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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

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

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/> <u>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>       Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>       City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/> <u>ABARTA COCA-COLA BEVERAGES, LLC</u></p> <p><u>200 ALPHA DRIVE</u><br/> <u>PITTSBURGH, PA 15238-2906</u></p> | <p><b>1c</b> Effective date of plan<br/> <u>07/29/2017</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/> <u>81-5335792</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/> <u>412-963-6334</u></p> <p><b>2d</b> Business code (see instructions)<br/> <u>312110</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | TRACY CHRIMES  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | TRACY CHRIMES  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 161 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 132 |
|   | <b>6a(2)</b>                               | 136 |
|   | <b>6b</b>                                  | 15  |
|   | <b>6c</b>                                  | 9   |
|   | <b>6d</b>                                  | 160 |
|   | <b>6e</b>                                  | 1   |
|   | <b>6f</b>                                  | 161 |
|   | <b>6g(1)</b>                               |     |
|   | <b>6g(2)</b>                               |     |
| <b>h</b>  |  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

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

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input 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**

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

**b General Schedules**

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

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

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

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

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

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

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

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

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

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ABARTA COCA-COLA BEVERAGES, LLC</u>                        | <b>D</b> Employer Identification Number (EIN)<br><u>81-5335792</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | <u>4250356</u>            |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>4250356</u>            |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>15</u>                  | <u>613751</u>             | <u>613751</u>            |
| <b>b</b> For terminated vested participants .....   | <u>10</u>                  | <u>124631</u>             | <u>124631</u>            |
| <b>c</b> For active participants .....  | <u>136</u>                 | <u>4500738</u>            | <u>4500738</u>           |
| <b>d</b> Total .....  | <u>161</u>                 | <u>5239120</u>            | <u>5239120</u>           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>   |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | <u>5.30 %</u>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>0</u>                  |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>0</u>                  |                          |

**Statement by Enrolled Actuary**

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

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> |   |   |
|                  | Signature of actuary  | <u>09/15/2025</u><br>Date                                     |
|                  | <u>SETH F. SIEGEL</u><br>Type or print name of actuary                                      | <u>23-04530</u><br>Most recent enrollment number              |
|                  | <u>SIEGEL ACTUARIAL CONSULTING, INC.</u><br>Firm name                                       | <u>724-934-4780</u><br>Telephone number (including area code) |
|                  | <u>110 ARROWHEAD DRIVE<br/>SUITE 150<br/>SLIPPERY ROCK, PA 16057</u><br>Address of the firm |   |

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

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

| <b>Part III</b> |  | <b>Funding Percentages</b> |         |
|-----------------|--|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....   | <b>14</b>                  | 81.12 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....  | <b>15</b>                  | 81.12 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 82.44 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %       |

| <b>Part IV</b>   |                                | <b>Contributions and Liquidity Shortfalls</b> |                       |                                |                              |
|--|--------------------------------|---|-----------------------|--------------------------------|------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                |   |                       |                                |                              |
| (a) Date (MM-DD-YYYY)  | (b) Amount paid by employer(s) | (c) Amount paid by employees                  | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| 09/15/2025   | 106838                         | 0   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   | <b>Totals ▶</b>       | <b>18(b)</b>                   | <b>18(c)</b>                 |
|  |                                |   |                       | 106838                         | 0                            |

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| <b>19</b>  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |
| <b>a</b>   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b> 0  |
| <b>b</b>   | Contributions made to avoid restrictions adjusted to valuation date .....  | <b>19b</b> 0  |
| <b>c</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....             | <b>19c</b> 94851  |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |
| <b>a</b>   | Did the plan have a "funding shortfall" for the prior year? .....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b>   | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b>   | If line 20a is "Yes," see instructions and complete the following table as applicable:                                     |   |
| Liquidity shortfall as of end of quarter of this plan year |  |   |
| (1) 1st  | (2) 2nd  | (3) 3rd   |
|  |  |   |
|  |  | (4) 4th   |

|   |  |                        |                        |   |
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| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                        |   |
| <b>21</b> Discount rate:  |  |                        |                        |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                        | <b>22</b> 58  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

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

|  |                     |                    |               |                 |
|--|---------------------|--------------------|---------------|-----------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                 |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                 |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 0    |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0    |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                 |
| <b>a</b> Net shortfall amortization installment .....  | 988764              |                    | 94851         |                 |
| <b>b</b> Waiver amortization installment .....   | 0                   |                    | 0             |                 |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>       |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    |               | <b>34</b> 94851 |
|  | Carryover balance   | Prefunding balance | Total balance |                 |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                 |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 94851 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 94851 |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                 |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 0    |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 0    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0     |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0     |

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

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN</b>        | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ABARTA COCA-COLA BEVERAGES, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>81-5335792</b> |            |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PYRAMIS GLOBAL

20-4659714

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

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

FIDELITY MANAGEMENT TRUST COMPANY

04-3022712

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 25                  | NONE  | 0  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN</u>               | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ABARTA COCA-COLA BEVERAGES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>81-5335792</u> |            |

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

|   |  |   |                |
|---|--|---|----------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>ABARTA, INC. MASTER TRUST AGREEMENT</u> |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>FIDELITY INVESTMENTS</u>                |   |                |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                |
| <u>04-2647786-000</u>                             | <u>M</u>                                   |   | <u>4334645</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |                |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                |
|   |  |   |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |                |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                |
|   |  |   |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |                |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                |
|   |  |   |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |                |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                |
|   |  |   |                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |  |   |                |
| <b>b</b> Name of sponsor of entity listed in (a): |  |   |                |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                       | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |                |
|   |  |   |                |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN</b>         | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ABARTA COCA-COLA BEVERAGES, LLC</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>81-5335792</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 585000                | 106838          |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 3672066               | 4334645         |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 4257066               | 4441483         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 4257066               | 4441483         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 106838     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 106838    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 194802    |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 301640    |

**Expenses**

|  |               |       |        |
|--|---------------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 33619 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |       |        |
| (3) Other.....   | <b>2e(3)</b>  |       |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |       | 33619  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |       |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |       |        |
| <b>h</b> Interest expense.....   | <b>2h</b>     |       |        |
| <b>i</b> Administrative expenses:  |               |       |        |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  | 0     |        |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 0     |        |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  | 0     |        |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  | 70766 |        |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 12838 |        |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  | 0     |        |
| (7) Actuarial fees .....   | <b>2i(7)</b>  | 0     |        |
| (8) Legal fees .....   | <b>2i(8)</b>  | 0     |        |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  | 0     |        |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> | 0     |        |
| (11) Other expenses.....   | <b>2i(11)</b> | 0     |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |       | 83604  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |       | 117223 |

**Net Income and Reconciliation**

|   |              |  |        |
|---|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 184417 |
| <b>l</b> Transfers of assets:   |              |  |        |
| (1) To this plan.....   | <b>2l(1)</b> |  |        |
| (2) From this plan .....  | <b>2l(2)</b> |  |        |

**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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**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 557596.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN</u>        | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ABARTA COCA-COLA BEVERAGES, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>81-5335792</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 04-3275867

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

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

|   |  |   |
|---|--|---|
| 3 |  | 0 |
|---|--|---|

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

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

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

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

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

|  |  |  |
|--|--|--|
| <b>Structured Attachment</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Schedule SB, line 26a</b><br><b>Schedule of Active Participant Data</b> | <b>2024</b><br><hr/> This Form is Open to<br>Public Inspection |
|--|--|--|

|                             |  |                           |            |            |            |           |     |
|-----------------------------|--|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2024   | <b>Plan Year End Date</b> | 12/31/2024 | <b>EIN</b> | 81-5335792 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |        |              |              |
|--------------|---------------------------|--------------|--------------|--------|--------------|--------------|
|              | Under 1                   |              |              | 1 to 4 |              |              |
|              | No.                       | Average      |              | No.    | Average      |              |
|              |                           | Compensation | Cash Balance |        | Compensation | Cash Balance |
| Under 25     |                           |              |              |        |              |              |
| 25 to 29     |                           |              |              |        |              |              |
| 30 to 34     |                           |              |              |        |              |              |
| 35 to 39     |                           |              |              |        |              |              |
| 40 to 44     |                           |              |              |        |              |              |
| 45 to 49     |                           |              |              |        |              |              |
| 50 to 54     |                           |              |              |        |              |              |
| 55 to 59     |                           |              |              |        |              |              |
| 60 to 64     |                           |              |              |        |              |              |
| 65 to 69     |                           |              |              |        |              |              |
| 70 & Up      |                           |              |              |        |              |              |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |          |              |              |
|--------------|---------------------------|--------------|--------------|----------|--------------|--------------|
|              | 5 to 9                    |              |              | 10 to 14 |              |              |
|              | No.                       | Average      |              | No.      | Average      |              |
|              |                           | Compensation | Cash Balance |          | Compensation | Cash Balance |
| Under 25     |                           |              |              |          |              |              |
| 25 to 29     | 2                         |              |              |          |              |              |
| 30 to 34     | 11                        |              |              |          |              |              |
| 35 to 39     | 11                        |              |              |          |              |              |
| 40 to 44     | 21                        | 38499        |              |          |              |              |
| 45 to 49     | 24                        | 38769        |              |          |              |              |
| 50 to 54     | 16                        |              |              |          |              |              |
| 55 to 59     | 29                        | 39395        |              |          |              |              |
| 60 to 64     | 17                        |              |              |          |              |              |
| 65 to 69     | 4                         |              |              |          |              |              |
| 70 & Up      | 1                         |              |              |          |              |              |

|                             |  |                           |            |            |            |           |     |
|-----------------------------|--|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2024   | <b>Plan Year End Date</b> | 12/31/2024 | <b>EIN</b> | 81-5335792 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |          |              |              |
|--------------|---------------------------|--------------|--------------|----------|--------------|--------------|
|              | 15 to 19                  |              |              | 20 to 24 |              |              |
|              | No.                       | Average      |              | No.      | Average      |              |
|              |                           | Compensation | Cash Balance |          | Compensation | Cash Balance |
| Under 25     |                           |              |              |          |              |              |
| 25 to 29     |                           |              |              |          |              |              |
| 30 to 34     |                           |              |              |          |              |              |
| 35 to 39     |                           |              |              |          |              |              |
| 40 to 44     |                           |              |              |          |              |              |
| 45 to 49     |                           |              |              |          |              |              |
| 50 to 54     |                           |              |              |          |              |              |
| 55 to 59     |                           |              |              |          |              |              |
| 60 to 64     |                           |              |              |          |              |              |
| 65 to 69     |                           |              |              |          |              |              |
| 70 & Up      |                           |              |              |          |              |              |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |          |              |              |
|--------------|---------------------------|--------------|--------------|----------|--------------|--------------|
|              | 25 to 29                  |              |              | 30 to 34 |              |              |
|              | No.                       | Average      |              | No.      | Average      |              |
|              |                           | Compensation | Cash Balance |          | Compensation | Cash Balance |
| Under 25     |                           |              |              |          |              |              |
| 25 to 29     |                           |              |              |          |              |              |
| 30 to 34     |                           |              |              |          |              |              |
| 35 to 39     |                           |              |              |          |              |              |
| 40 to 44     |                           |              |              |          |              |              |
| 45 to 49     |                           |              |              |          |              |              |
| 50 to 54     |                           |              |              |          |              |              |
| 55 to 59     |                           |              |              |          |              |              |
| 60 to 64     |                           |              |              |          |              |              |
| 65 to 69     |                           |              |              |          |              |              |
| 70 & Up      |                           |              |              |          |              |              |

|                             |  |                           |            |            |            |           |     |
|-----------------------------|--|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2024   | <b>Plan Year End Date</b> | 12/31/2024 | <b>EIN</b> | 81-5335792 | <b>PN</b> | 001 |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |         |              |              |
|--------------|---------------------------|--------------|--------------|---------|--------------|--------------|
|              | 35 to 39                  |              |              | 40 & Up |              |              |
|              | No.                       | Average      |              | No.     | Average      |              |
|              |                           | Compensation | Cash Balance |         | Compensation | Cash Balance |
| Under 25     |                           |              |              |         |              |              |
| 25 to 29     |                           |              |              |         |              |              |
| 30 to 34     |                           |              |              |         |              |              |
| 35 to 39     |                           |              |              |         |              |              |
| 40 to 44     |                           |              |              |         |              |              |
| 45 to 49     |                           |              |              |         |              |              |
| 50 to 54     |                           |              |              |         |              |              |
| 55 to 59     |                           |              |              |         |              |              |
| 60 to 64     |                           |              |              |         |              |              |
| 65 to 69     |                           |              |              |         |              |              |
| 70 & Up      |                           |              |              |         |              |              |

# **ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 Pension Plan**

**Financial Statements**  
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional service corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



**ABARTA Coca-Cola Beverages, LLC Teamsters  
Local Union No. 585 Pension Plan**

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Financial Statements  
Years Ended December 31, 2024 and 2023

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

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## Independent Auditor's Report

The Plan Administrator  
ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan  
Pittsburgh, Pennsylvania

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

We have performed audits of the financial statements of ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

### ***Opinion***

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified 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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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



In performing an audit in accordance with GAAS, we:

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

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 GAAP.

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.

*BDO USA, P.C.*

October 15, 2025

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Statements of Net Assets Available for Benefits**

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| <i>December 31,</i>                          | <b>2024</b>         | <b>2023</b>         |
|--|---------------------|---------------------|
| <b>Assets</b>                                |                     |                     |
| Investments, at fair value:                  |                     |                     |
| Plan's interest in ABARTA, Inc. Master Trust | \$ 4,334,645        | \$ 3,672,066        |
| Receivables:                                 |                     |                     |
| Employer contribution receivable             | 106,838             | 585,000             |
| <b>Net Assets Available for Benefits</b>     | <b>\$ 4,441,483</b> | <b>\$ 4,257,066</b> |

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*See accompanying notes to financial statements.*

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Statements of Changes in Net Assets Available for Benefits**

| <i>Year ended December 31,</i>   | <b>2024</b>         | <b>2023</b>         |
|--|---------------------|---------------------|
| <b>Additions</b>   |                     |                     |
| Plan's interest in net investment income from interest in<br>ABARTA, Inc. Master Trust | \$ 194,802          | \$ 297,291          |
| Employer contributions   | 106,838             | 585,000             |
| <b>Total Additions</b>   | <b>301,640</b>      | <b>882,291</b>      |
| <b>Deductions</b>  |                     |                     |
| Distributions of benefits  | 33,619              | 25,721              |
| Administrative fees and expenses   | 83,604              | 84,492              |
| <b>Total Deductions</b>  | <b>117,223</b>      | <b>110,213</b>      |
| <b>Net Increase</b>  | <b>184,417</b>      | <b>772,078</b>      |
| <b>Net Assets Available for Benefits, beginning of year</b>                            | <b>4,257,066</b>    | <b>3,484,988</b>    |
| <b>Net Assets Available for Benefits, end of year</b>                                  | <b>\$ 4,441,483</b> | <b>\$ 4,257,066</b> |

*See accompanying notes to financial statements.*

# ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 Pension Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following description of the ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 (the Union) Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

#### *General*

The Plan was established in 2017 and is a noncontributory, defined benefit pension plan that provides for pension, disability, and preretirement spouses' death benefits for union employees of ABARTA Coca-Cola Beverages, LLC (the Company and Plan Sponsor) that are members of Teamsters Local Union No. 585. The Plan was established in relation to the Company's July 29, 2017 acquisition of certain Coca-Cola distribution locations—specifically the Houston, Pennsylvania location. The Company is the Plan Sponsor and administrator that controls and manages the operation and administration of the Plan. Fidelity Management Trust Company (FMTC) serves as the trustee of the Plan's investments. The Plan's investments are maintained within the ABARTA, Inc. Master Trust (Master Trust) concurrently with those of two other pension plans of ABARTA, Inc.

An eligible employee is any person employed by the Company who is a member of Teamsters Local Union No. 585. Eligible employees can enter the Plan immediately upon meeting the eligibility requirement. Eligible employees at the July 29, 2017 acquisition immediately became participants in the Plan. Eligible employees accumulate years of service for vesting purposes from the date of hire to the date of retirement. Participants become fully vested upon completion of five years of continuous service, as defined by the Plan.

The Plan was amended effective July 31, 2018. The amendment changes the definition of an eligible employee to one who was hired on or before February 24, 2018, as benefits are still accruing for those eligible employees. Additionally, any employee hired after February 24, 2018, is not a participant and shall not accrue benefits or rights under the Plan.

Effective April 1, 2022, benefits for all existing participants were frozen and no additional benefits will be earned for future services.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Pension Benefits*

Participants are entitled to receive distributions of their benefits upon retirement at age 65 or a later actual retirement date. The Plan also contains provisions for early retirement at age 57 with five or more years of completed continuous service or age 55 with 20 or more years of completed continuous service, without a reduction of benefits.

The Plan has a benefit formula that is used to calculate the retirement benefit for every Plan participant. The benefit formula uses years of credited service, on and after July 29, 2017, and multiplies by a dollar amount, which, as negotiated by the Company and the Union, varies by the calendar year in which a year of credited service is rendered as described in the Plan document.

Upon retirement, participants receive the value of their benefits in the form of a monthly payment over the remainder of their lives with a reduction in benefits for those participants who have chosen

# ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 Pension Plan

## Notes to Financial Statements

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a joint surviving spousal benefit option. The Plan also provides for a life annuity, a joint and survivor annuity, or a lump-sum payment as optional forms of benefit payment.

### ***Funding Policy***

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts determined by the Plan's actuary.

The actuarial assumptions utilized have been designed to provide sufficient funds to pay benefits as they become eligible under the Plan. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

### ***Plan Termination***

Although it has not expressed any intent to do so, the Company reserves the right to discontinue contributions to or terminate the Plan at any time. Upon termination, the Plan's net assets would be allocated among the participants and beneficiaries of the Plan in compliance with ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection guaranteed by the PBGC is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

In the event of Plan termination, payment and distribution of benefits would be dependent upon the sufficiency of the Plan's assets in relation to the benefits owed to the Plan participants. Distributions ultimately realized by the Plan participants and their beneficiaries would be determined by priority levels established by PBGC and ERISA guidelines in accordance with the underlying benefit guarantees provided by the PBGC.

## **2. Summary of Significant Accounting Policies**

### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting.

### ***Use of Estimates***

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

# ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 Pension Plan

## Notes to Financial Statements

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### *Investment Valuation and Income Recognition*

The Master Trust investments are reported at fair value. Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers the assumptions that market participants would use when pricing the asset or liability.

The three levels of inputs that may be used to measure fair value are as follows:

*Level 1* - This level consists of quoted prices in active markets for identical assets or liabilities.

*Level 2* - This level consists of observable inputs other than quoted prices in active markets for identical assets and liabilities, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

*Level 3* - This level consists of inputs that are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The asset's 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.

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

Money market funds are valued at quoted market prices, which represent the Net Asset Value (NAV) of shares held at year-end and are classified within Level 1 of the fair value hierarchy.

Commingled funds are valued at NAV based on the fair value of the underlying net assets as determined by the fund managers. The NAV is used as a practical expedient to estimate fair value. The NAV is provided by the fund manager and is based on the fair value of the underlying investments held by the funds less their liabilities. Were the Plan to initiate a full redemption of a collective trust, the investment advisor generally reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There were no unfunded commitments.

Hedge funds are valued using NAV, which approximates fair value. NAV is based on the unit values of the interests. Unit values are determined by the issuer sponsoring such interests by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. The NAV is used as a practical expedient to estimate fair value.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values.

Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Notes to Financial Statements**

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value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

***Administrative Fees and Expenses***

Administrative fees and expenses are paid by the Plan, as provided in the Plan document. However, services provided by the actuary are paid for by the Company.

***Benefit Payments***

Benefits are recorded when paid.

***Subsequent Events***

Plan management has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 15, 2025, the date the financial statements were approved and authorized for issue.

**3. Accumulated Plan Benefits**

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions for services that employees have rendered.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the benefit information dates and the expected payment dates. The effect of plan amendments on accumulated plan benefits is recognized during the year in which the amendments become effective.

The actuarial present value of accumulated plan benefits is presented below based on actuarial information as of January 1, 2024, the most recent date for which actuarial data is available:

*January 1, 2024*

---

Actuarial present value of accumulated plan benefits:

|   |                     |
|---|---------------------|
| Vested benefits:  |                     |
| Participants currently receiving payments                         | \$ 29,012           |
| Other participants  | 5,447,869           |
| <b>Total Vested Benefits</b>                                      | <b>5,476,881</b>    |
| Nonvested benefits  | -                   |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 5,476,881</b> |

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**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Notes to Financial Statements**

The change in the actuarial present value of accumulated plan benefits is comprised of the following:

*January 1, 2024*

|  |           |                  |
|--|-----------|------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits, beginning of year</b> | <b>\$</b> | <b>4,567,166</b> |
| Increase (decrease) during the year attributable to:                           |           |                  |
| Interest adjustment  |           | 225,894          |
| Change in actuarial assumptions  |           | (149,860)        |
| Benefits accumulated   |           | 859,402          |
| Benefits paid  |           | (25,721)         |
| <b>Net Increase</b>  |           | <b>909,715</b>   |
| <b>Actuarial Present Value of Accumulated Plan Benefits, end of year</b>       | <b>\$</b> | <b>5,476,881</b> |

The adjustment in the actuarial present value of accumulated plan benefits from changes in assumptions was the result of changes in the mortality tables and assumed rate of return used in determining the Plan's accumulated plan benefits.

The significant actuarial assumptions used in determining accumulated plan benefits are as follows:

*January 1, 2024*

|   |  |       |
|---|--|-------|
| Discount rate                             |  | 5.30% |
| Retirement age of participants            | Later of Age 57 and 5 Years of Service |       |
|   | Pri-2012 Mortality Table with MP-2024  |       |
| Basis for life expectancy of participants | Improvement Scale                      |       |

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

*The remainder of this page intentionally left blank.*

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Notes to Financial Statements**

**4. Interest in Master Trust**

The net assets of the Plan are maintained within the Master Trust. Investment earnings and trustee fees are allocated to the Plan based on the respective value of each plan as of the end of the previous month. The fair value of the Plan's net assets represents their proportionate interest in the fair value of the Master Trust, which is based upon the quoted market value of the underlying net assets of the Master Trust as of the last business day of the Plan year. The Plan's participating interest in the Master Trust was approximately 39% and 6% at December 31, 2024 and 2023, respectively. The following tables set forth the composition of the net assets of the Master Trust and the Plan's interest:

***December 31, 2024***

|                          | Master Trust<br>Balances | Plan's Interest<br>in Master Trust<br>Balances |
|--------------------------|--------------------------|--|
| Investments:             |                          |  |
| Money market funds       | \$ 883,703               | \$ 37,123                                      |
| Commingled funds         | 9,965,491                | 4,297,522                                      |
| Hedge fund               | 183,080                  | -  |
| Private equity           | 17,600                   | -  |
| <b>Total Investments</b> | <b>\$ 11,049,874</b>     | <b>\$ 4,334,645</b>                            |

***December 31, 2023***

|                          | Master Trust<br>Balances | Plan's Interest<br>in Master Trust<br>Balances |
|--------------------------|--------------------------|--|
| Investments:             |                          |  |
| Money market funds       | \$ 265,956               | \$ 16,416                                      |
| Commingled funds         | 59,004,480               | 3,641,917                                      |
| Hedge fund               | 204,895                  | 12,647   |
| Private equity           | 17,600                   | 1,086  |
| <b>Total Investments</b> | <b>\$ 59,492,931</b>     | <b>\$ 3,672,066</b>                            |

Net appreciation (depreciation) in fair value of the Master Trust's investments is as follows:

| <i>Year ended December 31,</i>               | <b>2024</b>         | <b>2023</b>         |
|--|---------------------|---------------------|
| Unrealized gain (loss) on investments        | \$ (21,135,871)     | \$ 4,091,990        |
| Realized gain on investments                 | 24,917,611          | 692,792             |
| <b>Net Investment Income of Master Trust</b> | <b>\$ 3,781,740</b> | <b>\$ 4,784,782</b> |

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Notes to Financial Statements**

**5. Investments**

The following tables set forth the fair value of the Master Trust's investments measured on a recurring basis, by level, as described in Note 2:

***December 31, 2024***

|   | Level 1           | Total                |
|---|-------------------|----------------------|
| Money market funds                              | \$ 883,703        | \$ 883,703           |
| Commingled funds measured at NAV <sup>(a)</sup> | -                 | 9,965,491            |
| Hedge fund measured at NAV <sup>(b)</sup>       | -                 | 183,080              |
| Private equity measured at NAV <sup>(c)</sup>   | -                 | 17,600               |
| <b>Investments at Fair Value</b>                | <b>\$ 883,703</b> | <b>\$ 11,049,874</b> |

***December 31, 2023***

|   | Level 1           | Total                |
|---|-------------------|----------------------|
| Money market funds                              | \$ 265,956        | \$ 265,956           |
| Commingled funds measured at NAV <sup>(a)</sup> | -                 | 59,004,480           |
| Hedge fund measured at NAV <sup>(b)</sup>       | -                 | 204,895              |
| Private equity measured at NAV <sup>(c)</sup>   | -                 | 17,600               |
| <b>Investments at Fair Value</b>                | <b>\$ 265,956</b> | <b>\$ 59,492,931</b> |

(a) *Commingled Funds* - The commingled funds' investment objective is to seek capital growth and income by diversifying across a range of asset classes, including equity and fixed-income securities. The fair value of the equity and fixed-income securities is determined based upon quoted market prices. There are no restrictions for the redemption of units for the purpose of paying benefit payments or paying trustee fees. There are no liquidation plans for the commingled funds. The Plan has no unfunded commitments relating to the funds at December 31, 2024 or 2023.

(b) *Hedge Fund* - The investment objective of this partnership is to make investments in less liquid and/or longer-duration private and public securities and other financial instruments (including, without limitation, senior, secured and unsecured bank debt and public debt, junior debt, bonds, trade claims, equities and convertible securities, options, swaps (including credit default swaps), and other derivatives of U.S. and non-U.S. companies that are (i) experiencing financial distress; (ii) attempting to complete an out-of-court restructuring, including spin-offs and recapitalizations; (iii) involved in a bankruptcy, liquidation, or similar proceeding; (iv) involved in substantial litigation; and/or (v) expected to have an investment horizon greater than two years. The fair value of equity securities, fixed-income investments, over-the-counter derivative contracts, and mortgage-backed securities is determined based on quoted market prices. The fair value of bank debt and trade claims is determined based upon indicative quotes and bids or recent trades obtained from the principal market makers and market data providers using the average "bid" price. The fair value of special purpose entities (SPE) is valued based on the underlying investments within each SPE using valuation techniques consistent with the fund. Distributions to the Plan Sponsor are provided within 30 days after the end of each fiscal quarter, subject to the general partner's sole discretion. The general partner commenced with the dissolution of the fund on February 5, 2020. Certain investments will remain in the portfolio for

# ABARTA Coca-Cola Beverages, LLC Teamsters Local Union No. 585 Pension Plan

## Notes to Financial Statements

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an undetermined period as the fund looks to maximize return on investments. The Plan has no unfunded commitments relating to the fund at December 31, 2024 or 2023.

- (c) *Private Equity* - The investment objective of these partnerships is to achieve long-term capital appreciation through a diversified portfolio of regional venture capital opportunities. Fair value is determined through valuation techniques provided by the investment manager. Each of the underlying partnerships has an approximate ten-year life, and there is no ability for the Plan Sponsor to redeem prior to the conclusion of the partnership. The Plan has no unfunded commitments relating to the fund at December 31, 2024 or 2023.

### 6. Certification of Financial Information

Certain information disclosed in the accompanying financial statements related to investments held in the Master Trust as of December 31, 2024 and 2023, and the Plan's interest in net investment income of the Master Trust for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, a qualified institution.

### 7. Related Parties and Exempt Parties-in-interest Transactions

Certain Plan assets are invested in investments managed by the trustee of the Plan. Additionally, the Plan paid certain administrative fees and expenses to the trustee, third-party administrator, and various investment managers. These transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under Section 408(b) of the ERISA regulations.

### 8. Income Tax Status

The Internal Revenue Service determined and informed the Company by a letter, dated July 19, 2019, that the Plan and related trust are designed in accordance with the 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 currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

### 9. Risks and Uncertainties

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

**ABARTA Coca-Cola Beverages, LLC  
Teamsters Local Union No. 585 Pension Plan**

**Notes to Financial Statements**

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Plan contributions are made, and the actuarial present value of accumulated plan benefits is 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**  
**Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan**  
**66-0000044 / 537**  
**For the plan year 01/01/2024 through 12/31/2024**

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**Schedule SB, line 19 -**  
**Discounted Employer Contributions**  
**Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan**  
**66-0000044 / 537**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 01/01/2024**

|                                   | Date              | Amount           | Adjusted Contribution | Adjusted Prior Year Contribution | Adjusted Quarterly | Effective Rate | Penalty Rate |
|-----------------------------------|-------------------|------------------|-----------------------|----------------------------------|--------------------|----------------|--------------|
| <b>Deposited Contribution</b>     | <b>09/15/2025</b> | <b>\$106,838</b> |                       |                                  |                    |                |              |
| Applied to MRC                    | 01/01/2024        | 37,630           | 34,460                | 0                                | 0                  | 5.30           | 0.00         |
| Applied to Quarterly Contribution | 04/15/2024        | 17,302           | 14,836                | 0                                | 17,302             | 5.30           | 10.30        |
| Applied to Quarterly Contribution | 07/15/2024        | 17,302           | 15,008                | 0                                | 17,302             | 5.30           | 10.30        |
| Applied to Quarterly Contribution | 10/15/2024        | 17,302           | 15,184                | 0                                | 17,302             | 5.30           | 10.30        |
| Applied to Quarterly Contribution | 01/15/2025        | 17,302           | 15,363                | 0                                | 17,302             | 5.30           | 10.30        |
| Totals for Deposited Contribution |                   | \$106,838        | \$94,851              | \$0                              | \$69,208           |                |              |

**Schedule SB, line 32 -  
Schedule of Amortization Bases  
Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan  
66-0000044 / 537  
For the plan year 01/01/2024 through 12/31/2024**

| Date Base<br>Established | Original Base<br>Amount | Type of Base | Present Value of<br>Remaining Installments | Years Remaining<br>Amortization Period | Amortization<br>Installment |
|--------------------------|-------------------------|--------------|--|--|-----------------------------|
| 01/01/2021               | 46,742                  | Shortfall    | 40,709                                     | 12                                     | 4,358                       |
| 01/01/2022               | 243,873                 | Shortfall    | 223,131                                    | 13                                     | 22,537                      |
| 01/01/2023               | 400,192                 | Shortfall    | 382,392                                    | 14                                     | 36,650                      |
| 01/01/2024               | 342,532                 | Shortfall    | 342,532                                    | 15                                     | 31,306                      |
| Totals:                  |                         |              | \$988,764                                  |  | \$94,851                    |

# Schedule SB, Part V

## Summary of Plan Provisions

Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan  
66-0000044 / 537

For the plan year 01/01/2024 through 12/31/2024

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**Present Value of Accrued Benefit:** Based on the greater of 417(e) or Actuarial Equivalence

**417(e):**

| Interest Rates - | First Month Prior to Plan Yr Beg |        |        |
|------------------|----------------------------------|--------|--------|
|                  | Segment #                        | Years  | Rate % |
|                  | Segment 1                        | 0 - 5  | 5.01   |
|                  | Segment 2                        | 6 - 20 | 5.13   |
|                  | Segment 3                        | > 20   | 5.15   |

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:**

|                   |                   |                   |
|-------------------|-------------------|-------------------|
| Pre-Retirement -  | Interest -        | 5.5%              |
|                   | Mortality Table - | U84 - 1984 Unisex |
| Post-Retirement - | Interest -        | 5.5%              |
|                   | Mortality Table - | U84 - 1984 Unisex |

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ Round off amounts to nearest dollar.

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

|   |  |   |     |
|---|--|---|-----|
| <b>A</b> Name of plan<br>ABARTA COCA-COLA BEVERAGES, LLC TEAMSTERS LOCAL 585 PENSION PLAN                   |  | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ABARTA COCA-COLA BEVERAGES, LLC |  | <b>D</b> Employer Identification Number (EIN)<br>81-5335792 |     |

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>   |                            |                           |                          |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  |                           | 4,250,356                |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  |                           | 4,250,356                |
| <b>3</b> Funding target/participant count breakdown:  | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment ....  | 15                         | 613,751                   | 613,751                  |
| <b>b</b> For terminated vested participants .....   | 10                         | 124,631                   | 124,631                  |
| <b>c</b> For active participants .....  | 136                        | 4,500,738                 | 4,500,738                |
| <b>d</b> Total .....  | 161                        | 5,239,120                 | 5,239,120                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   |                           | 5.30 %                   |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  |                           | 0                        |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  |                           | 0                        |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  |                           | 0                        |

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

Seth F. Siegel

Type or print name of actuary

Siegel Actuarial Consulting, Inc.

Firm name

110 Arrowhead Drive  
Suite 150

US Slippery Rock PA 16057

Address of the firm

09/15/2025

Date

23-04530

Most recent enrollment number

(724) 934-4780

Telephone number (including area code)

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

| <b>Part II</b> Beginning of Year Carryover and Prefunding Balances   | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....  | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>0.00</u> % .....   | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42</u> % ... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance  |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) ....  | 0                     | 0                      |

| <b>Part III</b> Funding Percentages  |           |         |
|--|-----------|---------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b> | 81.12 % |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b> | 81.12 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 82.44 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %       |

| <b>Part IV</b> Contributions and Liquidity Shortfalls                                    |                                |                              |                       |                                |                              |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                |                              |                       |                                |                              |
| (a) Date (MM-DD-YYYY)  | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| 09/15/2025   | 106,838                        |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
| <b>Totals ▶</b>  |                                |                              | <b>18(b)</b>          | 106,838                        | <b>18(c)</b>                 |
|  |                                |                              |                       |                                | 0                            |

|   |            |        |
|---|------------|--------|
| <b>19</b> Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year: |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                  | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....  | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....               | <b>19c</b> | 94,851 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

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

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

|   |  |                        |                        |
|---|--|------------------------|------------------------|
| <b>21</b> Discount rate:                        |  |                        |                        |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % |
|   | <input type="checkbox"/> N/A, full yield curve used  |                        |                        |
| <b>b</b> Applicable month (enter code)          |  |                        | <b>21b</b> 0           |
| <b>22</b> Weighted average retirement age       |  |                        | <b>22</b> 58           |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |

**Part VI Miscellaneous items**

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

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

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

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

|  |                     |                    |                  |
|--|---------------------|--------------------|------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                  |
| <b>a</b> Target normal cost (line 6c)  |                     |                    | <b>31a</b> 0     |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a   |                     |                    | <b>31b</b> 0     |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment      |
| <b>a</b> Net shortfall amortization installment  | 988,764             |                    | 94,851           |
| <b>b</b> Waiver amortization installment   | 0                   |                    | 0                |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount |                     |                    | <b>33</b>        |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)   |                     |                    | <b>34</b> 94,851 |
|  | Carryover balance   | Prefunding Balance | Total balance    |
| <b>35</b> Balances elected for use to offset funding requirement   | 0                   | 0                  | 0                |
| <b>36</b> Additional cash requirement (line 34 minus line 35)  |                     |                    | <b>36</b> 94,851 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)  |                     |                    | <b>37</b> 94,851 |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                  |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    | <b>38a</b> 0     |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances  |                     |                    | <b>38b</b> 0     |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)  |                     |                    | <b>39</b> 0      |
| <b>40</b> Unpaid minimum required contributions for all years  |                     |                    | <b>40</b> 0      |

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

|   |  |
|---|--|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. | <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|---|--|

**Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**  
**Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan**  
**66-0000044 / 537**  
**For the plan year 01/01/2024 through 12/31/2024**

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at nearest birthday  
 New participants are not included in current year's valuation

Retrospective Compensation - Final 99 years of participation

Form of Payment - Assumed form of payment for funding is Life Annuity Guaranteed for 3 Years

| Interest Rates - | Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)  | Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
|------------------|---|--|------|--------|-----------|-------|------|-----------|--------|------|-----------|------|------|---|-----------|------|--------|-----------|-------|------|-----------|--------|------|-----------|------|------|
|                  | <table border="1"> <thead> <tr> <th>Segment #</th> <th>Year</th> <th>Rate %</th> </tr> </thead> <tbody> <tr> <td>Segment 1</td> <td>0 - 5</td> <td>4.37</td> </tr> <tr> <td>Segment 2</td> <td>6 - 20</td> <td>4.96</td> </tr> <tr> <td>Segment 3</td> <td>&gt; 20</td> <td>4.95</td> </tr> </tbody> </table> | Segment #  | Year | Rate % | Segment 1 | 0 - 5 | 4.37 | Segment 2 | 6 - 20 | 4.96 | Segment 3 | > 20 | 4.95 | <table border="1"> <thead> <tr> <th>Segment #</th> <th>Year</th> <th>Rate %</th> </tr> </thead> <tbody> <tr> <td>Segment 1</td> <td>0 - 5</td> <td>4.75</td> </tr> <tr> <td>Segment 2</td> <td>6 - 20</td> <td>4.96</td> </tr> <tr> <td>Segment 3</td> <td>&gt; 20</td> <td>5.59</td> </tr> </tbody> </table> | Segment # | Year | Rate % | Segment 1 | 0 - 5 | 4.75 | Segment 2 | 6 - 20 | 4.96 | Segment 3 | > 20 | 5.59 |
| Segment #        | Year  | Rate %   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment 1        | 0 - 5   | 4.37   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment 2        | 6 - 20  | 4.96   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment 3        | > 20  | 4.95   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment #        | Year  | Rate %   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment 1        | 0 - 5   | 4.75   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment 2        | 6 - 20  | 4.96   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |
| Segment 3        | > 20  | 5.59   |      |        |           |       |      |           |        |      |           |      |      |   |           |      |        |           |       |      |           |        |      |           |      |      |

Pre-Retirement - Mortality Table - 24C - 2024 Combined  
 Improvement Scale - None  
 Early Retirement Table - None  
 Turnover Table - T11 - Actuary's Table T11  
 Disability Table - None  
 Salary Scale - None  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Improvement Scale - None  
 Cost of Living - None

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

**410(b)/401(a)(4) Testing:**

Pre-Retirement - Interest - 7.5%  
 Post-Retirement - Interest - 7.5%  
 Mortality Table - Applicable Mortality Table - IRC 417(e)(3)

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

**401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

# Schedule SB, Part V

## Summary of Plan Provisions

Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan  
66-0000044 / 537

For the plan year 01/01/2024 through 12/31/2024

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|                                     |   |                        |                            |
|-------------------------------------|---|------------------------|----------------------------|
| <b><u>Employer:</u></b>             | ABARTA Coca-Cola Beverages, LLC   |                        |                            |
| Type of Entity -                    | C Corporation   |                        |                            |
| EIN: 66-0000044                     | TIN: 23-7685387   | Plan #: 537            | Plan Type: Defined Benefit |
| <b><u>Dates:</u></b>                | Effective - 07/29/2017  | Valuation - 01/01/2024 |                            |
| <b><u>Eligibility:</u></b>          | All employees excluding non-resident aliens and members of an excluded class  |                        |                            |
|                                     | Minimum age - N/A Months of service - N/A   |                        |                            |
| Hours Required for -                | Eligibility - 0   | Benefit accrual - 1000 | Vesting - 0                |
| Plan Entry -                        | First day of calendar month coincident with or next following eligibility satisfaction  |                        |                            |
| <b><u>Retirement:</u></b>           | Normal - First of month coincident with or next following attainment of age 57 and completion of 5 years of service   |                        |                            |
|                                     | Early - First of month coincident with or next following attainment of age 55 and completion of 20 years of service   |                        |                            |
| <b><u>Average Compensation:</u></b> | Final 99 years of participation   |                        |                            |
| Top Heavy Minimum Benefit -         | Highest 5 consecutive top heavy years of participation  |                        |                            |
| <b><u>Plan Benefits:</u></b>        | Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:  |                        |                            |
|                                     | plus \$46.00 per year of service after 07/29/2017 before 01/01/2022 beginning year 1 plus \$1.00 per year of service after 01/31/2018 before 01/31/2019 beginning year 1  |                        |                            |
|                                     | plus \$2.00 per year of service after 01/31/2019 before 01/31/2020 beginning year 1 plus \$1.00 per year of service after 01/31/2018 before 01/31/2019 beginning year 1   |                        |                            |
|                                     | plus \$1.00 per year of service after 01/31/2020 before 01/01/2022 beginning year 1 plus \$1.00 per year of service after 01/31/2018 before 01/31/2019 beginning year 1   |                        |                            |
| Accrued Benefit -                   | Unit credit based on service. Service prior to 07/29/2017 is excluded   |                        |                            |
|                                     | Minimum Benefit - None  |                        |                            |
|                                     | Maximum Benefit - None  |                        |                            |
|                                     | Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum |                        |                            |
| Early Retirement -                  | Accrued Benefit actuarially reduced for early commencement  |                        |                            |
| Death Benefit -                     | Qualified Pre-Retirement Survivor Annuity   |                        |                            |
| Disability Benefit -                | None  |                        |                            |
| <b><u>Top Heavy Minimum:</u></b>    | None  |                        |                            |
| <b><u>IRS Limitations:</u></b>      | 415 Limits - Percent: 100 Dollar: \$265,000   |                        |                            |
|                                     | Maximum 401(a)(17) compensation - \$330,000   |                        |                            |
| <b><u>PBGC:</u></b>                 | Plan is covered by Pension Benefit Guaranty Corporation   |                        |                            |
| <b><u>Normal Form:</u></b>          | Life Annuity Guaranteed for 3 Years   |                        |                            |
| <b><u>Optional Forms:</u></b>       | Life Annuity<br>Life Annuity Guaranteed for 0 or 10 Years<br>Annuity Guaranteed for 0 Years<br>Joint with 50%, 75% or 100% Survivor Benefit   |                        |                            |
| <b><u>Vesting Schedule:</u></b>     | 100% vested in 5 years.<br>Service is calculated using all years of service except years prior to plan effective date   |                        |                            |

**Schedule SB, line 26a -  
 Schedule of Active Participant Data  
 Abarta Coca-Cola Beverages, LLC Teamsters Local 585 Pension Plan  
 66-0000044/537  
 For the plan year 01/01/2024 through 12/31/2024**

**Years of Credited Service**

| Attained Age | Under 1<br>No. | 1 to 4<br>No. | 5 to 9<br>No. | 10 to 14<br>No. | 15 to 19<br>No. | 20 to 24<br>No. | 25 to 29<br>No. | 30 to 34<br>No. | 35 to 39<br>No. | 40 & up<br>No. |
|--------------|----------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| Under 25     |                |               |               |                 |                 |                 |                 |                 |                 |                |
| 25 to 29     |                |               | 2             |                 |                 |                 |                 |                 |                 |                |
| 30 to 34     |                |               | 11            |                 |                 |                 |                 |                 |                 |                |
| 35 to 39     |                |               | 11            |                 |                 |                 |                 |                 |                 |                |
| 40 to 44     |                |               | 21            |                 |                 |                 |                 |                 |                 |                |
| 45 to 49     |                |               | 24            |                 |                 |                 |                 |                 |                 |                |
| 50 to 54     |                |               | 16            |                 |                 |                 |                 |                 |                 |                |
| 55 to 59     |                |               | 29            |                 |                 |                 |                 |                 |                 |                |
| 60 to 64     |                |               | 17            |                 |                 |                 |                 |                 |                 |                |
| 65 to 69     |                |               | 4             |                 |                 |                 |                 |                 |                 |                |
| 70 & up      |                |               | 1             |                 |                 |                 |                 |                 |                 |                |



