Metropolitan West	Total Return Bond Fund	-	1,275,183	-	-	1,435,133	1,435,133	(159,950)
Federate Hermes	Government Obligations	587,329	-	-	-	587,329	587,329	-
Federate Hermes	Government Obligations	-	559,639	-	-	559,639	559,639	-
Vanguard	Short Term Bond Index	1,368,436	-	-	-	1,368,436	1,368,436	-
Vanguard	Institutional Index Fund	49,248	-	-	-	49,248	49,248	-
Vanguard	Institutional Index Fund	-	710,226	-	-	637,715	637,715	72,511
Total Series Transactions		\$ 6,110,286	\$ 3,829,305	\$ -	-	\$ 10,140,481	\$ 10,140,481	\$ (200,890)

*A party in interest as defined by ERISA.

Summary of Actuarial Assumptions and Methods

Mortality Rates

(Prescribed by Code §430)

Healthy Lives: 2024 IRS Generational Mortality Tables with Pre and Post Commencement Rates with projected mortality improvements after year 2006 under Projection Scale MP-2021 (male and female scales)

Disabled Lives: Mortality Rates per IRS Revenue Ruling 96-7

Mortality Rates

(Selected by plan sponsor)

Healthy Lives: Pri-2012 Blue Collar Dataset Mortality with generational mortality improvements after year 2012 under Projection Scale MP-2021 (separate scales used for male and female scales and based on participant status).

Disabled Lives: Pri-2012 Total Dataset Mortality for disabled participants with generational mortality improvements after year 2012 under Projection Scale MP-2021

Withdrawal Rates

(gains and losses from this source are reviewed to assess reasonableness)

Attained <u>Age</u>	Withdrawal <u>Rate</u>
25	18.2%
30	12.0%
35	8.8%
40	6.8%
45	5.4%
50	4.4%
55	2.8%

Disablement Rates

(gains and losses from this source are reviewed to assess reasonableness)

Attained <u>Age</u>	<u>Disablement Rate</u>	
	<u>Males</u>	<u>Females</u>
25	0.09%	0.10%
30	0.13%	0.17%
35	0.20%	0.25%
40	0.31%	0.36%
45	0.51%	0.52%
50	0.83%	0.85%
55	1.50%	1.49%
60	2.27%	1.79%

Retirement Rates

(gains and losses from this source are reviewed to assess reasonableness)

Attained <u>Age</u>	Retirement <u>Rate</u>
55	5%
56	5%
57	5%
58	5%
59	5%
60	9%
61	9%
62	20%
63	20%
64	15%
65	100%

Local 688 and 688B participants eligible for Early Retirement who will have 30 years of Vesting Service prior to age 65, the following retirement rates are used:

Attained <u>Age</u>	Retirement <u>Rate</u>
<X	2%
X	35%
X+1	35%
X+2	35%
X+3	100%

"X" is the first age when Vesting Service equals 30 and age is at least 55, or age at the valuation date, if greater. Retirement rate is 100% at age 65.

Deferred vested participants are assumed to retire 100% at age 60.

Salary Scale

Not applicable

Rate of Investment Return

	Segment 1 <u>(0 to 5 Years)</u>	Segment 2 <u>(5 to 20 Years)</u>	Segment 3 <u>(More than 20 Years)</u>
Adjusted 24-Mo. Avg. Segment Rates	4.75% per annum	4.87% per annum	5.59% per annum
Minimum Funding Target Liability (prescribed by Code §430)			
Unadjusted 24-Mo. Avg. Segment Rates	3.62% per annum	4.46% per annum	4.52% per annum
Maximum Deductible Liability Low-Default-Risk Obligation Measurement (LDRM)			
PBGC Variable Premium Liability (Standard Method)	5.01% per annum	5.13% per annum	5.15% per annum
Other Measurements			
ASC 960 (selected by plan sponsor)	5.50% per annum	5.50% per annum	5.50% per annum

Actuarial Valuation Method

Unit Credit as prescribed by Code §430

Maximum Deductible Contribution as prescribed by Code §404(o)

Asset Valuation Method

(Prescribed by Code §430)

As selected by the plan sponsor, market value adjusted for any accruals and further adjusted for weighted gains and losses during the prior 2 years (phased in over 3 years from implementation of the plan). Weighted gains and losses for each plan year reflect interest at the lesser of the expected return on assets and the applicable third segment rate. The resulting value shall not be more than 110% or less than 90% of market value.

Form of Payment

(gains and losses from this source are reviewed to assess reasonableness)

100% single life annuity

Provision for Expenses

Replacement of previous plan year's administrative expenses

Other Assumptions

Marital status at benefit commencement – 75% married with female spouses 3 years younger than male spouses.

Top-Heavy status – not top-heavy.

Current Code §401(a)(17) compensation limitation – \$345,000.

Current Code §415(b) annual benefit limitation – \$275,000.

Cost-of-Living escalation for Code §401(a)(17) and 415(b) – none as prescribed by Code §1.412(c)(3)-1(d)(1).

Changes in Assumptions from Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Minimum Funding Target Segment Rates	Three Segment Yield Curve (4.75%, 5.00% & 5.74%)	Three Segment Yield Curve (4.75%, 4.87% & 5.59%)

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Unadjusted 24-Month Average Segment Rates (4 Month Lookback)	Three Segment Yield Curve (1.41%, 3.09% & 3.58%)	Three Segment Yield Curve (3.62%, 4.46% & 4.52%)

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Funding Target Mortality Rates	2023 IRS Generational Mortality Tables with Pre and Post Commencement Rates with projected mortality improvements after year 2006 under Projection Scale MP-2021 (male and female scales)	2024 IRS Generational Mortality Tables with Pre and Post Commencement Rates with projected mortality improvements after year 2006 under Projection Scale MP-2021 (male and female scales)

Reason: In recognition of IRS final regulations that specify Funding Target mortality.

Schedule H, Item 4j - Schedule of Reportable Transactions
 Plan Name: Heartland Coca-Cola Bargaining Employees' Pension Plan

Plan Year: 2024
 EIN/PN: 81-3590283 / 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense		(g) Current Value		(i) Net Gain or (Loss)
					Incurred with Transaction	Cost of Asset	of Asset on Transaction Date		
Baird	Intermediate Bond Fund, Instl #70	4,084,199	N/A	N/A	0	4,084,199	4,084,199	0	0
Baird	Core Plus Bond Fund, Inst #71	7,363	N/A	N/A	0	7,363	7,363	0	0
Baird	Core Plus Bond Fund, Inst #71	N/A	1,284,257	N/A	0	1,397,708	1,397,708	(113,451)	0
Metropolitan West	Total Return Bond Fund, Class I #512	13,711	N/A	N/A	0	13,711	13,711	0	0
Metropolitan West	Total Return Bond Fund, Class I #512	N/A	1,275,183	N/A	0	1,435,133	1,435,133	(159,950)	0
Federate Hermes	Government Obligations Fund	587,329	N/A	N/A	0	587,329	587,329	0	0
Federate Hermes	Government Obligations Fund	N/A	559,639	N/A	0	559,639	559,639	0	0
Vanguard	Short Term Bond Index, Adm #5132	1,368,436	N/A	N/A	0	1,368,436	1,368,436	0	0
Vanguard	Institutional Index Fund, #94	49,248	N/A	N/A	0	49,248	49,248	0	0
Vanguard	Institutional Index Fund, #94	N/A	710,226	N/A	0	637,715	637,715	72,511	0

**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.

A Name of plan Heartland Coca-Cola Bargaining Employees' Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Heartland Coca-Cola Bottling Company, LLC	D Employer Identification Number (EIN) 81-3590283	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	13,163,360
	b Actuarial value	2b	13,418,331
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	2	99,406
	b For terminated vested participants	66	834,437
	c For active participants	270	6,505,783
	d Total	338	7,439,626
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.30%
6	Target normal cost		
	a Present value of current plan year accruals	6a	552,678
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	552,678

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

SIGN HERE		<u>8/10/2025</u>	
	Signature of actuary	Date	
	WESLEY J. WICKENHEISER, FSA, EA, MAAA	2306598	
	Type or print name of actuary	Most recent enrollment number	
	USI CONSULTING GROUP	502-815-5182	
	Firm name	Telephone number (including area code)	
	435 N WHITTINGTON PKWY SUITE 250 LOUISVILLE KY 40222		
	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

Retirement for actives between ages 55 – 65 are assumed at the following rates:

(1) Age	(2) Rate of Retirement	(3) Lives	(4) Retirees	(5) (1) * (4)
55	5.00%	100.0000	5.0000	275.00
56	5.00%	95.0000	4.7500	266.00
57	5.00%	90.2500	4.5125	257.21
58	5.00%	85.7375	4.2869	248.64
59	5.00%	81.4506	4.0725	240.28
60	9.00%	77.3781	6.9640	417.84
61	9.00%	70.4141	6.3373	386.58
62	20.00%	64.0768	12.8154	794.55
63	20.00%	51.2614	10.2523	645.89
64	15.00%	41.0091	6.1514	393.69
65	100.00%	34.8577	34.8577	2,265.75
Sum of Column 5				6,191.44
				÷ 100
Weighted Normal Retirement Age				61.91

Summary of Provisions of the Plan

Effective Date and Plan Year

The plan was established effective February 25, 2017 with each plan year ending on December 31st.

Eligibility

Employees are eligible to become a participant in the plan on the first day of the month following the completion of one year of eligibility service and attainment of age 21.

Effective May 1, 2018, no new St. Joseph, MO (Local 125) employees will become eligible to participate in the plan.

Effective June 1, 2018, no new Bridgeton, MO (Local 9) employees will become eligible to participate in the plan.

Effective May 1, 2019, no new Springfield, IL (Local 916) employees will become eligible to participate in the plan.

Effective December 31, 2020, no new Sedalia, MO (Local 41) employees will become eligible to participate in the plan.

Effective April 1, 2021, no new St. Louis/St. Charles, MO (Local 688) employees will become eligible to participate in the plan.

Effective June 1, 2021, no new Maryland Heights, MO (Local 688B) employees will become eligible to participate in the plan.

Effective October 2, 2021, no new Lenexa, KS (Local 838) employees will become eligible to participate in the plan.

Benefit Service

One-twelfth (1/12) of a year is credited for each month in which the participant worked at least one hour. Only work performed on or after February 25, 2017 will count toward Benefit Service.

Effective December 31, 2019, no additional service is credit for Springfield, IL (Local 916) participants.

Effective December 31, 2020, no additional service is credited for Sedalia, MO (Local 41) participants.

Effective December 31, 2021, no additional service is credited for Lenexa, KS (Local 838) participants.

Effective April 30, 2023, no additional service is credited for St. Joseph, MO (Local 125) participants.

Effective March 30, 2026, no additional service is credited for St. Louis/St. Charles, MO (Local 688) participants.

Effective May 30, 2026, no additional service is credited for Maryland Heights, MO (Local 688B) participants.

Vesting Service

Service credited for vesting purposes means the number of plan years in which the participant works at least one hour in five or more months. Vesting service earned prior to February 25, 2017 under the Coca-Cola Refreshments Bargaining Employees' Pension Plan is recognized in the total years of vesting service.

Normal Retirement

Condition

The normal retirement date is the first day of the calendar month coincident with or next following the participant's 65th birthday. A participant shall become fully vested in his or her benefit upon attaining age 65.

Benefit

The normal retirement benefit, payable monthly for the life of the participant, calculated by multiplying the years of benefit service credited during the period shown in the applicable table below by the monthly amount for that period. Benefit service earned prior to February 25, 2017 is not credited under the Heartland Coca-Cola Bargaining Employees' Pension Plan.

Effective December 31, 2019, benefits for Springfield, IL (Local 916) are frozen for all current employees.

Effective December 31, 2020, benefits for Sedalia, MO (Local 41) are frozen for all current employees.

Effective December 31, 2021, benefits for Lenexa, KS (Local 838) are frozen for all current employees.

Effective April 30, 2023, benefits for St. Joseph, MO (Local 125) are frozen for all current employees.

Effective March 30, 2026, benefits for St. Louis/St. Charles, MO (Local 688) are frozen for all current employees.

Effective May 30, 2026, benefits for Maryland Heights, MO (Local 688B) are frozen for all current employees.

Bridgeton, MO (Local 9)

<u>Period</u>	<u>Monthly Amount</u>
9/1/2012 – 12/31/2018	\$99.00
1/1/2019 – 12/31/2020	100.00
1/1/2021 – 12/31/2022	101.00
1/1/2023 – 5/31/2023	102.00

Lenexa, KS (Local 838)

<u>Period</u>	<u>Monthly Amount</u>
1/1/1994 – 12/31/1996	\$30.00
1/1/1997 – 12/31/1999	35.00
1/1/2000 – 12/31/2002	45.00
1/1/2003 – 12/31/2005	50.00
1/1/2006 – 10/1/2008	52.00
10/2/2008 – 10/1/2010	54.00
10/2/2010 – 10/1/2011	57.00
10/2/2011 – 10/1/2016	59.00
10/2/2016 – 10/1/2017	60.00
10/2/2017 – 10/1/2018	61.00
10/2/2018 – 10/1/2019	62.00
10/2/2019 – 10/1/2020	63.00
10/2/2020 – 12/31/2021	64.00
1/1/2022 and thereafter	0.00

St. Joseph, MO (Local 125)

<u>Period</u>	<u>Monthly Amount</u>
1/1/1995 – 12/31/1997	\$25.00
1/1/1998-12/31/1998	30.00
1/1/1999 – 12/31/1999	31.00
1/1/2000 – 12/31/2001	32.00
1/1/2002 – 12/31/2004	47.00
1/1/2005 – 12/31/2007	50.00
1/1/2008 – 4/30/2010	53.00
5/1/2010 – 4/30/2013	54.00
5/1/2013 – 4/30/2014	55.00
5/1/2014 – 4/30/2016	56.00
5/1/2016 – 4/30/2018	57.00
5/1/2018 – 4/30/2023	59.00
5/1/2023 and thereafter	0.00

Springfield, IL (Local 916)

<u>Period</u>	<u>Monthly Amount</u>
8/1/2011 – 4/30/2012	\$46.00
5/1/2012 – 4/30/2013	47.00
5/1/2013 – 4/30/2014	50.00
5/1/2014 – 4/30/2017	51.00
5/1/2017 – 4/30/2018	52.00
5/1/2018 – 4/30/2019	53.00
1/1/2020 and thereafter	0.00

Sedalia, MO (Local 41)

<u>Period</u>	<u>Monthly Amount</u>
4/1/2009 - 3/31/2013	\$45.00
4/1/2013 - 3/31/2015	46.00
4/1/2015 - 3/31/2016	47.00
4/1/2016 - 3/31/2017	48.00
4/1/2017 - 3/31/2018	49.00
4/1/2018 - 3/31/2019	50.00
4/1/2019 - 12/31/2020	51.00
1/1/2021 and thereafter	0.00

St. Louis, St. Charles, MO (Local 688)

<u>Period</u>	<u>Monthly Amount</u>
Prior to 4/1/2016	\$65.00
4/1/2016 - 3/31/2017	66.00
4/1/2017 - 3/31/2018	67.00
4/1/2018 - 3/31/2019	68.00
4/1/2019 - 3/31/2020	69.00
4/1/2020 - 3/31/2021	70.00
4/1/2021 - 3/31/2022	70.00
4/1/2022 - 3/31/2023	71.00
4/1/2023 - 3/31/2024	72.00
4/1/2024 - 3/31/2025	73.00
4/1/2025 - 3/30/2026	76.00
3/31/2026 and thereafter	0.00

Maryland Heights, MO (Local 688B)

<u>Period</u>	<u>Monthly Amount</u>
Prior to 6/1/2000	\$35.00
6/1/2000-5/31/2001	40.00
6/1/2001-5/31/2013	45.00
6/1/2013-5/31/2016	46.00
6/1/2016-5/31/2017	48.00
6/1/2017-5/31/2018	49.00
6/1/2018-5/31/2019	50.00
6/1/2019-5/31/2020	51.00
6/1/2020-5/31/2021	52.00
6/1/2021-5/31/2022	53.00
6/1/2022-5/31/2023	54.00
6/1/2023-5/31/2024	55.00
6/1/2024-5/31/2025	56.00
6/1/2025-5/30/2026	58.00
5/31/2026 and thereafter	0.00

Accrued Benefit

The accrued benefit is the monthly benefit that has been earned due to benefit service as of any determination date. The accrued benefit payable for the life of the participant is computed in the same manner as for normal retirement, using the participant's benefit service at the determination date.

Effective December 31, 2019, accrued benefits are frozen for Springfield, IL (Local 916) participants.

Effective December 31, 2020, accrued benefits are frozen for Sedalia, MO (Local 41) participants.

Effective December 31, 2021, accrued benefits are frozen for Lenexa, KS (Local 838) participants.

Effective April 30, 2023, accrued benefits are frozen for St. Joseph, MO (Local 125) participants.

Effective March 30, 2026, accrued benefits are frozen for St. Louis/St. Charles, MO (Local 688) participants.

Effective May 30, 2026, accrued benefits are frozen for Maryland Heights, MO (Local 688B) participants.

Early Retirement

Condition

Early retirement eligibility for each union is as follows:

- > Local No. 9, Local No. 838, Local No. 125, Local No.916, Local No.41: A participant may retire early after he has attained age 55 and completed 5 years of vesting service with the employer.
- > Local No. 688, Local No. 688B: A participant may retire early after he has either attained age 55 and completed 10 years of vesting service, or 30 years of vesting service at any age.

Benefit

The deferred benefit, to commence at the participant's normal retirement date, is equal to the participant's accrued benefit determined as of his early retirement date.

The participants early retirement benefit is the accrued benefit reduced in the following manner:

- > Local No. 9: The accrued benefit is reduced by 1/2 of 1% for each month by which retirement precedes age 65. For Grandfathered participants whose age plus Vesting Service equals 85 or more as of date of termination, the Accrued Benefit at retirement is be reduced by 1/2 of 1% for the first 40 months and no reduction for each of the next 80 months by which retirement precedes age 65.
- > Local No. 838: The accrued benefit is reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which retirement precedes age 65. There shall be no reduction for early commencement if the Participant terminates employment after age 60.
- > Local No. 125, Local No.916, Local No.41: The accrued benefit is reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which retirement precedes age 65.
- > Local No. 688, Local No. 688B: The accrued benefit is reduced by 1/4 of 1% for each month by which retirement precedes age 65. There is no reduction for retirement after 30 years of Vesting Service. If the service requirement is not met, the accrued benefit is reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which retirement precedes age 65.

Late Retirement

Condition

A participant may choose to postpone his retirement beyond his normal retirement date, in which event no benefit shall be payable until actual retirement.

Benefit

The benefit, payment of which commences the first day of the month following the participant's actual date of retirement, is computed in the same manner as the normal retirement benefit based upon benefit service and the applicable dollar multiplier(s) at the date of retirement. This benefit shall not be

less than the actuarially equivalent of the benefit the participant would have received at his normal retirement date.

Disability Retirement

Condition

Disability income eligibility for each union is as follows:

- > Local No. 9, Local No. 838, Local No. 125, Local No.916, Local No.41: No disability benefit provided.
- > Local No. 688, Local No. 688B: Completion of 10 years of vesting service and total and permanently disablement, as evidenced by eligibility for and receipt of disability benefits under the Social Security Act.

Benefit

Disability income for each union is calculated in the following manner:

- > Local No. 9, Local No. 838, Local No. 125, Local No.916, Local No.41: No disability benefit provided.
- > Local No. 688, Local No. 688B: The disability retirement benefit is computed in the same manner as for normal retirement, with no reduction for early commencement of benefits and offset by Social Security disability benefits and any company provided disability benefits.

Death Before Retirement

Condition

In the event of the death of a participant after becoming eligible for a vested benefit under the plan, and while either (i) actively employed by the employer, or (ii) on deferred vested status but prior to receiving any retirement benefits, a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit

The monthly benefit is payable on the first day of the calendar month following the participant's date of death or the earliest date the participant could have elected benefit payments to commence, whichever is later, and continuing for the lifetime of the surviving spouse. The benefit is determined as 50% of the benefit the beneficiary would have received if the participant had terminated employment the day before his death (or on his actual date of termination if earlier), had lived to the benefit commencement date, and elected an immediate joint and 50% to survivor benefit.

Termination of Employment

If a participant terminates his employment after completing 5 or more years of vesting service, he is entitled to a deferred vested benefit with payment commencing on his normal retirement date. Upon satisfying applicable early retirement service requirements, a participant may elect commencement of a reduced benefit before his normal retirement date.

Optional Modes of Benefit Payments

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed life income. The purpose of the optional method is to permit the

guarantee of retirement income payments for a minimum period of time (i.e., 10 years), to provide a continued life income to a surviving beneficiary after the death of a participant (i.e., 50%, 75% or 100% joint and survivor), or to allow for a lump sum option if the amount is not more than \$75,000. However, if no option is elected and the participant is married at the date the benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity.

If the actuarial equivalent single sum amount due a terminated participant is less than \$7,000, such amount shall be distributed to the participant in lieu of any other benefits under the plan.

Actuarial Equivalence

Actuarial equivalent values shall be computed based on the 1983 Group Annuity Mortality Table for Males, and an interest rate of 5%. For joint annuitants and alternate payees with benefits payable under a separate interest QDRO, actuarial equivalent values shall be computed based on the 1983 Group Annuity Table for Females.

Additional factors described in the plan document are used to calculate optional annuity payment forms.

Single sum calculations shall be determined using the mandated mortality table described under Code §417(e)(3). This table uses a fixed blend of 50% of the male and 50% of the female mortality rates. The interest rates used for single sum calculations shall be the three "segment-rates" derived from the corporate yield curves which Treasury develops, in effect as of the third calendar month preceding the plan year in which payment is made.

Contributions to the Plan

The employer contributes actuarially determined amounts to finance the plan benefits. No contributions by participating employees are required.

Investment of Plan Funds

The assets of the pension plan will be invested by the trustee in accordance with the terms of the trust agreement.

Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
 Plan Name: Heartland Coca-Cola Bargaining Employees' Pension Plan

Plan Year: 2024
 EIN/PN: 81-3590283 / 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>Cash and Cash Equivalents</u>				
	Federated Hermes	219,742.000 shares, Government Obligations Fund	219,742	219,742
<u>Mutual Funds</u>				
	DFA	4,339.837 shares, US Small Cap Value Portfolio, Instl #5034	199,530	210,525
	Vanguard	1,944.273 shares, Explorer Fund, Adm #5024	192,357	207,746
	Vanguard	13,135.778 shares, Mid Cap Index Fund, Class I #864	790,313	948,535
	Columbia Funds	19,701.690 shares, Integrated Large Cap Growth Fund, Adv #6966	302,736	429,300
	Dodge & Cox	1,579.373 shares, Stock Fund, Class I	346,006	406,183
	Harbor	3,647.460 shares, Capital Appreciation Fund, Inst #2012	276,806	414,607
	JP Morgan	17,160.326 shares, Equity Income Fund, Class I #3128	440,813	410,818
	Vanguard	3,961.324 shares, Institutional Index Fund, #94	1,490,487	1,897,078
	Dodge & Cox	5,610.149 shares, International Stock Fund, Class I	265,261	279,946
	MFS	7,905.031 shares, International Intrinsic Value Fund, Class R6	319,354	283,000
	NYLI	20,151.482 shares, Candriam Emerging Markets Equity Fund, Class R6 #6043	176,189	207,359
	Vanguard	18,043.381 shares, Developed Markets Index Fund, Adm #127	268,844	277,146
	Vanguard	4,956.979 shares, Ftse All-World Ex U.S. Small Cap Index Fund, #2284	122,163	139,737
	Vanguard	5,881.822 shares, Emerging Markets Stock Index Fund, Adm #5533	200,205	216,275
	Baird	400,165.957 shares, Intermediate Bond Fund, Instl #70	4,084,199	4,109,704
	TCW	45,658.982 shares, Emerging Markets Income Fund, Class I #4721	294,741	294,957
	Federated Hermes	63,702.247 shares, Institutional High Yield Bond Fund	564,027	564,402
	Vanguard	83,557.560 shares, Total Bond Market Index, Class #222	850,705	792,126
	Vanguard	136,609.971 shares, Short Term Bond Index, Adm #5132	1,368,436	1,383,859
	Hartford	37,260.123 shares, Floating Rate F #3115	286,215	288,393

Schedule H, Item 4i - Schedule of Assets (Acquired and Disposed of Within Year)
Plan Name: Heartland Coca-Cola Bargaining Employees' Pension Plan

Plan Year: 2024
EIN/PN: 81-3590283 / 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
None			

Shortfall Amortization Charge

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Charge	2024	914,424	15	914,424	83,195
Total (not less than zero)				\$ 914,424	\$ 83,195