Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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

1a Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COCA-COLA BEVERAGES NORTHEAST, INC.

ONE EXECUTIVE PARK DRIVE
BEDFORD, NH 03110

2b Employer Identification Number (EIN) 04-2614952

2c Plan Sponsor's telephone number 603-627-7871

2d Business code (see instructions) 312110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	MELISSA SZYMANOWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1001
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	747
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	692
b	Retired or separated participants receiving benefits	**6b**	62
c	Other retired or separated participants entitled to future benefits	**6c**	233
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	987
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	991
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	25
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	556844-E1	0	01/01/2025	01/10/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	90884
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	90884
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	90884		
	▶ TRANSFERRED ASSETS IN KIND TO PRINCIPAL ON 1/3/2025 AND 1/10/2025				
	(5) Total deductions			7e(5)	90884
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	31520775
b Actuarial value	**2b**	31520775

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	47	2719063	2719063
b For terminated vested participants	210	3623570	3623570
c For active participants	747	23078935	24928482
d Total	1004	29421568	31271115

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

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

5 Effective interest rate	**5**	5.43 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2851223
b Expected plan-related expenses	**6b**	475000
c Target normal cost	**6c**	3326223

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

09/09/2026
Date

ANDREW LAPE
Type or print name of actuary

26-08375
Most recent enrollment number

GALLAGHER BENEFIT SERVICES, INC.
Firm name

781-373-6900
Telephone number (including area code)

6200 S. SYRACUSE WAY
SUITE 220
GREENWOOD VILLAGE, CO 80111
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -5.76 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2819886
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.32 %		150018
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2969904
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.79 %
15	Adjusted funding target attainment percentage	15	100.79 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.60 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/10/2026	3300000	0			
08/17/2026	200000	0			
			Totals ► 18(b)	3500000	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3282892

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3326223
b Excess assets, if applicable, but not greater than line 31a	**31b**	249660

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3076563

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	3076563
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3282892
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	206329
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

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).. . . . . [X] Yes [ ] No

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

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

HAND BENEFITS & TRUST COMPANY

74-2008758

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

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

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

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

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 27 28 50	NONE	170735	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 27 28 50	NONE	141729	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PRINCIPAL

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 64 65	TRUSTEE	20935	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INST. HIGH GRADE LONG CREDIT CIT

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-107	C	16328152

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

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

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)
06-1050034-041	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU LONG CORPORATE BOND

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

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)
06-1050034-714	P	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	358574	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3000000	3500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	-116719	1385
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	427712
(2) U.S. Government securities	1c(2)	9126676	12477848
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	18063891	16328152
(10) Value of interest in pooled separate accounts	1c(10)	1027565	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	947965
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	90884	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	31550871	33683062
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	31550871	33683062

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25116	
(B) U.S. Government securities	2b(1)(B)	45737	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		70853
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	37622	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		37622
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	17892214	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17865883	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		26331
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-393814	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-393814

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		1214261
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		48055
c Other income	**2c**		26790
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		4530098
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	1961052	
(2) To insurance carriers for the provision of benefits	**2e(2)**		
(3) Other	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		1961052
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)	**2g**		
h Interest expense	**2h**		
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**		
(2) Contract administrator fees	**2i(2)**	117409	
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**		
(5) Investment advisory and investment management fees	**2i(5)**	66666	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	20935	
(7) Actuarial fees	**2i(7)**	128389	
(8) Legal fees	**2i(8)**		
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	103456	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		436855
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		2397907
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		2132191
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BOIVIN & ASSOCIATES, CPAS, PLLC **(2)** EIN: 27-1516157

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579571.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

Part I Distributions

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): 51-0099493

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 | 19

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 99.0 %

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 1.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Report of Independent Auditors

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

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

We have performed audits of the accompanying financial statements of Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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 Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. Plan's financial statements performed in accordance with the ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc. Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Boivin & Associates, CPAs, PLLC

Boivin & Associates, CPAs, PLLC

Merrimack, New Hampshire

October 7, 2026

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Schedule SB, Line 26a – Schedule of Active Participant Data

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	1	25	1								27
25 to 29		44	13								57
30 to 34		51	32								83
35 to 39		34	48	1	1						84
40 to 44	1	31	61		1	1					95
45 to 49		20	60		1	3					84
50 to 54		19	61	1	3	9	3	1			97
55 to 59		7	80		2	5	3	2	1		100
60 to 64		5	70				2		4	1	82
65 to 69		2	29		2			1	1		35
70 & up			3								3
Total	2	238	458	2	10	18	8	4	6	1	747

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods

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

Funding Method	The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses. The Projected Unit Credit method is used solely for development of maximum deductible contribution.
Asset Valuation Method	Market value of assets.
Measurement Date	January 1, 2025.
Valuation Date	First day of the plan year.
Benefits Not Valued	We are not aware of any benefits required to be valued that were not. To the best of our knowledge we have reflected all material provisions of the Plan.

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest Rates

Maximum Deductible

September 2024 IRS Segment Rates:

First Segment	5.07%
Second Segment	5.33%
Third Segment	5.36%
Single Effective Rate	5.34%

Minimum Funding

September 2024 IRS Segment Rates (reflecting segment rate stabilization as amended under ARP 2021):

First Segment	5.07%
Second Segment	5.31%
Third Segment	5.50%
Single Effective Rate	5.43%

Salary Increases

3.25% per annum

Future Increases in Maximum Pay and Benefits

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

Future Cost of Living Adjustments

None.

Lump Sum Interest Rate

Same as valuation interest rates listed above.

Lump Sum Mortality Table

2025 Applicable Mortality Table pursuant to IRC 417(e)

Plan-related Expenses

$475,000 was added to the Target Normal Cost to represent plan-related expenses anticipated to be paid from the Plan's assets for the plan year.

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Healthy Mortality

IRC Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables applicable for 2025 funding valuations. These tables are based on the Pri-2012 mortality tables projected generationally with the IRS improvement scale titled "2024 Adjusted Scale MP-2021 Rates" in accordance with IRS regulation 1.430(h)(3)-1.

Disabled Mortality

Same as Healthy.

Disability Incidence

None.

Retirement

Weighted average retirement age = 62.

Age	Rate	Age	Rate
55	2%	62	20%
56	4%	63	25%
57	6%	64	37%
58	8%	65	50%
59	10%	66	50%
60	13%	67	50%
61	16%	68	100%

Demographic Assumptions (cont.)

Termination

Sample termination rates for Coke Northeast Legacy participants are illustrated below:

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

Sample termination rates for all other participants are illustrated below:

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

Decrement Timing

Beginning of year decrements.

Marriage

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

Form of Payment

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

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

EIN: 04-2614952 Plan No. 001

Schedule H, Line 4j–Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i)–Individual transactions in excess of 5% of plan assets						
Principal	Government Money Market Fund	$ 3,000,000		$ 3,000,000	$ 3,000,000	$
Principal	Government Money Market Fund		$2,368,572	2,368,572	2,368,572	–
Principal	Government Money Market Fund	2,254,062		2,254,062	2,254,062	
Principal	Government Money Market Fund	2,400,000		2,400,000	2,400,000	
Principal	Government Money Market Fund		2,400,000	2,400,000	2,400,000	–
Principal	Government Money Market Fund		2,400,000	2,400,000	2,400,000	–
iShares	Investment Grade Corporate Bond Fund	2,200,417		2,200,417	2,200,417	

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

EIN: 04-2614952 Plan No. 001

Schedule H, Line 4j–Schedule of Reportable Transactions (continued)

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i)–Individual transactions in excess of 5% of plan assets (continued)						
U.S. Treasury	U.S. Treasury Bond, $3,707,000 par, zero coupon, stripped, due 2/15/31	$ 2,929,457		$ 2,929,457	$ 2,929,457	$
U.S. Treasury	U.S. Treasury Bond, $2,818,000 par, zero coupon, stripped, due 2/15/31		$ 2,223,200	2,226,925	2,223,200	(3,725)
U.S. Treasury	U.S. Treasury Bond, $6,290,000 par, zero coupon, stripped, due 2/15/54	1,692,765		1,692,765	1,692,765	
Category (iii)–Series of transactions in excess of 5% of plan assets						
Principal	Government Money Market Fund	14,030,024		14,030,024	14,030,024	
Principal	Government Money Market Fund		13,602,312	13,602,312	13,602,312	-

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

EIN: 04-2614952 Plan No. 001

Schedule H, Line 4j–Schedule of Reportable Transactions (continued)

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii)–Series of transactions in excess of 5% of plan assets (continued)						
Hand Benefits & Trust Company	Institutional High Grade Long Credit CIT	$ 1,000,000		$ 1,000,000	$ 1,000,000	$
Hand Benefits & Trust Company	Institutional High Grade Long Credit CIT		$ 3,950,000	3,864,273	3,950,000	85,727
iShares	Investment Grade Corporate Bond Fund	2,200,417		2,200,417	2,200,417	
iShares	Investment Grade Corporate Bond Fund		1,300,507	1,264,669	1,300,507	35,838

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

EIN: 04-2614952 Plan No. 001

Schedule H, Line 4j–Schedule of Reportable Transactions (continued)

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii)–Series of transactions in excess of 5% of plan assets (continued)						
U.S. Treasury	U.S. Treasury Bond, $3,707,000 par, zero coupon, stripped, due 2/15/31	$ 2,929,457		$ 2,929,457	$ 2,929,457	$
U.S. Treasury	U.S. Treasury Bond, $3,707,000 par, zero coupon, stripped, due 2/15/31		$ 2,921,017	2,929,457	2,921,017	8,440
U.S. Treasury	U.S. Treasury Bond, $14,103,000 par, zero coupon, stripped, due 2/15/54	3,641,771		3,641,771	3,641,771	
U.S. Treasury	U.S. Treasury Bond, $3,769,000 par, zero coupon, stripped, due 2/15/54		1,016,152	1,167,560	1,016,152	(151,408)

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
PENSION PLAN FOR EMPLOYEES OF COCA-COLA BEVERAGES NORTHEAST, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COCA-COLA BEVERAGES NORTHEAST, INC.

D Employer Identification Number (EIN)
04-2614952

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	31,520,775
b Actuarial value	**2b**	31,520,775

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	47	2,719,063	2,719,063
b For terminated vested participants	210	3,623,570	3,623,570
c For active participants	747	23,078,935	24,928,482
d Total	1,004	29,421,568	31,271,115

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

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

5 Effective interest rate	**5**	5.43%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,851,223
b Expected plan-related expenses	**6b**	475,000
c Target normal cost	**6c**	3,326,223

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

AL Andrew Lape
Signature of actuary

9/9/26
Date

ANDREW LAPE
Type or print name of actuary

2608375
Most recent enrollment number

GALLAGHER BENEFIT SERVICES, INC.
Firm name

781-373-6900
Telephone number (including area code)

6200 S. SYRACUSE WAY
SUITE 220
GREENWOOD VILLAGE CO 80111
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -5.76%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,819,886
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.32%		150,018
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,969,904
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.79%
15	Adjusted funding target attainment percentage	15	100.79%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.60%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/10/2026	3,300,000	0			
08/17/2026	200,000	0			
			Totals ▶ 18(b)	3,500,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,282,892

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3,326,223
b Excess assets, if applicable, but not greater than line 31a	**31b**	249,660

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3,076,563

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	3,076,563
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,282,892

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	206,329
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	275,779	33,909	240,873	550,561
2026	444,901	38,921	237,870	721,692
2027	580,264	48,502	234,634	863,400
2028	753,711	52,519	231,134	1,037,364
2029	887,072	67,222	227,337	1,181,631
2030	973,265	90,347	223,112	1,286,724
2031	1,081,951	100,299	218,483	1,400,733
2032	1,195,019	117,921	213,599	1,526,539
2033	1,299,406	146,403	208,131	1,653,940
2034	1,373,792	160,368	201,687	1,735,847
2035	1,531,400	168,504	194,461	1,894,365
2036	1,646,210	189,122	187,555	2,022,887
2037	1,748,175	216,036	180,154	2,144,365
2038	1,808,091	229,817	172,257	2,210,165
2039	1,890,756	247,405	163,874	2,302,035
2040	1,996,417	275,110	155,026	2,426,553
2041	2,041,930	295,268	145,748	2,482,946
2042	2,060,842	313,779	136,089	2,510,710
2043	2,088,077	333,105	126,122	2,547,304
2044	2,122,141	349,640	115,933	2,587,714
2045	2,136,937	372,673	105,626	2,615,236
2046	2,137,229	377,679	95,314	2,610,222
2047	2,165,907	375,396	85,124	2,626,427
2048	2,173,224	377,866	75,191	2,626,281
2049	2,174,807	380,895	65,651	2,621,353
2050	2,160,336	376,709	56,623	2,593,668
2051	2,138,232	379,993	48,216	2,566,441
2052	2,116,699	379,642	40,514	2,536,855
2053	2,087,607	381,177	33,578	2,502,362
2054	2,056,778	382,093	27,441	2,466,312
2055	2,023,844	389,191	22,107	2,435,142
2056	1,959,814	383,724	17,550	2,361,088
2057	1,930,466	380,537	13,728	2,324,731
2058	1,844,245	369,850	10,580	2,224,675
2059	1,793,997	358,170	8,034	2,160,201
2060	1,717,149	349,270	6,012	2,072,431
2061	1,637,516	346,053	4,434	1,988,003
2062	1,574,601	330,839	3,223	1,908,663
2063	1,496,967	313,195	2,311	1,812,473
2064	1,421,515	299,487	1,634	1,722,636
2065	1,340,862	283,974	1,141	1,625,977
2066	1,266,572	268,070	787	1,535,429
2067	1,192,931	251,729	536	1,445,196
2068	1,113,823	235,043	360	1,349,226
2069	1,036,252	218,789	239	1,255,280
2070	962,066	203,037	156	1,165,259
2071	891,237	187,854	101	1,079,192
2072	823,661	173,295	64	997,020
2073	759,257	159,398	40	918,695
2074	697,920	146,187	24	844,131

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

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments, at fair value	**$ 30,181,677**	$ –
Investment, at contract value	–	90,884
Total investments	**30,181,677**	90,884
Receivables		
Transfer settlement from Empower Trust Company, LLC to Delaware Charter Guarantee & Trust Company	**–**	28,459,987
Employer contributions receivable	**3,500,000**	3,000,000
Accrued income	**1,385**	–
Total receivables	**3,501,385**	31,459,987
Net assets available for benefits	**$ 33,683,062**	$ 31,550,871

See accompanying notes.

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

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31	
	2025	**2024**
Additions		
Investment income:		
Interest and dividend income	**$ 108,475**	$ –
Net appreciation (depreciation) in fair value of investments	**921,623**	(1,741,165)
Total investment income (loss)	**1,030,098**	(1,741,165)
Employer contributions	**3,500,000**	3,000,000
Total additions	**4,530,098**	1,258,835
Deductions		
Transfer to Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc.	**–**	68,942,470
Benefit payments to participants	**1,961,052**	855,776
Administrative expenses	**436,855**	505,799
Total deductions	**2,397,907**	70,304,045
Net increase (decrease)	**2,132,191**	(69,045,210)
Net assets available for benefits at beginning of year	**31,550,871**	100,596,081
Net assets available for benefits at end of year	**$ 33,683,062**	$ 31,550,871

See accompanying notes.

1. Description of the Plan

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

General and Plan Amendments

The Plan is a non-contributory defined benefit pension plan that covers substantially all employees of Coca-Cola Bottling Beverages Northeast, Inc., (the "Company"). Further information about the Plan agreement, the vesting and benefit provisions and the Pension Benefit Guaranty Corporation ("PBGC") benefit guarantee is available from the plan administrator.

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

Effective January 1, 2009, the Plan was amended to restrict eligibility for the benefits of the Plan to employees hired before January 1, 2009, except in connection with collective bargaining agreements.

On July 29, 2017, the Company purchased Buffalo Coca-Cola adding 35 eligible participants to the Plan for future benefits accrual.

In connection with the acquisition of certain operations from Coca-Cola Bottling Company of Buffalo, LLC, part of ABARTA Coca-Cola Beverages, LLC, the Plan was amended effective August 1, 2017 to provide for pension benefits for members of Teamsters Local 264. These employees' pension benefits are determined in accordance with the CCBNE Pension Plan, with modifications, as provided in the CCBNE Pension Plan amendment.

On September 29, 2017, the Company acquired territory from the Coca-Cola Company across eight states in the Northeast adding 1,099 eligible participants to the Plan for future benefits accrual.

1. Description of the Plan (continued)

General and Plan Amendments (continued)

In connection with this territory acquisition, the Plan was amended effective September 29, 2017 to provide for pension benefits determined by reference to the Coca-Cola Refreshments ("CCR") Bargaining Employees' Pension Plan ("CCR Plan"). These employees are referred to as "CCR Union Participants". The benefits for the CCR Union Participants are determined in accordance with the CCBNE Pension Plan, with modifications as provided in the CCBNE Pension Plan amendment.

In addition, specific benefit provisions are provided for employees of the following unions:

- Employees of the Naugatuck, Connecticut location who are members of Teamsters Local No. 677.
- Employees of the Naugatuck, Connecticut or Hartford, Connecticut location who are members of Teamsters Local No. 1035.
- Employees of the Westboro, Massachusetts location who are members of Teamsters Local 170.
- Employees who are members of Retail, Wholesale & Department Store Union, AFL-CIO Local 513 Beverage Production Workers Union and New England Joint Board.
- Employees in the Upstate New York region (Albany, Syracuse, Utica, and Watertown) who are members of the Teamsters Local Union Nos. 317, 687 and 294 (formerly Local Nos. 669, 192 and 693).

Effective March 31, 2022 (Lowell Freeze Date), benefits accrued under the Plan shall be frozen for any participant who became a participant upon the merger of the Lowell Plan into the Plan or for whom appendix D is otherwise applicable (Lowell Participants). All future benefit accruals under the Plan shall cease for Lowell Participants, and no periods of employment and compensation after March 31, 2022, shall count in calculating the amount of accrued benefit due Lowell Participants under the Plan.

Effective June 30, 2023 (Bangor Freeze Date), the Plan was amended so that benefit accruals shall be frozen for any participant who is subject to a collective bargaining agreement between the Company and United Food and Commercial Workers International Union 1445. There are approximately 20 participants impacted by this amendment.

1. Description of the Plan (continued)

General and Plan Amendments (continued)

Effective December 31, 2023 (Non-Bargained Employees Freeze Date), the Plan is frozen to additional benefit accruals for any Legacy participant who is a Non-Bargained employee who has any hours of service on or after January 1, 2024 other than a participant who is subject to the collective bargaining agreement between the Company and either the Chauffeurs, Teamsters and Helpers Union Local 633, Teamsters Local Union #59, or United Foods and Commercial Workers International Union 1445.

Effective December 31, 2023, the Plan is further amended to spin-off assets and liabilities attributable to the frozen accrued benefits of the Lowell participants, Bangor participants and the Non-Bargained employees (collectively the Spin-Off Group) to a new defined benefit plan. The respective assets and liabilities attributed to the Spin-Off Group were spun off to the newly established defined benefit pension plan, the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. (Spin-Off Plan) effective January 1, 2024. The Plan transferred $68,942,470 to the Spin-Off Plan in 2024. This Spin-Off Group does not include any participants who have an accrued benefit in both this Plan and the Spin-Off Plan. Those participants shall remain in the CCBNE Plan.

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

Contributions and Funding Policy

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

1. Description of the Plan (continued)

Benefits

There are various benefits provided under the Legacy and collectively bargained components of the Plan as detailed below.

Normal Retirement – The normal retirement date is the first day of the month coincident with or following attainment of age 64 or 65, depending on union. The annual benefit payable upon normal retirement is based upon a formula, which takes into account years of credited service and potentially the compensation level of the participant, as defined in the Plan and any amendments.

Early Retirement – A participant who has completed the vesting service and age requirements as defined in the Plan for their applicable union group is entitled to elect an early retirement date and receive a reduced benefit, as defined in the Plan and any amendments.

Deferred Vested Benefits – Participants, who terminate their service with five or more years of vesting service, but have not attained Early Retirement Age, will be entitled to a deferred vested benefit on their normal retirement date or, at their option (except for Buffalo union participants) in a reduced amount prior to their Normal Retirement Date.

Death and Disability Benefits – The beneficiary of a deceased participant who is 100% vested shall receive a monthly benefit equal to a 50% joint survivorship benefit. If the participant is not vested in the Plan at the time of death, no death benefits are available to the participant's beneficiary. An active participant who becomes totally disabled receives an amount as defined in the Plan and any amendments.

Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination or partial termination of the Plan or in the event of complete discontinuance of employer contributions, each participant shall be 100% vested in their accrued benefit, to the extent funded, irrespective of length of participation under the Plan. Any distribution of assets shall be carried out in accordance with the allocations determined by the Company, as plan administrator, for payment of participants' accrued benefits and in the order of priorities established by Section 4044 of the Employee Retirement Income Security Act of 1974.

1. Description of the Plan (continued)

Plan Termination (continued)

The Company shall not be liable to participants for benefits other than those which can be provided by the Plan's assets. The Pension Benefit Guaranty Corporation (PBGC) guarantees vested benefits at the level in effect on the date of the Plan's termination. In addition, there is a ceiling on the amount of benefit that the PBGC guarantees which is determined based on each participant's age.

2. Summary of Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

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

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.

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

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

2. Summary of Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. The plan benefits are those benefits specifically provided in each component plan. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based upon a formula, which takes into account years of credited service and potentially the compensation level of the participant, depending on union, as defined in the Plan and any amendments.

Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Administrative Expenses

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. Accumulated Plan Benefits

An actuary from Gallagher Benefit Services, Inc. estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of January 1 is as follows:

	January 1	
	2026	**2025**
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	**$ 3,926,033**	$ 2,906,396
Deferred vested benefits	**5,166,899**	4,561,263
Active participants	**28,879,730**	28,586,004
	37,972,662	36,053,663
Non-vested benefits	**2,857,056**	2,840,953
	$ 40,829,718	$ 38,894,616

The reconciliation of the actuarial present value of accumulated plan benefits for the years ended January 1, 2026 and 2025 is as follows:

	January 1	
	2026	**2025**
Actuarial present value of accumulated plan benefit at the beginning of the year:	**$ 38,894,616**	**$ 34,642,427**
Increase (decrease) during the year attributable to:		
Decrease in discount period at 4.29% in 2026 and 4.25% in 2025	**1,626,956**	**1,454,307**
Actual benefits paid	**(1,961,052)**	**(855,776)**
Additional benefits earned, including experience gains and losses	**3,863,902**	**3,917,202**
Change in actuarial assumptions-updated discount rates and lump sum interest rate	**(1,626,133)**	**(293,918)**
Change in actuarial assumptions-updated mortality	**31,429**	**30,374**
Net increase	**1,935,102**	**4,252,189**
Actuarial present value of accumulated plan benefits	**$ 40,829,718**	**$ 38,894,616**

3. Accumulated Plan Benefits (continued)

The significant assumptions underlying the actuarial computations are:

Mortality basis	Pri-2012 Blue Collar Mortality Rates for Employees and Retirees projected generationally with Scale MP-2021 in 2026 and 2025
Interest	4.50% in 2026 and 4.29% in 2025
Lump sum interest rate	4.00% in 2026 and 3.79% in 2025
Retirement	At graduated rates between ages 55 to 68

These 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. Had the valuations been performed as of December 31, there would be no material difference.

4. Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held as of December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividend income for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank, the trustee of the Plan as of December 31, 2025 and from January 1, 2025 through December 31, 2025, and Empower Annuity Insurance Company of America, and Empower Trust Company, LLC, the trustee and custodian of the Plan as of December 31, 2024 and from January 1, 2024 through December 31, 2024.

5. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

5. Fair Value Measurements (continued)

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

The following is a description of the valuation methodologies used by the Plan. There have been no changes in the valuation methodologies at December 31, 2025 and 2024.

U.S. Government obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

5. Fair Value Measurements (continued)

Common/collective trust fund (CCT) includes the Institutional High Grade Long Credit CIT, formerly named Agilis Long Credit Fund. The fair value of participation units owned by the Plan is based on the redemption value of the funds on the last business day of the plan year. There are no unfunded commitments. The net asset value is calculated by Hand Trust Company.

Mutual funds and ETFs are valued daily at the closing price per share, as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The valuation methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while plan management believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level within the fair value hierarchy the Plan's investment assets and liabilities, if any, as of December 31, 2025.

	Level 1	Level 2	Level 3	Total
Principal money market fund	**$ 427,712**	**$**	**$**	**$ 427,712**
U.S. Government obligations		**12,477,848**		**12,477,848**
Mutual funds/ETFs	**947,965**			**947,965**
Total assets in the fair value hierarchy	**$ 1,375,677**	**$ 12,477,848**	**$**	**13,853,525**
Common/collective trust fund *				**16,328,152**
Total assets in the fair value hierarchy				**$ 30,181,677**

* In accordance with ASC 820-10, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

5. Fair Value Measurements (continued)

The following table summarizes investments for which fair value is measured using net asset value as a practical expedient as of December 31, 2025. There are no participant redemption restrictions, the redemption notice period is applicable only to the Plan.

Year	Common Trust Funds	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
2025	Institutional High Grade Long Credit CIT	$16,328,152	None	Daily	NA

Transfers Between Levels:

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no such transfers for the years ended December 31, 2025 and 2024.

6. Investment Contract

The Plan investments included the *Guaranteed Deposit Account*, an offering through Empower Annuity Insurance Company of America (Empower), through January 10, 2025. Contributions to this investment were fully guaranteed by Empower's general account assets. This insurance contract was reported at contract value. Contract value is the relative measure for this investment because this is the amount received by the Plan if they were to initiate permitted transactions under the investment. Contract value, as reported by Empower, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

8. Parties-In-Interest

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

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

9. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated September 13, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended and restated since receiving the determination letter, the plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

9. Income Tax Status (continued)

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

10. Subsequent Events

The Company has evaluated all subsequent events through October 7, 2026, the date the financial statements were available to be issued. During this period, there have been no material events that would require recognition in the financial statements or disclosures to the financial statements.

EIN: 04-2614952, Plan ID: 001
Pension Plan for Employees of Coca-Cola Beverages Northeast, Inc.
Attachment to 2025 Schedule SB
Part V – Summary of Plan Provisions

Plan Provisions	
Effective Date	The plan was most recently restated effective January 1, 2022, and the most recent amendment reflected in the valuation was effective January 1, 2025.

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

- Coke Northeast Legacy - Generally includes all union participants who are members of Chauffeurs, Teamsters and Helpers Union 633 or Teamsters Local Union #59 hired prior to January 1, 2009.
- Lowell union
- Hartford union
- Westboro union
- Naugatuck union
- Upstate NY union
- Buffalo union

Plan Provisions – Coke Northeast Legacy	
Eligibility	January 1 or July 1 coincident with or next following completion of one year of service and attainment of age 21. No employees hired on or after January 1, 2009 will be eligible to participate.
Credited Service	One year of Credited Service is granted for each calendar year in which an employee completes 1,800 or more hours of service. A partial year of Credited Service is granted for a calendar year in which an employee completed at least 1,000 hours but less than 1,800 hours. The partial year is equal to the ratio of hours worked to 1,800, rounded to the nearest tenth. Credited Service prior to December 31, 1989, for participants of the prior plans on December 31, 1989 shall be determined according to the provisions of such prior plans.
Vesting Service	After January 1, 1990, one year of Vesting Service is granted for each plan year during which a participant works 1,000 or more hours. The provisions of the prior plans govern the determination of pre-1990 service for those employees who were participants in the prior plans on December 31, 1989.
Vesting	5 year cliff vesting.
Earnings	All wages reportable on Form W-2 or any successor form, plus amounts deferred pursuant to a deferred compensation arrangement under 401(k), but excluding life insurance imputed income, moving expenses, automobile reimbursements, and other such compensation.

Plan Provisions – Coke Northeast Legacy (cont.)

Final Average Earnings

For employees of the Chauffeurs, Teamsters and Helpers Union Local 633: The greater of

- The Final Average Earnings as calculated above as of March 17, 2017, and
- The average earnings during the most recent calendar years (up to 10 years) beginnings with calendar year 2009

For all other employees: The greater of

- The Final Average Earnings as calculated above as of December 31, 2013, and
- The average earnings during the most recent calendar years (up to 10 years) beginning with calendar year 2009
- Generally speaking, no earnings beyond December 31, 2023 will be included in this calculation, although a select few, such as those in Teamsters Local Union #59 hired prior to January 1, 2009, continue to accrue benefits

Normal Retirement

Eligibility

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

Annual Benefit

Equal to the Accrued Normal Retirement Benefit.

Accrued Normal Retirement Benefit

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

For active participants who were members of the Cape Pension Plan B on December 31, 2002, Credited Service starts under the above formula on January 1, 2002, except for members of Teamsters Union Local 59C. Credited Service for these participants begins July 1, 2003. The total benefit for these participants is the sum of the benefit earned under the formula above and the benefit earned under the prior Cape Pension Plan B plan as of December 31, 2001, or July 1, 2003, whichever is applicable.

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

Early Retirement

Eligibility

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

Annual Benefit

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

Plan Provisions – Coke Northeast Legacy (cont.)

Late Retirement	Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Service and Pay upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.
Surviving Spouse Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of a terminated vested married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of an active or terminated vested married participant's death after the attainment of age 55 and the completion of 10 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.
Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 60 or 120 months guaranteed; 50%, 66.67%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under $10,000 or an unlimited lump sum if participant met qualifications for early retirement upon leaving active status.
Optional Form Conversion Basis	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

Plan Provisions – Lowell	
Eligibility	Attainment of age 21, the completion of one year of Service and a member of the Distillery Rectifying Wine and Allied Workers' International Union of America Local #8 and Local #513 AFL–CIO. Effective December 31, 2023, all Lowell benefits were spun off into the Pension Plan for Legacy and Lowell Employees of Coca-Cola Beverages Northeast, Inc. except for those belonging to participants who also had a Coke Northeast Legacy benefit with Chauffeurs, Teamsters and Helpers Union Local 633 or Teamsters Local Union #59.
Service	All years of Service with the Employer from date of employment to the earliest of retirement, termination of employment, or date of death except Service while receiving disability benefits under the Plan and Service in excess of 35 years. For employees first becoming participants on or after June 1, 1985, Credited Service begins with date of participation. Credited Service was frozen effective April 1, 2022.
Vesting	5 year cliff vesting.
Normal Retirement	
Eligibility	Attainment of age 62 and five years of Service.
Annual Benefit	Equal to the Accrued Normal Retirement Benefit.
Accrued Normal Retirement Benefit	$257.14 times years of Credited Service earned prior to April 1, 1998 plus $300 times years of Credited Service earned between April 1, 1988 and April 1, 2001 plus $400 times years of Credited Service earned between April 1, 2001 and April 1, 2005 plus $500 times years of Credited Service earned between April 1, 2005 and April 1, 2008 plus $600 times years of Credited Service earned between April 1, 2008 and April 1, 2011 plus $650 times years of Credited Service earned between April 1, 2011 and April 1, 2014 plus $700 times years of Credited Service earned between April 1, 2014 and April 1, 2017 plus $725 times years of Credited Service earned between April 1, 2017 and April 1, 2020 plus $750 times years of Credited Service earned between April 1, 2020 and April 1, 2022.

Plan Provisions – Lowell (cont.)

Accrued Normal Retirement Benefit (cont.)	In no event shall the years of Credited Service exceed 35, and the latest years will be counted first. Benefit accruals were frozen effective April 1, 2022
Early Retirement	
Eligibility	Age 55 and 15 years of Service.
Annual Benefit	Accrued normal retirement benefit reduced 7.2% a year for the first 5 years and 3.6% per year for the next 2 years for the number of years and months that the Annuity Commencement Date precedes Normal Retirement Date.
Late Retirement	Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Service and Pay upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.
Disability Retirement Benefit	Each Participant who becomes disabled will receive a disability benefit commencing on the first day of the sixth month coincident with or next following the date the Participant became disabled: (1) the Participant was actively employed and accruing Service (2) the Participant had accrued at least 10 years of Credited Service And provided he/she is entitled to Disability Insurance Benefits under the Social Security Act. Disability benefit payments will be made until the earliest of the following dates: (1) The date the Participant ceased to be disabled; (2) The Participant's Normal Retirement Date; or (3) The date of the Participant's death. In the event that disability benefit payments cease as of the date of the participant's death, retirement income may be payable in accordance with the Preretirement Spouse Benefit provisions of this Plan.

Plan Provisions – Lowell (cont.)

Surviving Spouse Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of a terminated vested married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of an active or terminated vested married participant's death after the attainment of age 55 and the completion of 15 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.
Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 120 months guaranteed; 50%, 66.67%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under $10,000 or an unlimited lump sum if participant met qualifications for early retirement upon leaving active status.
Optional Form Conversion Basis	Optional forms are calculated based on the factors stated in the Lowell Appendix of the plan document.
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

Plan Provisions – Hartford

Eligibility

Participants in the Coca-Cola Refreshments Bargaining Employees' Pension Plan who are members of the Hartford Teamsters Union Local No. 1035 became participants in the Pension Plan for the Employees of Coke Northeast on September 29, 2017. Effective January 1, 2023, members of Hartford Teamsters Union Local No. 1035 employed in the Company's East Hartford Quality Assurance Department are eligible to participate in the Plan.

Future employees who are members of the Hartford Teamsters Union Local No. 1035 become participants upon completion of one year of service and attainment of age 21.

Benefit Service

Service for purposes of benefit credit is based on hours as shown below:

Hours of Service	Benefit Service
Less than 375	0.0000 (0 months)
375 to 499	0.1667 (2 months)
500 to 599	0.2500 (3 months)
600 to 749	0.3333 (4 months)
750 to 829	0.4167 (5 months)
830 to 999	0.5000 (6 months)
1,000 to 1,149	0.5833 (7 months)
1,150 to 1,299	0.6667 (8 months)
1,300 to 1,499	0.7500 (9 months)
1,500 to 1,649	0.8333 (10 months)
1,650 to 1,799	0.9167 (11 months)
1,800 or more	1.0000 (12 months)

No service is credited prior to September 29, 2017 for purposes of benefit accrual. For members of Hartford Teamsters Union Local No. 1035 employed in the Company's East Hartford Quality Assurance Department, no service is credited prior to January 1. 2023 for purposes of benefit accrual.

Vesting Service

One year of Vesting Service is granted for each calendar year during which a participant works 750 or more hours.

Vesting

5 year cliff vesting or age 64.

Normal Retirement

Eligibility

Attainment of age 64.

Annual Benefit

Equal to Accrued Normal Retirement Benefit.

Plan Provisions – Hartford (cont.)

Accrued Normal Retirement Benefit

$684 times years of Benefit Service earned between September 29, 2017 and November 30, 2017 plus
$696 times years of Benefit Service earned between December 1, 2017 and November 30, 2018 plus
$708 times years of Benefit Service earned between December 1, 2018 and November 30, 2019 plus
$720 times years of Benefit Service earned between December 1, 2019 and November 30, 2020 plus
$732 times years of Benefit Service earned between December 1, 2020 and November 30, 2021 plus
$744 times years of Benefit Service earned between December 1, 2021 and November 30, 2023 plus
$774 times years of Benefit Service earned between December 1, 2023 and November 30, 2024 plus
$804 times years of Benefit Service earned after December 1, 2024

Early Retirement

Eligibility

Age 52 with 15 years of Service or age 55 with 5 years of Service.

Annual Benefit

If age 52 with 15 years of Service, the following factors are applied to the Accrued Benefit payable at Normal Retirement:

Age	% of Pension
60-64	100%
59	89%
58	80%
57	72%
56	65%
55	58%
54	55%
53	52%
52	49%

If age 55 with 5 years of Service, the Accrued Benefit is reduced by ½ of 1% for each of the first 60 months and ¼ of 1% for each of the next 60 months by which retirement precedes age 64. There is no reduction for retirement after 30 years of Vesting Service provided at least 6 months are worked after age 49.

Late Retirement

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

Plan Provisions – Hartford (cont.)

Disability Retirement Benefit

Each Participant who becomes disabled will receive a disability benefit commencing on the first day of the sixth month coincident with or next following the date the Participant became disabled provided:
(1) the Participant was actively employed
(2) the Participant had accrued at least 10 years of Service

Disability benefit payments will be made until the earliest of the following dates:
(1) The date the Participant ceased to be disabled;
(2) The Participant's Normal Retirement Date; or
(3) The date of the Participant's death.

For participants with less than 15 years of Service, the amount of benefit is $75 per month. If the participant has more than 15 years of Service, the amount of benefit is $400 per month. A participant who is age 50 with 5 years of Service receives the greater of the preceding benefits or his unreduced accrued benefit.

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

Surviving Spouse Death Benefit

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

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

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

Plan Provisions – Hartford (cont.)

Surviving Spouse Death Benefit (cont.)	In addition, a $5,000 lump sum is payable in the event of an active married participant's death.
Special Benefit Increase	If a participant retires after age 57 and has 22 years of Service, benefit is increased by approximately 5% for each year after reaching age 57 and 22 years of Service. Increases cease upon age 64. Benefit accruals are limited, as necessary, to conform to the IRS accrual rules.
Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 120 months guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; Lump Sum
Optional Form Conversion Basis	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

Plan Provisions – Westboro	
Eligibility	Participants in the Coca-Cola Refreshments Bargaining Employees' Pension Plan who are members of the Westboro Teamsters Union Local No. 170 became participants in the Pension Plan for the Employees of Coke Northeast on September 29, 2017. Future employees who are members of the Westboro Teamsters Union Local No. 170 become participants upon completion of one year of service and attainment of age 21.
Benefit Service	One month of Service is granted for each month worked. Any periods of less than one month are added together and one month's credit is given for each 30-day period and for any remaining period of fewer than 30 days. No Service is credited prior to September 29, 2017 for purposes of benefit accrual.
Vesting Service	One month of Service is granted for each month worked. Any periods of less than one month are added together and one month's credit is given for each 30-day period and for any remaining period of fewer than 30 days.
Vesting	5 year cliff vesting or age 60.
Normal Retirement	
Eligibility	Attainment of age 65.
Annual Benefit	Equal to the Accrued Normal Retirement Benefit.
Accrued Normal Retirement Benefit	$960 times years of Benefit Service after September 29, 2017.
Early Retirement	
If hired before 2/1/2013	Upon the completion of 20 years of Service and the attainment of age 55 or the attainment of age 60, a participant may elect to retire. The amount of early retirement benefit is the normal retirement benefit accrued to early retirement, reduced by ¼ of 1% for each month that early retirement benefit payments begin before age 62. There is no reduction for retirement at age 62 or later.
If hired after 2/1/2013	Accrued benefit at retirement is reduced by ¼ of 1% for each month preceding age 65.

Plan Provisions – Westboro (cont.)

Late Retirement	Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Benefit Service upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.
Disability Retirement Benefit	Each Participant who becomes disabled will continue to accrue Vesting Service to his earliest retirement date provided he/she is entitled to Disability Insurance Benefits under the Social Security Act.
Surviving Spouse Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of a terminated vested married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. The participant may elect a Joint and 100% Survivor Annuity. If a participant elects and later cancels the Joint and 100% Survivor option upon retirement, the benefit will be reduced by .025% for each month the coverage was in effect prior to age 65. In the event of an active or terminated vested married participant's death after the attainment of age 55 and the completion of 15 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.
Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 120 months guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under $10,000
Optional Form Conversion Basis	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.

Plan Provisions – Westboro (cont.)	
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

Plan Provisions – Naugatuck

Eligibility

Participants in the Coca-Cola Refreshments Bargaining Employees' Pension Plan who are members of the Naugatuck Teamsters Union Local No. 677 became participants in the Pension Plan for the Employees of Coke Northeast on September 29, 2017.

Future employees who are members of the Naugatuck Teamsters Union Local No. 677 become participants upon completion of one year of service and attainment of age 21.

Benefit Service

Service for purposes of benefit credit is based on each year's hours as shown below:

Hours of Service	Benefit Service
Less than 375	0.0000 (0 months)
375 to 499	0.1667 (2 months)
500 to 599	0.2500 (3 months)
600 to 749	0.3333 (4 months)
750 to 829	0.4167 (5 months)
830 to 999	0.5000 (6 months)
1,000 to 1,149	0.5833 (7 months)
1,150 to 1,299	0.6667 (8 months)
1,300 to 1,499	0.7500 (9 months)
1,500 to 1,649	0.8333 (10 months)
1,650 to 1,799	0.9167 (11 months)
1,800 or more	1.0000 (12 months)

No service is credited prior to September 29, 2017 for purposes of benefit accrual.

Vesting Service

One year of Vesting Service is granted for each calendar year during which a participant works 750 or more hours.

Vesting

5 year cliff vesting or age 64.

Normal Retirement

Eligibility

Attainment of age 64.

Annual Benefit

Equal to the Accrued Normal Retirement Benefit.

Plan Provisions – Naugatuck (cont.)

Accrued Normal Retirement Benefit

$720 times years of Benefit Service between September 29, 2017 and February 1, 2019 plus
$732 times years of Benefit Service earned between February 1, 2019 and January 31, 2020 plus
$744 times years of Benefit Service earned between February 1, 2020 and January 31, 2021 plus
$756 times years of Benefit Service earned between February 1, 2021 and January 31, 2022 plus
$780 times years of Benefit Service earned between February 1, 2022 and January 31, 2023 plus
$792 times years of Benefit Service earned between February 1, 2023 and January 31, 2024 plus
$804 times years of Benefit Service earned between February 1, 2024 and January 31, 2027 plus
$828 times years of Benefit Service earned between February 1, 2027 and January 31, 2028 plus
$840 times years of Benefit Service earned after February 1, 2028.

Early Retirement

Eligibility

Age 52 with 15 years of Service or age 55 with 5 years of Service.

Annual Benefit

If age 52 with 15 years of Service, the following factors are applied to the Accrued Benefit payable at Normal Retirement:

Age	% of Pension
60-64	100%
59	89%
58	80%
57	72%
56	65%
55	58%
54	55%
53	52%
52	49%

If age 55 with 5 years of Service, the Accrued Benefit is reduced by ½ of 1% for each of the first 60 months and ¼ of 1% for each of the next 60 months by which retirement precedes age 64. There is no reduction for retirement after 30 years of Vesting Service provided at least 6 months are worked after age 49.

Plan Provisions – Naugatuck (cont.)

Late Retirement	Participants may continue employment after their Normal Retirement Date. They will receive the greater of (A) the accrued benefit based on Benefit Service upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.
Disability Retirement Benefit	Each Participant who becomes disabled will receive a disability benefit commencing on the first day of the sixth month coincident with or next following the date the Participant became disabled provided: (1) the Participant was actively employed (2) the Participant had accrued at least 10 years of Service Disability benefit payments will be made until the earliest of the following dates: (1) The date the Participant ceased to be disabled; (2) The Participant's Normal Retirement Date; or (3) The date of the Participant's death. For participants with less than 15 years of Service, the amount of benefit is $75 per month. If the participant has more than 15 years of Service, the amount of benefit is $400 per month. A participant who is age 50 with 5 years of Service receives the greater of the preceding benefits or his unreduced accrued benefit. In the event that disability benefit payments cease as of the date of the participant's death, retirement income may be payable in accordance with the Preretirement Spouse Benefit provisions of this Plan.
Surviving Spouse Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of a terminated vested married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age.

Plan Provisions – Naugatuck (cont.)

Surviving Spouse Death Benefit (cont.)	In the event of an active or terminated vested married participant's death after the attainment of age 55 and the completion of 15 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit. In addition, a $5,000 lump sum is payable in the event of an active married participant's death.
Special Benefit Increase	If a participant retires after age 57 and has 22 years of Service, benefit is increase by approximately 5% for each year after reaching age 57 and 22 years of Credited Service. Increases cease upon age 64. Benefit accruals are limited, as necessary, to conform to the IRS accrual rules.
Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 120 months guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; Lump Sum
Optional Form Conversion Basis	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

Plan Provisions – Upstate NY

Eligibility	Participants in the Coca-Cola Refreshments Bargaining Employees' Pension Plan who are members of the Upstate New York Teamsters Local Union Nos. 294 and 687 became participants in the Pension Plan for the Employees of Coke Northeast on September 29, 2017. Future employees who are members of the Upstate New York Teamsters Local Union Nos. 182, 294, 317, 687 and 693 become participants upon completion of one year of service and attainment of age 21.
Benefit Service	One month of Benefit Service is granted for each month in which the employee works one hour or more. No service is credited prior to September 29, 2017 for purposes of benefit accrual.
Vesting Service	One year of Vesting Service is granted for each Plan year during which a participant is credited with at least one hour worked in five or more months.
Vesting	5 year cliff vesting or age 65.
Normal Retirement	
Eligibility	Attainment of age 65.
Annual Benefit	Equal to the Accrued Normal Retirement Benefit.
Accrued Normal Retirement Benefit	$612 times years of Benefit Service earned between October 1, 2017 and October 31, 2017 plus $624 times years of Benefit Service earned between November 1, 2017 and October 31, 2018 plus $636 times years of Benefit Service earned between November 1, 2018 and October 31, 2019 plus $648 times years of Benefit Service earned between November 1, 2019 and October 31, 2020 plus $660 times years of Benefit Service earned between November 1, 2020 and October 31, 2021 plus $684 times years of Benefit Services earned between November 1, 2021 and October 31, 2023 plus $708 times years of Benefit Service after November 1, 2023. No service is credited prior to September 29, 2017 for purposes of benefit accrual.

Plan Provisions – Upstate NY (cont.)

Early Retirement	
If employed on 11/30/2011	Upon the completion of 5 years of Service and the attainment of age 55 or at least 30 years of Service, a participant may elect to retire. The amount of early retirement benefit is the normal retirement benefit accrued to early retirement, reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which retirement precedes age 65. There is no reduction for retirement after 30 years of Service.
If employed after 11/30/2011	Upon the completion of 5 years of Service and the attainment of age 55, a participant may elect to retire. The amount of early retirement benefit is the normal retirement benefit accrued to early retirement, reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which retirement precedes age 65.
Late Retirement	Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Benefit Service upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.
Disability Retirement Benefit	None.
Surviving Spouse Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of a terminated vested married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of an active or terminated vested married participant's death after the attainment of age 55 and the completion of 15 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.

Plan Provisions – Upstate NY (cont.)

Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 120 months guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under $10,000
Optional Form Conversion Basis	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

Plan Provisions – Buffalo	
Eligibility	Employees of Buffalo Teamsters Local No. 264 entered the plan on 7/29/2017. No further participants will enter the Plan from this location.
Benefit Service	Years and full months. No service is credited prior to July 29, 2017 for purposes of benefit accrual.
Vesting Service	One year of Vesting Service is granted for each Plan year during which a participant works 1,000 or more hours.
Vesting	5 year cliff vesting or age 65.
Normal Retirement	
Eligibility	Attainment of age 65.
Annual Benefit	Equal to the Accrued Normal Retirement Benefit.
Accrued Normal Retirement Benefit	$356.16 times years of Benefit Service earned between August 1, 2017 and September 30, 2022 plus $380.16 times years of Benefit Service earned between October 1, 2022 and September 30, 2025 plus $404.16 times years of Benefit Service earned after October 1, 2025.
Early Retirement	None.
Late Retirement	Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the accrued benefit based on Benefit Service upon termination, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date.
Disability Retirement Benefit	None.

Plan Provisions – Buffalo (cont.)

Surviving Spouse Death Benefit	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of a terminated vested married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant survived to the earliest retirement age, elected a Joint and 50% Survivor Annuity, and died on the day after the earliest retirement age. In the event of an active or terminated vested married participant's death after the attainment of age 55 and the completion of 15 years of Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 50% Survivor Benefit.
Normal Form of Payment	Life Annuity.
Optional Forms of Payment	Life annuity with 60 or 120 months guaranteed; 50%, 66.67%, 75%, or 100% Joint and Survivor annuity; Lump Sum if under $10,000
Optional Form Conversion Basis	Optional forms are calculated as the actuarial equivalent of the normal form, using the 1984 Unisex Pension Mortality Table and 7.0% interest.
Employee Contributions	None.
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS.

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

EIN: 04-2614952 Plan No. 001

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

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par Value or Maturity Value	(d) Cost	(e) Current Value
*	Principal	Government Money Market Fund, 427,712 shares	$ 427,712	$ 427,712
	U.S. Government Obligations:			
	U.S. Treasury	U.S. Treasury Bond, $23,564,000 par, zero coupon, stripped, due 2/15/54	6,799,631	5,881,810
	U.S. Treasury	U.S. Treasury Strip, $13,627,100 par, zero coupon, 2/15/53	4,419,259	3,540,593
	U.S. Treasury	U.S. Treasury Bond, $11,238,100 par, zero coupon, stripped, due 2/15/52	4,190,578	3,046,649
	U.S. Treasury	U.S. Treasury Bond, $30,100 par, zero coupon, stripped, due 2/15/52	17,789	8,796
		Total U.S. Government Obligations	15,427,257	12,477,848
	Common/Collective Trust			
*	Hand Composite Employee Benefit Trust	Institutional High Grade Long Credit CIT, 1,047,348 units	15,199,618	16,328,152
			15,199,618	16,328,152
	Mutual Funds/ETFs			
	iShares	Investment Grade Corporate Bond Fund, 8,603 shares	935,748	947,965
			$ 31,990,335	$ 30,181,677

* Indicates party-in-interest to the Plan.