

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 6047(e), 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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>CLEVELAND SOFT DRINK WORKERS PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1964</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BD. OF TRUSTEES OF C.S.D.W PENSION</u> <u>3236 W 25TH ST</u> <u>CLEVELAND, OH 44109-1668</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-6613099</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-351-8040</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>312110</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-6613099</u>	2c Sponsor's telephone number <u>216-351-8040</u>	2d Business code (see instructions) <u>312110</u>	
2b Employer Identification Number (EIN) <u>34-6613099</u>					
2c Sponsor's telephone number <u>216-351-8040</u>					
2d Business code (see instructions) <u>312110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/26/2014	ROBERTO PARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2014	JAMES STIEGEL
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address BD. OF TRUSTEES OF C.S.D.W PENSION 3236 W 25TH ST CLEVELAND, OH 441091668000		3b Administrator's EIN 34-6613099
		3c Administrator's telephone number 216-351-8040
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	294
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	0
b Retired or separated participants receiving benefits	6b	98
c Other retired or separated participants entitled to future benefits.....	6c	160
d Subtotal. Add lines 6a , 6b , and 6c	6d	258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	34
f Total. Add lines 6d and 6e	6f	292
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	0
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>CLEVELAND SOFT DRINK WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD. OF TRUSTEES OF C.S.D.W PENSION</u>	D Employer Identification Number (EIN) <u>34-6613099</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LITMAN GREGORY FUND ADVISORS LLC

68-0362255

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

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

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

THE SEGAL COMPANY

13-1975125

(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	NONE	41975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEVE SOFT DRINK WORKERS LOC 1164

34-0443353

(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?
13	UNION	18064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BOGDAHN GROUP

59-3676225

(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?
27	NONE	13750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MALONEY & NOVOTNY LLC

34-0677006

(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?
10	NONE	11892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY CORP

34-1784820

(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?
28	NONE	9768	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ 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
LITMAN GREGORY FUND ADVISORS LLC	72	0
(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.	
LITMAN GREGORY MASTERS INTL INSTL 68-0362255	1.11% NET EXPENSE RATIO	
(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

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:

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
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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)

(Complete as many entries as needed to report all participating plans)

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
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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 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan CLEVELAND SOFT DRINK WORKERS PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES OF C.S.D.W PENSION		D Employer Identification Number (EIN) 34-6613099

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	78320	103168
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	8492342	8205951
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	140733	93077
(2) U.S. Government securities	1c(2)	758645	669299
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	1105861	1040993
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	816663	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6391114	7708200
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	16968	16653

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	1533	2733
f Total assets (add all amounts in lines 1a through 1e)	1f	17802179	17840074

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	18405	11460
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	22697	6531
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41102	17991

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17761077	17822083
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	100	
(B) U.S. Government securities	2b(1)(B)	17128	
(C) Corporate debt instruments	2b(1)(C)	49790	
(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)		67018

(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)	185941	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		185941

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-105270	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-105270

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		76217
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1236267
c Other income.....	2c		-92805
d Total income. Add all income amounts in column (b) and enter total.....	2d		1367368

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1177373	
(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)		1177373
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	58188	
(2) Contract administrator fees.....	2i(2)	18064	
(3) Investment advisory and management fees.....	2i(3)	28078	
(4) Other.....	2i(4)	24659	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		128989
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1306362

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		61006
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) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>CLEVELAND SOFT DRINK WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD. OF TRUSTEES OF C.S.D.W PENSION</u>	D Employer Identification Number (EIN) <u>34-6613099</u>

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	<u>0</u>
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): <u>34-1784820</u>		
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	<u>0</u>

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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**CLEVELAND SOFT DRINK WORKERS
PENSION PLAN**

FINANCIAL REPORT

DECEMBER 31, 2013 and 2012

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

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* Refers to Section of Form 5500 (Annual Return/Report of Employee Benefit Plan) for the Plan year ended December 31, 2013, which material is incorporated herein by reference.

Independent Auditors' Report

To the Board of Trustees
Cleveland Soft Drink Workers Pension Plan
Cleveland, Ohio

We have audited the accompanying financial statements of the Cleveland Soft Drink Workers Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2013 and 2012, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses and assets (held at end of year) as of December 31, 2013 and schedules of reportable transactions for the year ended December 31, 2013 are presented for purposes of additional analysis and are not a required part of the financial statements. The last two schedules are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The supplemental schedules have been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the supplemental schedules are fairly stated in all material respects in relation to the financial statements as a whole.

Maloney + Novotny LLC

Cleveland, Ohio
August 7, 2014

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
Investments, at fair market value:		
Interest-bearing cash	\$ 103,168	\$ 78,320
Money market funds	93,077	140,733
Mutual funds	7,708,200	6,391,114
U.S. Government securities	669,299	758,645
Corporate bonds	1,040,993	1,105,861
Foreign bonds	16,653	16,968
Common/collective funds	-	816,663
Total investments	<u>9,631,390</u>	<u>9,308,304</u>
Receivables:		
Accrued investment interest	20,333	20,428
Due from broker for securities sold	47,629	-
Fixed assets:		
Furniture and fixtures, at cost	75,748	74,230
Less: accumulated depreciation	<u>(73,015)</u>	<u>(72,697)</u>
Fixed assets, net	2,733	1,533
Notes receivable	<u>8,137,989</u>	<u>8,471,914</u>
Total assets	17,840,074	17,802,179
<u>LIABILITIES</u>		
Due to broker for pending purchases	11,460	18,405
Accounts payable	<u>6,531</u>	<u>22,697</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$17,822,083</u>	<u>\$17,761,077</u>

The accompanying notes are an integral part of these financial statements.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS (DEDUCTIONS)		
Investment income:		
Net appreciation in fair value of investments	\$ 1,207,214	\$ 728,904
Interest and dividends	<u>252,959</u>	<u>212,802</u>
	1,460,173	941,706
Less: investment management fees	<u>(28,078)</u>	<u>(34,851)</u>
Net investment income	1,432,095	906,855
Net present value adjustment - notes receivable (Note 2)	<u>(92,805)</u>	<u>4,101,395</u>
Total additions	1,339,290	5,008,250
DEDUCTIONS		
Benefits paid directly to participants	1,177,373	1,123,854
Administrative expenses	<u>100,911</u>	<u>91,029</u>
Total deductions	<u>1,278,284</u>	<u>1,214,883</u>
NET INCREASE	61,006	3,793,367
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	<u>17,761,077</u>	<u>13,967,710</u>
END OF YEAR	<u>\$17,822,083</u>	<u>\$17,761,077</u>

The accompanying notes are an integral part of these financial statements.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Cleveland Soft Drink Workers Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined benefit pension plan maintained pursuant to collective bargaining agreements between the Cleveland Soft Drink Workers Union No. 1164 and participating employers in Northeastern Ohio and covers substantially all employees working under the collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Board of Trustees of the Plan voted on April 30, 2010 to terminate the Plan effective May 31, 2010. Amendments to the collective bargaining agreements with the contributing employers were made where necessary and notices were provided to the Plan by all contributing employers that contributions would cease effective May 31, 2010. Withdrawal liability and reallocation liability assessments were sent to contributing employers as required under ERISA and applicable regulations.

Pension Benefits:

Generally, participants with five or more years of vested service are entitled to annual pension benefits beginning at age 65. The Plan permits early retirement at ages 55 through 64. The pension benefit amount varies depending on the benefit level in the Collective Bargaining Agreement when employment is terminated, earned pension credits, retirement age, and certain participant elections.

Participants will generally receive benefits under one of several husband and wife options, which guarantee payment of benefits during the lives of both the participant and the participant's spouse, unless the participant, with spousal consent, elects the single life option. Alternatively, a participant may elect other options whereby pension payments are guaranteed for a certain period from the effective date of the pension and if the pensioner dies prior to the end of the period, his or her beneficiary receives the remaining payments.

Disability Benefits:

Participants who become totally and permanently disabled, are at least 50 years of age, have at least 15 years of pension credit, have worked at least 500 hours in the twelve months immediately preceding their date of disability, and have been disabled for six months receive disability pension benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Presentation:

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

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Reference Note 7 for discussion of fair value measurements.

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

Interest-Bearing Cash:

The Plan places its temporary cash with a national financial institution which at times may exceed federally insured amounts. The actual balance may exceed reported balances due to outstanding checks.

Fixed Assets:

Fixed assets are recorded at cost and depreciation is computed on the straight-line method over the estimated useful life of the equipment. Depreciation expense totaled \$318 and \$279 for the years ended December 31, 2013 and 2012, respectively. The net book value of fixed assets approximates the fair market value of fixed assets.

Notes Receivable:

Notes receivable due to the Plan are based on the actuarially calculated withdrawal liabilities (reallocation liabilities) relating to the mass withdrawal of all employers as of May 31, 2010. The notes are payable in quarterly installments, which total \$254,496 for 2014 and thereafter. For 2013, one employer was granted a reduction by the Board of Trustees based on the financial condition of the employer.

The scheduled payments per the actuarial calculations are required to be determined in part based on each employer's previous contributions to the Plan. As a result, the payment amounts for the employers required under the reallocation liability determined under the mass withdrawal are not adequate to fully pay the debt to the Plan and are scheduled into perpetuity. The table below reflects these payments scheduled to be received for the next five years and the amounts due thereafter based on the reallocation liability assessed to the employers and the assumptions noted below.

2014	\$ 254,496
2015	254,496
2016	254,496
2017	254,496
2018	254,496
Thereafter	<u>6,865,509</u>
Total	<u>\$8,137,989</u>

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Notes Receivable (Continued):

To appropriately reflect management's best estimate of the amounts expected to be received in the future, and because the scheduled payments continue into perpetuity, at the time of the withdrawal, management determined that a 30-year term was reasonably reflective of the expected payment duration. For the years ended December 31, 2013 and 2012, a present value was calculated by the Plan's actuary, and is based on the PBGC interest rates as of December 31, 2013 and 2012 (3.00% and 3.07%, respectively, for the first 20 years, and 3.31% and 3.00%, respectively, thereafter). In addition, the remaining term used in the assumptions was extended to a total of approximately 35 years. Management will re-evaluate this estimate annually based on information then available.

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered through the termination date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on the credited service as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of January 1, 2013 and 2012 were selected as prescribed in the Pension Benefit Guaranty Corporation ("PBGC") regulations for terminating multiemployer plans, and can be summarized as follows:

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued):

- (a) Life expectancy of participants: 1994 Uninsured Pensioners mortality table (sex-specific) projected using Scale AA from 1994 to 2022 (that is, 10 years beyond the year of the valuation date).
- (b) Normal retirement age: Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected.
- (c) Asset valuation methods: At market value.
- (d) Interest rates: First 20 years: 3.07% (4.09% in 2012)
After 20 years: 3.00% (4.30% in 2012)
- (e) Administrative expenses: \$10,000 plus \$200 per participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.

Accumulated plan benefit information is as follows:

	Based on calculations as of:	
	January 1, 2013	January 1, 2012
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$14,996,558	\$12,727,059
Other vested benefits	14,746,424	13,306,969
Total vested benefits	29,742,982	26,034,028
Nonvested benefits	-	-
Total actuarial present value of accumulated plan benefits	<u>\$29,742,982</u>	<u>\$26,034,028</u>

The accumulated plan benefits changed between valuation dates as follows:

	January 1, 2013
Total actuarial present value of accumulated plan benefits at January 1, 2012	\$26,034,028
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	87,934
Interest	1,039,894
Benefits paid	(1,123,854)
Changes in actuarial assumptions	3,704,980
Total actuarial present value of accumulated plan benefits at January 1, 2013	<u>\$29,742,982</u>

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits:

Benefit payments made to participants are recorded upon distribution.

Subsequent Events:

The Plan has evaluated subsequent events through August 7, 2014, the date the financial statements were available to be issued.

Note 3. Funding Policy

As a result of the Plan termination during 2010, the Plan is now funded based on the notes receivable described in Note 2.

Note 4. Insured Benefits

Benefits under this Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

The PBGC guarantees vested benefits at the level in effect on the date of Plan termination. However, the whole amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a ceiling on the monthly benefit that the PBGC will guarantee, which is adjusted periodically. Because of the mass withdrawal described in Note 1 and due to the current funding level of the Plan, certain benefits included in the present value of accumulated plan benefits in Note 2 have been limited. Further information can be obtained at the office of the plan administrator.

Note 5. Plan Termination

Upon Plan termination, the net assets of the Plan are to be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Benefits attributed to employee contributions, taking into account those paid out before termination.
- B. Benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three year period would have been receiving if they had retired with benefits in the normal form of benefit payment under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Plan Termination (Continued)

- C. Other vested benefits insured by the PBGC up to certain applicable limitations.
- D. All other vested benefits (that is, vested benefits not insured by the PBGC).
- E. All non-vested benefits.

Whether all participants receive their benefits due to the Plan termination will depend on the sufficiency of the Plan's net assets to provide those benefits, the continuing participation of the existing employers, and may also depend on the level of benefits guaranteed by and the financial condition of the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note 6. Investments

The Plan's investments are held by a non-insured northeastern Ohio bank-administered trust fund. During 2013 and 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$1,207,214 and \$728,904, respectively, as follows:

	<u>2013</u>	<u>2012</u>
Mutual funds	\$1,236,267	\$1,206,903
Common/collective funds	76,217	(499,257)
U.S. Government securities	(45,761)	13,215
Corporate bonds	(59,194)	7,718
Foreign bonds	<u>(315)</u>	<u>325</u>
	<u>\$1,207,214</u>	<u>\$ 728,904</u>

The fair value of individual investments that represents 5% or more of the Plan's net assets at December 31, 2013 and 2012 is as follows:

	<u>2013</u>	<u>2012</u>
Ishares Core	\$2,167,649	\$1,804,995
Wells Fargo Advantage Growth Fund	2,112,176	2,142,196
PIMCO Funds Total Return Fund	1,851,237	1,887,514
Vanguard Mid-Cap Index Fund	1,077,474	**

** Investment was not held in the respective year

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for Plan assets measured at fair value:

- Interest-bearing cash is classified as a Level 1 instrument.
- Money market funds consist of a short-term investment fund that maintains daily liquidity and has a constant unit value of \$1.00, and are classified as Level 1 instruments.
- The fair value of mutual funds is determined based on their quoted closing market prices in active markets for identical investments, and is classified as Level 1.
- The fair values of corporate bonds, foreign bonds, and U.S. Government securities are based on observable market information in primary markets or determined by pricing services based on market values for investments with similar ratings and maturity dates. These securities are classified as Level 2.
- Investments in common/collective trust funds are valued at their closing net asset value. Because net asset values are based primarily on observable inputs, most notably quoted prices of similar assets, these investments are classified as Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2012 to 2013. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets at fair value as of December 31, 2013 and 2012. The tables do not include other assets and liabilities that are measured at historical cost or any basis other than fair value; for these items, their carrying value estimates fair value.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Fair Value Measurements (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2013:				
Interest-bearing cash	\$ 103,168	\$ -	\$ -	\$ 103,168
Money market funds	93,077	-	-	93,077
Mutual funds - foreign	2,350,901	-	-	2,350,901
Mutual funds - equity	5,357,299	-	-	5,357,299
Bonds:				
U.S. Government	-	669,299	-	669,299
Corporate	-	1,040,993	-	1,040,993
Foreign	-	16,653	-	16,653
Total bonds	<u>-</u>	<u>1,726,945</u>	<u>-</u>	<u>1,726,945</u>
Total	<u>\$7,904,445</u>	<u>\$1,726,945</u>	<u>\$ -</u>	<u>\$9,631,390</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2012:				
Interest-bearing cash	\$ 78,320	\$ -	\$ -	\$ 78,320
Money market funds	140,733	-	-	140,733
Mutual funds - foreign	2,443,923	-	-	2,443,923
Mutual funds - equity	3,947,191	-	-	3,947,191
Common/collective funds:				
Mid cap	-	816,663	-	816,663
Bonds:				
U.S. Government	-	758,645	-	758,645
Corporate	-	1,105,861	-	1,105,861
Foreign	-	16,968	-	16,968
Total bonds	<u>-</u>	<u>1,881,474</u>	<u>-</u>	<u>1,881,474</u>
Total	<u>\$6,610,167</u>	<u>\$2,698,137</u>	<u>\$ -</u>	<u>\$9,308,304</u>

Note 8. Tax Status

The Internal Revenue Service has advised that the Plan and related trust are qualified under Section 401(a) of the Internal Revenue Code ("IRC") and, as such, exempt from federal income tax. The Plan obtained a determination letter on January 11, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Therefore, the trustees believe that the Plan currently is being operated in compliance with the applicable requirements of the IRC and believe the related trust continues to be tax-exempt.

The Plan's management has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to 2010.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 9. Related Party/Party-in-Interest Transactions

Certain Plan investments are maintained or managed by KeyBank. KeyBank is a fiduciary as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid to KeyBank by the Plan for the investment management fees amounted to \$9,768 and \$16,541 for the years ended December 31, 2013 and 2012, respectively.

Teamsters Union Local 1164 ("Local Union") is a contributing employer to the Plan. Total payments received by the Plan from this employer were \$10,300 in 2013 and 2012.

In addition, the Local Union provides various administrative services and rents office space to the Plan. Rent was \$15,108 in 2013 and 2012. Likewise, the Local Union provides administration for the Plan which amounted to \$18,064 and \$16,866 for the years ended December 31, 2013 and 2012, respectively. These amounts are included in administrative expenses.

Note 10. Concentrations

As of December 31, 2013 and 2012, two employers accounted for approximately 96% of net notes receivable due to the Plan.

Note 11. Risks and Uncertainties

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

Projected payments on the notes receivable described in Note 2 and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL SCHEDULES

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Actuarial fees	\$ 41,975	\$ 30,018
Administrative expense and rent	33,172	31,974
Accounting and auditing fees	15,442	15,308
Legal fees	771	3,906
Fiduciary liability insurance	3,808	4,414
Pension benefit guarantee premium	3,624	2,763
Office expense	1,221	1,084
Computer related expenses	580	1,260
Depreciation	318	279
Meetings	<u>-</u>	<u>23</u>
Total administrative expenses	<u>\$100,911</u>	<u>\$ 91,029</u>

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j
Employer No. 34-6613099
Plan No. 001
5% Report by Asset - Single Transaction

Year Ended December 31, 2013

(a)	(b)		(c)	(d)	(f)	(f)	(g)		(i)
ASSET DESCRIPTION	TRAN SETTLE TYPE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS	
EB MID CAP FUND	SAL 05/02/13	36,771.709	892,879.61	.00	.00	449,069.95	816,662.89	76,216.72	
VANGUARD MID-CAP INDEX FUND									
OPEN-END FUND SIGNAL CL	PUR 05/02/13	24,637.284	900,000.00	.00	.00	900,000.00	900,000.00	.00	
1 PURCHASES FOR		900,000.00	1 SALES FOR		892,879.61	ISSUE AGGREGATE TOTAL	1,792,879.61		

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4i

Employer No. 34-6613099

Plan No. 001

5% Report by Asset - Aggregate Transactions

Year Ended December 31, 2013

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
BROKER/PARTY	TRAN SETTL	SHARES/	PURCHASE/SALE	BROKER	OTHER	COST OF	PREVIOUS
ASSET DESCRIPTION	TYPE DATE	UNITS	COST/PROCEEDS COMMISSION	COMMISSION	EXPENSE	ASSET	ANNUAL MARKET
E B MONEY MARKET FUND							
SAL 01/02/13		95,783.790	95,783.79	.00	.00	95,783.79	95,783.79
SAL 01/04/13		93.030	93.03	.00	.00	93.03	93.03
PUR 01/09/13		46.970	46.97	.00	.00	46.97	46.97
SAL 02/01/13		30,482.160	30,482.16	.00	.00	30,482.16	30,482.16
PUR 02/04/13		9,603.270	9,603.27	.00	.00	9,603.27	9,603.27
SAL 02/14/13		948.110	948.11	.00	.00	948.11	948.11
PUR 02/27/13		50,000.000	50,000.00	.00	.00	50,000.00	50,000.00
PUR 02/28/13		50,000.000	50,000.00	.00	.00	50,000.00	50,000.00
SAL 03/01/13		96,831.860	96,831.86	.00	.00	96,831.86	96,831.86
PUR 03/28/13		100,000.000	100,000.00	.00	.00	100,000.00	100,000.00
PUR 04/01/13		96,829.870	96,829.87	.00	.00	96,829.87	96,829.87
PUR 04/29/13		100,000.000	100,000.00	.00	.00	100,000.00	100,000.00
SAL 05/01/13		96,830.640	96,830.64	.00	.00	96,830.64	96,830.64
SAL 05/02/13		7,120.390	7,120.39	.00	.00	7,120.39	7,120.39
SAL 05/03/13		5,256.960	5,256.96	.00	.00	5,256.96	5,256.96
SAL 06/03/13		5,785.440	5,785.44	.00	.00	5,785.44	5,785.44
PUR 06/04/13		8,952.090	8,952.09	.00	.00	8,952.09	8,952.09
PUR 06/27/13		100,976.430	100,976.43	.00	.00	100,976.43	100,976.43
SAL 07/01/13		97,867.180	97,867.18	.00	.00	97,867.18	97,867.18
PUR 07/02/13		412.500	412.50	.00	.00	412.50	412.50
SAL 07/05/13		1,452.000	1,452.00	.00	.00	1,452.00	1,452.00
SAL 07/09/13		411.510	411.51	.00	.00	411.51	411.51
SAL 07/10/13		344.280	344.28	.00	.00	344.28	344.28
PUR 07/26/13		100,000.000	100,000.00	.00	.00	100,000.00	100,000.00
SAL 08/01/13		99,617.230	99,617.23	.00	.00	99,617.23	99,617.23
PUR 08/29/13		50,000.000	50,000.00	.00	.00	50,000.00	50,000.00
SAL 09/03/13		49,619.650	49,619.65	.00	.00	49,619.65	49,619.65
PUR 09/30/13		90,000.000	90,000.00	.00	.00	90,000.00	90,000.00
SAL 10/01/13		97,322.280	97,322.28	.00	.00	97,322.28	97,322.28
SAL 10/03/13		1,716.310	1,716.31	.00	.00	1,716.31	1,716.31
SAL 10/10/13		290.400	290.40	.00	.00	290.40	290.40
PUR 11/01/13		635.980	635.98	.00	.00	635.98	635.98
PUR 11/27/13		110,000.000	110,000.00	.00	.00	110,000.00	110,000.00
SAL 12/02/13		99,704.810	99,704.81	.00	.00	99,704.81	99,704.81
PUR 12/30/13		50,000.000	50,000.00	.00	.00	50,000.00	50,000.00
15 PURCHASES FOR		820,627.24	20 SALES FOR	884,307.90	ISSUE AGGREGATE TOTAL		1,704,935.14

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j
Employer No. 34-6613099
Plan No. 001

5% Report by Asset - Aggregate Transactions

Year Ended December 31, 2013

(a)	(b)	(c)				(d)	(e)	(f)	(g)	(h)	(i)
BROKER/PARTY ASSET DESCRIPTION	TRAN	SETTLE	SHARES/ UNITS	PURCHASE/SALE	BROKER	OTHER	COST OF	PREVIOUS	NET		
	TYPE	DATE		COST/PROCEEDS	COMMISSION	EXPENSE	ASSET	ANNUAL MARKET	GAIN/LOSS		
VANGUARD MID-CAP INDEX FUND OPEN-END FUND SIGNAL CL	PUR	05/02/13	24,637.284	900,000.00	.00	.00	900,000.00	900,000.00	.00		
	PUR	05/03/13	142.504	5,256.96	.00	.00	5,256.96	5,256.96	.00		
	PUR	12/24/13	289.399	12,290.77	.00	.00	12,290.77	12,290.77	.00		
	3 PURCHASES FOR		917,547.73	0 SALES FOR	.00	ISSUE AGGREGATE TOTAL		917,547.73	.00		
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL	SAL	02/04/13	1,649.077	75,000.00	.00	.00	64,775.74	71,009.26	3,990.74		
	SAL	02/27/13	1,122.334	50,000.00	.00	.00	44,085.28	48,327.70	1,672.30		
	SAL	03/28/13	2,186.748	100,000.00	.00	.00	85,895.46	94,161.37	5,838.63		
	SAL	04/29/13	1,103.753	50,000.00	.00	.00	43,355.42	47,527.60	2,472.40		
	SAL	07/26/13	594.766	30,000.00	.00	.00	23,362.41	25,610.62	4,389.38		
	SAL	08/29/13	996.214	50,000.00	.00	.00	39,131.29	42,896.97	7,103.03		
	SAL	09/30/13	1,679.104	90,000.00	.00	.00	65,955.20	72,302.22	17,697.78		
	SAL	11/01/13	899.442	50,000.00	.00	.00	35,330.08	38,729.97	11,270.03		
	SAL	11/27/13	1,960.435	110,000.00	.00	.00	77,005.89	84,416.33	25,583.67		
	PUR	12/11/13	1,130.842	61,155.92	.00	.00	61,155.92	61,155.92	.00		
	PUR	12/11/13	100.713	5,446.55	.00	.00	5,446.55	5,446.55	.00		
	SAL	12/30/13	902.201	50,000.00	.00	.00	35,862.40	39,164.44	10,835.56		
	2 PURCHASES FOR		66,602.47	10 SALES FOR	655,000.00	ISSUE AGGREGATE TOTAL		721,602.47			
	EB MID CAP FUND	SAL	05/02/13	36,771.709	892,879.61	.00	.00	449,069.95	816,662.89	76,216.72	
		0 PURCHASES FOR		.00	1 SALES FOR	892,879.61	ISSUE AGGREGATE TOTAL		892,879.61		

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j
Employer No. 34-6613099
Plan No. 001

5% Report by Broker – Aggregate Transactions for Securities

Year Ended December 31, 2013

(a)	(b)	(c)							(d)	(e)	(f)	(g)	(i)
BROKER/PARTY ASSET DESCRIPTION		TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS			
MUTUAL FUND AGENT													
LITMAN GREGORY MSTRS INTL FUND OPEN-END FUND INSTL CL		SAL	02/28/13	3,180.662	50,000.00	.00	.00	50,229.04	47,773.54	2,226.46			
LITMAN GREGORY MSTRS INTL FUND OPEN-END FUND INSTL CL		SAL	06/27/13	6,477.000	100,976.43	.00	.00	102,284.85	97,284.54	3,691.89			
VANGUARD MID-CAP INDEX FUND OPEN-END FUND SIGNAL CL		PUR	05/02/13	24,637.284	900,000.00	.00	.00	900,000.00	900,000.00	.00			
VANGUARD MID-CAP INDEX FUND OPEN-END FUND SIGNAL CL		PUR	05/03/13	142.504	5,256.96	.00	.00	5,256.96	5,256.96	.00			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	02/04/13	1,649.077	75,000.00	.00	.00	64,775.74	71,009.26	3,990.74			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	02/27/13	1,122.334	50,000.00	.00	.00	44,085.28	48,327.70	1,672.30			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	03/28/13	2,186.748	100,000.00	.00	.00	85,895.46	94,161.37	5,838.63			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	04/29/13	1,103.753	50,000.00	.00	.00	43,355.42	47,527.60	2,472.40			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	07/26/13	594.766	30,000.00	.00	.00	23,362.41	25,610.62	4,389.38			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	08/29/13	996.214	50,000.00	.00	.00	39,131.29	42,896.97	7,103.03			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	09/30/13	1,679.104	90,000.00	.00	.00	65,955.20	72,302.22	17,697.78			
WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL		SAL	11/01/13	899.442	50,000.00	.00	.00	35,330.08	38,729.97	11,270.03			

**CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS**

Schedule H, Line 4j
Employer No. 34-6613099
Plan No. 001

5% Report by Broker – Aggregate Transactions for Securities

Year Ended December 31, 2013

(a)	(b)		(c)	(d)	(f)	(f)	(g)		(i)	
	BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
	MUTUAL FUND AGENT WELLS FARGO ADVANTAGE OPEN-END FUND INSTL CL									
	GROWTH FD		SAL 11/27/13	1,960.435	110,000.00	.00	.00	77,005.89	84,416.33	25,583.67
	WELLS FARGO ADVANTAGE OPEN-END FUND INSTL CL									
	GROWTH FD		SAL 12/30/13	902.201	50,000.00	.00	.00	35,862.40	39,164.44	10,835.56
	2 PURCHASES FOR			905,256.96	12 SALES FOR	805,976.43	BROKER AGGREGATE TOTAL		1,711,233.39	96,771.87

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Schedule H, Line 4j

Employer No. 34-6613099
Plan No. 001

5% Report by Broker – Aggregate Transactions for Non-Securities

Year Ended December 31, 2013

(a)	(b)	(c)	(d)	(f)	(f)	(g)	(i)			
	BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS

N O A C T I V I T Y T H I S P E R I O D

Cleveland Soft Drink Workers Pension Plan (2013)

EIN: 34-6613099

Form 5500 Schedule H, Part II, Line 2c - Attachment

The (\$92,805) on the Other Income line of the Form 5500 represents the actuarially determined present value adjustment of the note receivable related to the Plan's withdrawal liability.

Cleveland Soft Drink Workers Pension Plan (2013)

EIN: 34-6613099

Form 5500 Line 7 & Schedule R - Attachment

The Board of Trustees of the Plan voted on April 30, 2010 to terminate the Plan effective May 31, 2010. There was a mass withdrawal of all employers and withdrawal liabilities and reallocation liability assessments were sent to contributing employers as required under ERISA and applicable regulations.

Form 5500 Line 7 -

Form 5500 Line 7 was reported as zero as the Plan is no longer subject to the minimum funding requirements due to the termination described above. The following summarizes payments by employers which were applied against their respective reallocation liabilities during 2013:

1. The Cleveland Coca-Cola Bottling Co., Inc.: \$142,820
2. The Distillata Company: \$78,000
3. Teamsters Union Local No. 1164: \$10,300

Schedule R -

As described above, the Plan is no longer subject to the minimum funding requirements; therefore, Schedule R Part II and Part V Lines 13, 14, and 15 were intentionally left blank on the 2013 Form 5500.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i
Employer No. 34-6613099
Plan No. 001

December 31, 2013

(a)	(b)	(c)	(e)	(d)				
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS		% OF MKT	ACCRUED INCOME
EQUITIES								
EQUITY MUTUAL FUNDS								
11,676	ISHARES CORE S&P 500 ETF CLOSED-END FUND ASSET # 464287200 ACCOUNT 20-20-200-1036575	185.650	2,167,649.40	1,648,990.42	518,658.98		22.7	
27,666.878	LITMAN GREGORY MSTRS INTL FUND OPEN-END FUND INSTL CL ASSET # 53700T207 ACCOUNT 20-20-200-1036580	18.060	499,663.82	437,528.29	62,135.53		5.2	
25,069.187	VANGUARD MID-CAP INDEX FUND OPEN-END FUND SIGNAL CL ASSET # 922908447 ACCOUNT 20-20-200-1036574	42.980	1,077,473.66	917,547.73	159,925.93		11.3	
37,886.572	WELLS FARGO ADVANTAGE GROWTH FD OPEN-END FUND INSTL CL ASSET # 949915714 ACCOUNT 20-20-200-1036576	55.750	2,112,176.39	1,505,987.59	606,188.80		22.2	
	TOTAL EQUITY MUTUAL FUNDS		<u>5,856,963.27</u>	<u>4,510,054.03</u>	<u>1,346,909.24</u>		<u>61.5</u>	
	TOTAL EQUITIES		5,856,963.27	4,510,054.03	1,346,909.24		61.5	
FIXED INCOME								
U.S. GOVERNMENT								
125,000	FANNIE MAE NOTE DTD 01/20/12 FL RT% DUE 01/20/15 ASSET # 3135G0H82 ACCOUNT 20-20-200-1036578	100.045	125,056.25	125,108.75	-52.50		1.3	7.37

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i
Employer No. 34-6613099
Plan No. 001

December 31, 2013

(a)	(b)	(c)	(e)	(d)					
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS		% OF MKT	ACCRUED INCOME	
136,273.570	FANNIE MAE POOL AK3264 DTD 02/01/12 3.00% DUE 02/01/27 ASSET # 3138E7TW4 ACCOUNT 20-20-200-1036578	102.161	139,218.44	144,148.57	-4,930.13		1.5	340.68	
64,120.700	NELNET STUDENT LOAN TRUST ABS 2004-4 A5 DTD 09/29/04 FL RT% DUE 01/25/37 ASSET # 640310BK6 ACCOUNT 20-20-200-1036578	97.208	62,330.96	59,620.70	2,710.26		.7	48.25	
68,000	SLC STUDENT LOAN TRUST ABS 2008-1 A4A DTD 03/28/08 FL RT% DUE 12/15/32 ASSET # 78444LAD5 ACCOUNT 20-20-200-1036578	103.869	70,631.40	69,870.00	761.40		.7	68.92	
59,000	UNITED STATES TREAS BDS DTD 08/15/95 6.875% DUE 08/15/25 ASSET # 912810EV6 ACCOUNT 20-20-200-1036578	136.156	80,332.04	90,233.13	-9,901.09		.8	1,532.11	
119,000	UNITED STATES TREAS BDS DTD 02/15/07 4.75% DUE 02/15/37 ASSET # 912810PT9 ACCOUNT 20-20-200-1036578	115.047	136,905.93	157,740.08	-20,834.15		1.4	2,135.05	
41,000	UNITED STATES TREAS NTS DTD 08/15/11 2.125% DUE 08/15/21 ASSET # 912828RC6 ACCOUNT 20-20-200-1036578	96.875	39,718.75	42,068.24	-2,349.49		.4	329.09	
16,000	UNITED STATES TREAS NTS DTD 10/01/12 1.00% DUE 09/30/19 ASSET # 912828TRI ACCOUNT 20-20-200-1036578	94.406	15,104.96	15,936.25	-831.29		.2	40.88	

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i
Employer No. 34-6613099
Plan No. 001

December 31, 2013

(a)	(b)	(c)	(e)	(d)		% OF	ACCRUED
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS	MKT	INCOME
	TOTAL U.S. GOVERNMENT		<u>669,298.73</u>	<u>704,725.72</u>	<u>-35,426.99</u>	<u>7.0</u>	<u>4,502.35</u>
	FOREIGN BONDS						
16,000	BARCLAYS BANK PLC FGN SR NT DTD 04/07/10 3.90% DUE 04/07/15 ASSET # 0673968B4 ACCOUNT 20-20-200-1036578	104.083	16,653.28	16,642.72	10.56	.2	145.60
	TOTAL FOREIGN BONDS		<u>16,653.28</u>	<u>16,642.72</u>	<u>10.56</u>	<u>.2</u>	<u>145.60</u>
	CORPORATE BONDS						
35,000	AT&T INC SENIOR NT DTD 07/30/10 2.50% DUE 08/15/15 ASSET # 00206RAV4 ACCOUNT 20-20-200-1036578	102.670	35,934.50	36,788.50	-854.00	.4	330.56
25,000	ALLSTATE CORP SENIOR NT DTD 05/13/09 7.45% DUE 05/16/19 ASSET # 02002AX9 ACCOUNT 20-20-200-1036578	124.347	31,086.75	31,479.00	-392.25	.3	232.81
20,000	BB&T CORP MED TERM BK NT DTD 04/28/11 2.05% DUE 04/28/14 ASSET # 05531FAH6 ACCOUNT 20-20-200-1036578	100.359	20,071.80	20,450.20	-378.40	.2	71.75
14,000	BANK OF NEW YORK CO INC SUB NT DTD 11/13/02 5.50% DUE 12/01/17 ASSET # 064057BD3 ACCOUNT 20-20-200-1036578	112.556	15,757.84	15,873.62	-115.78	.2	64.17

**CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Schedule H, Line 4i
Employer No. 34-6613099
Plan No. 001

December 31, 2013

(a)	(b)	(c)	(e)	(d)				
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS	% OF MKT	ACCRUED INCOME	
29,000	BERKSHIRE HATHAWAY FINANCE CORP SENIOR NT DTD 01/11/05 4.85% DUE 01/15/15 ASSET # 084664AT8 ACCOUNT 20-20-200-1036578	104.672	30,354.88	32,495.95	-2,141.07	.3	648.55	
35,000	BOEING CO SENIOR NT DTD 03/13/09 5.00% DUE 03/15/14 ASSET # 097023AV7 ACCOUNT 20-20-200-1036578	100.921	35,322.35	38,345.65	-3,023.30	.4	515.28	
32,000	BOTTLING GROUP LLC SENIOR NT DTD 10/24/08 6.95% DUE 03/15/14 ASSET # 10138MAH8 ACCOUNT 20-20-200-1036578	101.300	32,416.00	36,152.96	-3,736.96	.3	654.84	
59,000	CAPITAL ONE MULTI-ASSET EXEC TR ABS 2007-A7 SFT BLT MAT 9/15/17 DTD 09/28/07 5.75% DUE 07/15/20 ASSET # 14041NDX6 ACCOUNT 20-20-200-1036578	114.891	67,785.81	71,463.75	-3,677.94	.7	150.78	
31,000	COCA-COLA CO NOTE DTD 11/01/07 5.35% DUE 11/15/17 ASSET # 191216AK6 ACCOUNT 20-20-200-1036578	113.859	35,296.29	37,618.19	-2,321.90	.4	211.92	
19,000	COMERICA BANK SUB NT DTD 11/21/06 5.75% DUE 11/21/16 ASSET # 200339CG2 ACCOUNT 20-20-200-1036578	112.508	21,376.52	21,262.71	113.81	.2	121.39	

**CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Schedule H, Line 4i
Employer No. 34-6613099
Plan No. 001

December 31, 2013

(a)	(b)	(c)	(e)	(d)					
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS	% OF MKT	ACCRUED INCOME		
14,000	CONOCOPHILLIPS NOTE DTD 02/03/09 4.75% DUE 02/01/14 ASSET # 20825CAS3 ACCOUNT 20-20-200-1036578	100.339	14,047.46	14,373.66	-326.20	.1	277.08		
38,000	CONSOLIDATED EDISON CO N Y INC SENIOR DEB SER 06-D DTD 12/01/06 5.30% DUE 12/01/16 ASSET # 209111EP4 ACCOUNT 20-20-200-1036578	111.863	42,507.94	44,580.84	-2,072.90	.4	167.83		
31,000	WALT DISNEY CO MED TERM NT DTD 09/11/06 5.625% DUE 09/15/16 ASSET # 25468PCE4 ACCOUNT 20-20-200-1036578	112.276	34,805.56	37,062.67	-2,257.11	.4	513.44		
35,000	FLORIDA POWER & LIGHT CO BOND DTD 01/29/04 5.65% DUE 02/01/35 ASSET # 341081ES2 ACCOUNT 20-20-200-1036578	111.260	38,941.00	40,015.85	-1,074.85	.4	823.96		
34,000	GENERAL ELECT CAP CORP MED TERM NT DTD 01/14/08 5.875% DUE 01/14/38 ASSET # 36962G3P7 ACCOUNT 20-20-200-1036578	113.911	38,729.74	37,326.56	1,403.18	.4	926.62		
30,000	HONEYWELL INTERNATIONAL INC SENIOR BD SER 30 DTD 02/17/11 5.375% DUE 03/01/41 ASSET # 438516BB1 ACCOUNT 20-20-200-1036578	109.882	32,964.60	37,328.40	-4,363.80	.3	537.50		

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i
Employer No. 34-6613099
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December 31, 2013

(a)	(b)	(c)	(e)	(d)				
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS	% OF MKT	ACCRUED INCOME	
27,000	INTERNATIONAL BUSINESS MACHS DEB DTD 10/30/95 7.000% DUE 10/30/25 ASSET # 459200AM3 ACCOUNT 20-20-200-1036578	125.497	33,884.19	36,561.78	-2,677.59	.4	320.24	
15,000	JP MORGAN CHASE & CO SUB NT DTD 04/24/03 5.25% DUE 05/01/15 ASSET # 46625HAX8 ACCOUNT 20-20-200-1036578	105.546	15,831.90	16,244.25	-412.35	.2	131.25	
30,000	JOHNSON & JOHNSON NOTE DTD 08/16/07 5.55% DUE 08/15/17 ASSET # 478160A07 ACCOUNT 20-20-200-1036578	114.143	34,242.90	37,181.10	-2,938.20	.4	629.00	
30,000	KIMBERLY-CLARK CORP SENIOR NT DTD 11/04/08 7.50% DUE 11/01/18 ASSET # 494368BD4 ACCOUNT 20-20-200-1036578	123.958	37,187.40	40,433.70	-3,246.30	.4	375.00	
26,000	METLIFE INC DEB SER B DTD 02/15/09 7.717% DUE 02/15/19 ASSET # 59156RAT5 ACCOUNT 20-20-200-1036578	123.951	32,227.26	33,126.08	-898.82	.3	757.98	
15,000	NATIONAL RURAL UTILS COOP FIN NOTE DTD 02/25/04 4.75% DUE 03/01/14 ASSET # 637432DC6 ACCOUNT 20-20-200-1036578	100.714	15,107.10	16,220.10	-1,113.00	.2	237.50	

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i
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December 31, 2013

(a)	(b)	(c)	(e)	(d)					
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS		% OF MKT	ACCRUED INCOME	
35,000	NORTHERN STATES POWER CO MINN NOTE DTD 03/18/08 5.25% DUE 03/01/18 ASSET # 665772CD9 ACCOUNT 20-20-200-1036578	112.971	39,539.85	41,806.10	-2,266.25		.4	612.50	
16,000	NORTHERN TRUST CORP SENIOR NT DTD 05/01/09 4.625% DUE 05/01/14 ASSET # 665859AKO ACCOUNT 20-20-200-1036578	101.446	16,231.36	17,311.20	-1,079.84		.2	123.33	
35,000	PECO ENERGY CO DEB DTD 03/03/08 5.35% DUE 03/01/18 ASSET # 693304ALL ACCOUNT 20-20-200-1036578	113.454	39,708.90	41,627.95	-1,919.05		.4	624.17	
15,000	PNC FUNDING CORP SENIOR NT DTD 02/08/10 3.625% DUE 02/08/15 ASSET # 693476BHS ACCOUNT 20-20-200-1036578	103.443	15,516.45	16,056.60	-540.15		.2	215.99	
14,000	PNC BANK NA MED TERM BK NT DTD 09/21/05 4.875% DUE 09/21/17 ASSET # 69349LAC2 ACCOUNT 20-20-200-1036578	109.846	15,378.44	15,232.84	145.60		.2	189.58	
32,000	PROCTER & GAMBLE CO SENIOR NT DTD 08/15/11 1.45% DUE 08/15/16 ASSET # 742718DV8 ACCOUNT 20-20-200-1036578	101.459	32,466.88	32,589.12	-122.24		.3	175.29	

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i
Employer No. 34-6613099
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December 31, 2013

(a)	(b)	(c)	(e)	(d)					
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS	% OF MKT	ACCRUED INCOME		
15,000	PRUDENTIAL FINANCIAL INC MED TERM NT DTD 06/08/09 6.20% DUE 01/15/15 ASSET # 744320BF1 ACCOUNT 20-20-200-1036578	105.595	15,839.25	16,663.50	-824.25	.2	428.83		
14,000	STATE STREET BANK & TRUST CO SUB NT DTD 09/24/03 5.25% DUE 10/15/18 ASSET # 857449AB8 ACCOUNT 20-20-200-1036578	112.918	15,808.52	16,073.40	-264.88	.2	155.17		
19,000	SUNTRUST BANKS INC SENIOR NT DTD 09/10/07 6.00% DUE 09/11/17 ASSET # 867914AZ6 ACCOUNT 20-20-200-1036578	113.252	21,517.88	21,526.43	-8.55	.2	348.33		
31,000	TARGET CORP NOTE DTD 01/17/08 6.00% DUE 01/15/18 ASSET # 87612EAS5 ACCOUNT 20-20-200-1036578	115.483	35,799.73	38,420.47	-2,620.74	.4	857.67		
39,000	UNITED PARCEL SERVICE INC SENIOR BD DTD 11/12/10 3.125% DUE 01/15/21 ASSET # 911312AM8 ACCOUNT 20-20-200-1036578	100.120	39,046.80	41,762.76	-2,715.96	.4	561.98		
20,000	US BANCORP MED TERM BK NT DTD 11/03/11 2.20% DUE 11/15/16 ASSET # 91159HHB9 ACCOUNT 20-20-200-1036578	103.270	20,654.00	20,560.80	93.20	.2	56.22		

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
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Schedule H, Line 4i
Employer No. 34-6613099
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December 31, 2013

(a)	(b)	(c)	(e)	(d)		% OF MKT	ACCRUED INCOME
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS		
33,000	UNITED TECHNOLOGIES CORP NOTE DTD 12/07/07 5.375% DUE 12/15/17 ASSET # 913017BMO ACCOUNT 20-20-200-1036578	113.956	37,605.48	39,507.93	-1,902.45	.4	78.83
	TOTAL CORPORATE BONDS		<u>1,040,993.33</u>	<u>1,091,524.62</u>	<u>-50,531.29</u>	<u>10.9</u>	<u>13,127.34</u>
	FIXED INCOME MUTUAL FUNDS						
173,174.669	PIMCO FUNDS-TOTAL RETURN FUND OPEN-END FUND INSTL CL ASSET # 693390700 ACCOUNT 20-20-200-1036577	10.690	1,851,237.21	1,926,977.95	-75,740.74	19.4	2,491.52
	TOTAL FIXED INCOME MUTUAL FUNDS		<u>1,851,237.21</u>	<u>1,926,977.95</u>	<u>-75,740.74</u>	<u>19.4</u>	<u>2,491.52</u>
	TOTAL FIXED INCOME		<u>3,578,182.55</u>	<u>3,739,871.01</u>	<u>-161,688.46</u>	<u>37.5</u>	<u>20,266.81</u>
	CASH EQUIVALENTS						
	MONEY MARKET INSTRUMENTS						
18,929.440	FEDERATED PRIME CASH OBLIGATIONS INSTITUTIONAL SHARES ASSET # 314A00066 ACCOUNT 20-20-200-1036578	1.000	18,929.44	18,929.44		.2	.39
11,516.620	FEDERATED GOVERNMENT OBLIGATIONS FUND INST SHRS ASSET # 3140000V3 ACCOUNT 20-20-200-1036575	1.000	11,516.62	11,516.62		.1	.01
62,631.350	E B MONEY MARKET FUND ASSET # 7495200P8 ACCOUNT 20-20-200-1036580	1.000	62,631.35	62,631.35		.7	3.41

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
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(a)	(b)	(c)	(e)	(d)			
	UNITS DESCRIPTION	UNIT PRICE	MARKET VALUE	BOOK VALUE	UNREALIZED GAIN/LOSS	% OF MKT	ACCRUED INCOME
	TOTAL MONEY MARKET INSTRUMENTS		<u>93,077.41</u>	<u>93,077.41</u>		<u>1.0</u>	<u>3.81</u>
	TOTAL CASH EQUIVALENTS		<u>93,077.41</u>	<u>93,077.41</u>		<u>1.0</u>	<u>3.81</u>
	NET INVESTMENTS		<u>9,528,223.23</u>	<u>8,343,002.45</u>	<u>1,185,220.78</u>	<u>100.0</u>	<u>20,270.62</u>

* KEYBANK ADMINISTRATIVE CHECKING

103,167.25

103,167.25

TOTAL INVESTMENTS HELD BY PLAN

9,631,390.48

8,446,169.70

* REPRESENTS A PARTY IN INTEREST