

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan <u>06/01/1964</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BD. OF TRUSTEES OF C.S.D.W PENSION</u> <u>3236 W 25TH ST</u> <u>CLEVELAND, OH 44109-1668</u>	2b Employer Identification Number (EIN) <u>34-6613099</u>	2c Plan 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.	08/10/2016	ROBERTO PARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/24/2016	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)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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	5 283
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 0 6b 102 6c 147 6d 249 6e 34 6f 283 6g 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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
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	Service Provider Information (see instructions)
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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)

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	19453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	18175	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	12549	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	8060	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	0.99% 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:

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
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 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	151501	145076
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)	8063432	9344557
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	136065	138714
(2) U.S. Government securities.....	1c(2)	709593	660435
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	1019892	990868
(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)	0	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)	7253047	6422536
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

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	2316	1900
f Total assets (add all amounts in lines 1a through 1e)	1f	17335846	17704086

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	5010	9513
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5010	9513

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17330836	17694573
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	205	
(B) U.S. Government securities	2b(1)(B)	17294	
(C) Corporate debt instruments	2b(1)(C)	40218	
(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)		57717
(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)	136668	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		136668
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-37551	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-37551

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-12740
c Other income	2c		1524648
d Total income. Add all income amounts in column (b) and enter total	2d		1668742

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1190947	
(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)		1190947
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)	37266	
(2) Contract administrator fees	2i(2)	19453	
(3) Investment advisory and management fees	2i(3)	26197	
(4) Other	2i(4)	31142	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		114058
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1305005

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		363737
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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			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?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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
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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: _____% 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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**CLEVELAND SOFT DRINK WORKERS
PENSION PLAN**

FINANCIAL REPORT

DECEMBER 31, 2015 and 2014

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, 2015, 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, 2015 and 2014, 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, 2015 and 2014, 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 for the years ended December 31, 2015 and 2014, assets (held at end of year) as of December 31, 2015 and schedules of reportable transactions for the year ended December 31, 2015 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
July 21, 2016

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Investments, at fair market value:		
Interest-bearing cash	\$ 145,076	\$ 151,501
Money market funds	138,714	136,065
Mutual funds	6,422,536	7,253,047
U.S. Government securities	660,435	709,593
Corporate bonds	<u>990,868</u>	<u>1,019,892</u>
Total investments	8,357,629	9,270,098
Receivables:		
Accrued investment interest	17,472	16,531
Fixed assets:		
Furniture and fixtures, at cost	75,748	75,748
Less: accumulated depreciation	<u>(73,848)</u>	<u>(73,432)</u>
Fixed assets, net	1,900	2,316
Notes receivable	<u>9,327,085</u>	<u>8,046,901</u>
Total assets	17,704,086	17,335,846
<u>LIABILITIES</u>		
Accounts payable	<u>9,513</u>	<u>5,010</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$17,694,573</u>	<u>\$17,330,836</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, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS (DEDUCTIONS)		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (50,291)	\$ 471,746
Interest and dividends	<u>194,385</u>	<u>168,900</u>
	144,094	640,646
Less: investment management fees	<u>(26,197)</u>	<u>(26,148)</u>
Net investment income	117,897	614,498
Net present value adjustment - notes receivable (Note 2)	<u>1,524,648</u>	<u>163,408</u>
Total additions	1,642,545	777,906
DEDUCTIONS		
Benefits paid directly to participants	1,190,947	1,188,137
Administrative expenses	<u>87,861</u>	<u>81,016</u>
Total deductions	<u>1,278,808</u>	<u>1,269,153</u>
NET INCREASE (DECREASE)	363,737	(491,247)
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	<u>17,330,836</u>	<u>17,822,083</u>
END OF YEAR	<u>\$17,694,573</u>	<u>\$17,330,836</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 covered 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.

In 2015, the Plan was restated to incorporate all amendments in a single document.

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 annuity options, which guarantee payment of benefits during the life of the participant (and, if applicable, 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)

New Accounting Pronouncements:

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965)*. The Plan elected early adoption of this pronouncement, which changed certain investment disclosure requirements. As such, the Plan is no longer required to (1) disclose individual investments that represent 5% or more of net assets available for benefits; (2) disclose the net appreciation or depreciation for investments by general type; or (3) disaggregate investments by anything other than general type within the fair value hierarchy. These changes have been applied retrospectively to the financial statements.

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 6 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 (depreciation) 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 \$417 for the years ended December 31, 2015 and 2014, respectively.

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. For the last three quarters of 2015, and all four quarters of 2016, one employer has been 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.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Notes Receivable (Continued):

2016	\$ 241,120
2017	254,496
2018	254,496
2019	254,496
2020	254,496
Thereafter	<u>8,067,981</u>
Total	<u>\$9,327,085</u>

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, 2015 and 2014, a present value was calculated by the Plan's actuary, and is based on the PBGC interest rates as of December 31, 2015 and 2014 (2.46% and 3.10%, respectively, for the first 20 years, and 2.98% and 3.29%, 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, and changes therein. 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 termination date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Bolton Partners, Inc. 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.

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):

The significant actuarial assumptions used in the valuation as of January 1, 2015 and 2014 were selected as prescribed in the Pension Benefit Guaranty Corporation ("PBGC") regulations for terminating multiemployer plans, and can be summarized as follows:

- (a) Life expectancy of participants: 1994 Uninsured Pensioners mortality table (sex-specific) projected using Scale AA from 1994 to 2024 (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: 3.10% (3.00% in 2014)
After 20 years: 3.29% (3.31% in 2014)
- (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:	
	<u>January 1, 2015</u>	<u>January 1, 2014</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$15,942,082	\$15,409,955
Other vested benefits	<u>12,064,778</u>	<u>13,988,060</u>
Total vested benefits	28,006,860	29,398,015
Nonvested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$28,006,860</u>	<u>\$29,398,015</u>

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):

The accumulated plan benefits changed between valuation dates as follows:

	<u>January 1, 2015</u>
Total actuarial present value of accumulated plan benefits at January 1, 2014	\$29,398,015
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	(823,190)
Interest	864,118
Benefits paid	(1,188,137)
Changes in actuarial assumptions	<u>(243,946)</u>
Total actuarial present value of accumulated plan benefits at January 1, 2015	<u><u>\$28,006,860</u></u>

Payment of Benefits:

Benefit payments made to participants are recorded upon distribution.

Subsequent Events:

The Plan has evaluated subsequent events through July 21, 2016, 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 scheduled payments of 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.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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.
- 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. 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.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Fair Value Measurements (Continued)

- 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 2014 to 2015. 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, 2015 and 2014. 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 approximates fair value.

	Level 1	Level 2	Level 3	Total
December 31, 2015:				
Interest-bearing cash	\$ 145,076	\$ -	\$ -	\$ 145,076
Money market funds	138,714	-	-	138,714
Mutual funds	6,422,536	-	-	6,422,536
U.S Government securities	-	660,435	-	660,435
Corporate bonds	-	990,868	-	990,868
Total	<u>\$6,706,326</u>	<u>\$1,651,303</u>	<u>\$ -</u>	<u>\$8,357,629</u>

	Level 1	Level 2	Level 3	Total
December 31, 2014:				
Interest-bearing cash	\$ 151,501	\$ -	\$ -	\$ 151,501
Money market funds	136,065	-	-	136,065
Mutual funds	7,253,047	-	-	7,253,047
U.S. Government securities	-	709,593	-	709,593
Corporate bonds	-	1,019,892	-	1,019,892
Total	<u>\$7,540,613</u>	<u>\$1,729,485</u>	<u>\$ -</u>	<u>\$9,270,098</u>

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. 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, 2015, 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 2012.

Note 8. 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 \$8,060 and \$7,893 for the years ended December 31, 2015 and 2014, respectively.

Teamsters Union Local 1164 ("Local Union") is a related party to the Plan. Total payments received by the Plan from this employer were \$10,300 in 2015 and 2014.

In addition, the Local Union provides various administrative services and rents office space to the Plan. The office lease is \$1,259 per month and expires September 30, 2018. Rent was \$15,108 in 2015 and 2014. Likewise, the Local Union provides administration for the Plan which amounted to \$19,453 and \$21,864 for the years ended December 31, 2015 and 2014, respectively. These amounts are included in administrative expenses.

Note 9. Concentrations

As of December 31, 2015 and 2014, two employers accounted for approximately 96% of notes receivable due to the Plan.

Note 10. 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, employee demographics, and the ability of the employers to make their note payments into perpetuity, 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, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Administrative expense and rent	\$34,561	\$36,972
Actuarial fees	18,175	19,203
Accounting and auditing fees	16,349	15,028
Pension benefit guarantee premium	7,358	3,528
Fiduciary liability insurance	4,437	3,845
Legal fees	2,742	1,091
Filing fee	2,000	-
Office expense	1,047	878
Computer related expenses	775	-
Depreciation	417	417
Meetings	<u>-</u>	<u>54</u>
Total administrative expenses	<u>\$87,861</u>	<u>\$81,016</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 - Aggregate Transactions

Year Ended December 31, 2015

(a)	(b)		(c)	(d)	(f)	(f)	(g)		(i)
Asset Number	Asset Description	Purchase Cost/	Broker				Previous		Net Gain/Loss
Tran Type	Settle Dt	Units/Par	Sale Proceeds	Commission	Other Expense	Book Value	Annual Market		on Market
7495200P8	EB SHORT TERM INVESTMENT FUND								
Sale	01/02/2015	-100,792.4800	100,792.48	0.00	0.00	-100,792.48	-100,792.48		0.00
Purchase	01/23/2015	101,000.0000	101,000.00	0.00	0.00	101,000.00	101,000.00		0.00
Sale	02/02/2015	-100,791.1900	100,791.19	0.00	0.00	-100,791.19	-100,791.19		0.00
Purchase	02/19/2015	1,073.9400	1,073.94	0.00	0.00	1,073.94	1,073.94		0.00
Sale	03/02/2015	-720.6200	720.62	0.00	0.00	-720.62	-720.62		0.00
Purchase	03/03/2015	343.8700	343.87	0.00	0.00	343.87	343.87		0.00
Sale	03/04/2015	-343.8700	343.87	0.00	0.00	-343.87	-343.87		0.00
Purchase	03/11/2015	1,381.8000	1,381.80	0.00	0.00	1,381.80	1,381.80		0.00
Sale	04/01/2015	-7,204.2900	7,204.29	0.00	0.00	-7,204.29	-7,204.29		0.00
Purchase	04/10/2015	137.1700	137.17	0.00	0.00	137.17	137.17		0.00
Purchase	04/28/2015	70,000.0000	70,000.00	0.00	0.00	70,000.00	70,000.00		0.00
Purchase	04/30/2015	30,459.9300	30,459.93	0.00	0.00	30,459.93	30,459.93		0.00
Sale	05/01/2015	-97,240.0100	97,240.01	0.00	0.00	-97,240.01	-97,240.01		0.00
Purchase	05/28/2015	50,000.0000	50,000.00	0.00	0.00	50,000.00	50,000.00		0.00
Sale	06/01/2015	-48,710.7000	48,710.70	0.00	0.00	-48,710.70	-48,710.70		0.00
Purchase	06/18/2015	48.8800	48.88	0.00	0.00	48.88	48.88		0.00
Purchase	07/01/2015	1,318.4100	1,318.41	0.00	0.00	1,318.41	1,318.41		0.00
Purchase	07/28/2015	100,000.0000	100,000.00	0.00	0.00	100,000.00	100,000.00		0.00
Sale	08/03/2015	-98,855.4400	98,855.44	0.00	0.00	-98,855.44	-98,855.44		0.00
Purchase	08/28/2015	100,000.0000	100,000.00	0.00	0.00	100,000.00	100,000.00		0.00
Sale	09/01/2015	-98,853.8400	98,853.84	0.00	0.00	-98,853.84	-98,853.84		0.00
Purchase	09/30/2015	95,000.0000	95,000.00	0.00	0.00	95,000.00	95,000.00		0.00
Sale	10/01/2015	-99,781.0200	99,781.02	0.00	0.00	-99,781.02	-99,781.02		0.00
Purchase	10/30/2015	95,142.6200	95,142.62	0.00	0.00	95,142.62	95,142.62		0.00
Sale	11/02/2015	-99,781.1800	99,781.18	0.00	0.00	-99,781.18	-99,781.18		0.00
Purchase	11/18/2015	343.8700	343.87	0.00	0.00	343.87	343.87		0.00
Sale	11/19/2015	-343.8700	343.87	0.00	0.00	-343.87	-343.87		0.00

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, 2015

(a) (b)		(c) (d)		(f)	(f)	(g)	(i)	
Asset Number	Asset Description	Purchase Cost/	Broker			Previous	Net Gain/Loss	
Tran Type	Settle Dt	Units/Par	Sale Proceeds	Commission	Other Expense	Book Value	Annual Market	on Market
Purchase	11/24/2015	100,000.0000	100,000.00	0.00	0.00	100,000.00	100,000.00	0.00
Sale	12/01/2015	-99,778.4400	99,778.44	0.00	0.00	-99,778.44	-99,778.44	0.00
Purchase	12/08/2015	2,165.8900	2,165.89	0.00	0.00	2,165.89	2,165.89	0.00
Sale	12/09/2015	-2,165.8900	2,165.89	0.00	0.00	-2,165.89	-2,165.89	0.00
Purchase	12/29/2015	101,089.7300	101,089.73	0.00	0.00	101,089.73	101,089.73	0.00
14 Issue Sales								
18 Issue Purchases								
314A00066 FEDERATED PRIME CASH OBLIGATIONS FUND INSTITUTIONAL SHARE								
Purchase	01/02/2015	557.7700	557.77	0.00	0.00	557.77	557.77	0.00
Sale	01/09/2015	-6,958.1700	6,958.17	0.00	0.00	-6,958.17	-6,958.17	0.00
Purchase	01/14/2015	822.5000	822.50	0.00	0.00	822.50	822.50	0.00
Purchase	01/15/2015	735.8400	735.84	0.00	0.00	735.84	735.84	0.00
Purchase	01/20/2015	108,016.3200	108,016.32	0.00	0.00	108,016.32	108,016.32	0.00
Purchase	01/26/2015	2,978.2600	2,978.26	0.00	0.00	2,978.26	2,978.26	0.00
Purchase	01/27/2015	82.5000	82.50	0.00	0.00	82.50	82.50	0.00
Purchase	02/02/2015	3,350.5900	3,350.59	0.00	0.00	3,350.59	3,350.59	0.00
Purchase	02/09/2015	593.7500	593.75	0.00	0.00	593.75	593.75	0.00
Sale	02/13/2015	-99,793.7500	99,793.75	0.00	0.00	-99,793.75	-99,793.75	0.00
Purchase	02/17/2015	8,119.8400	8,119.84	0.00	0.00	8,119.84	8,119.84	0.00
Purchase	02/25/2015	2,189.1400	2,189.14	0.00	0.00	2,189.14	2,189.14	0.00
Purchase	03/02/2015	2,239.9500	2,239.95	0.00	0.00	2,239.95	2,239.95	0.00
Purchase	03/11/2015	570.0000	570.00	0.00	0.00	570.00	570.00	0.00
Purchase	03/13/2015	12.1900	12.19	0.00	0.00	12.19	12.19	0.00
Purchase	03/16/2015	1,074.0900	1,074.09	0.00	0.00	1,074.09	1,074.09	0.00
Purchase	03/25/2015	2,078.1200	2,078.12	0.00	0.00	2,078.12	2,078.12	0.00

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, 2015

(a) (b)		(c) (d)		(f)	(f)	(g)	(i)	
Asset Number	Asset Description	Purchase Cost/	Broker			Previous	Net Gain/Loss	
Tran Type	Settle Dt	Units/Par	Sale Proceeds	Commission	Other Expense	Book Value	Annual Market	on Market
Purchase	04/01/2015	1.6900	1.69	0.00	0.00	1.69	1.69	0.00
Purchase	04/13/2015	13.8600	13.86	0.00	0.00	13.86	13.86	0.00
Purchase	04/15/2015	650.2100	650.21	0.00	0.00	650.21	650.21	0.00
Purchase	04/23/2015	378.0000	378.00	0.00	0.00	378.00	378.00	0.00
Purchase	04/27/2015	3,167.9900	3,167.99	0.00	0.00	3,167.99	3,167.99	0.00
Purchase	04/30/2015	945.0000	945.00	0.00	0.00	945.00	945.00	0.00
Purchase	05/01/2015	16,669.2300	16,669.23	0.00	0.00	16,669.23	16,669.23	0.00
Purchase	05/04/2015	258.7500	258.75	0.00	0.00	258.75	258.75	0.00
Purchase	05/13/2015	13.7500	13.75	0.00	0.00	13.75	13.75	0.00
Purchase	05/15/2015	1,013.9600	1,013.96	0.00	0.00	1,013.96	1,013.96	0.00
Purchase	05/18/2015	931.2500	931.25	0.00	0.00	931.25	931.25	0.00
Purchase	05/20/2015	446.8800	446.88	0.00	0.00	446.88	446.88	0.00
Purchase	05/21/2015	546.2500	546.25	0.00	0.00	546.25	546.25	0.00
Purchase	05/26/2015	2,788.7100	2,788.71	0.00	0.00	2,788.71	2,788.71	0.00
Purchase	06/01/2015	684.5700	684.57	0.00	0.00	684.57	684.57	0.00
Purchase	06/15/2015	618.9400	618.94	0.00	0.00	618.94	618.94	0.00
Purchase	06/19/2015	164.0000	164.00	0.00	0.00	164.00	164.00	0.00
Purchase	06/25/2015	2,403.1500	2,403.15	0.00	0.00	2,403.15	2,403.15	0.00
Purchase	07/01/2015	546.8800	546.88	0.00	0.00	546.88	546.88	0.00
Purchase	07/13/2015	14.2100	14.21	0.00	0.00	14.21	14.21	0.00
Purchase	07/14/2015	822.5000	822.50	0.00	0.00	822.50	822.50	0.00
Purchase	07/15/2015	735.8400	735.84	0.00	0.00	735.84	735.84	0.00
Purchase	07/27/2015	3,663.9800	3,663.98	0.00	0.00	3,663.98	3,663.98	0.00
Purchase	08/03/2015	21,353.6100	21,353.61	0.00	0.00	21,353.61	21,353.61	0.00
Purchase	08/10/2015	593.7500	593.75	0.00	0.00	593.75	593.75	0.00
Purchase	08/13/2015	221.0400	221.04	0.00	0.00	221.04	221.04	0.00
Purchase	08/14/2015	315.0000	315.00	0.00	0.00	315.00	315.00	0.00

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, 2015

(a) (b)		(c) (d)		(f)	(f)	(g)	(i)	
Asset Number	Asset Description	Purchase Cost/	Broker			Previous	Net Gain/Loss	
Tran Type	Settle Dt	Units/Par	Sale Proceeds	Commission	Other Expense	Book Value	Annual Market	on Market
Purchase	08/17/2015	7,804.8400	7,804.84	0.00	0.00	7,804.84	7,804.84	0.00
Purchase	08/25/2015	2,624.2000	2,624.20	0.00	0.00	2,624.20	2,624.20	0.00
Purchase	09/01/2015	2,246.0300	2,246.03	0.00	0.00	2,246.03	2,246.03	0.00
Purchase	09/11/2015	570.0000	570.00	0.00	0.00	570.00	570.00	0.00
Purchase	09/14/2015	15.3700	15.37	0.00	0.00	15.37	15.37	0.00
Purchase	09/15/2015	1,085.4300	1,085.43	0.00	0.00	1,085.43	1,085.43	0.00
Purchase	09/25/2015	2,099.6100	2,099.61	0.00	0.00	2,099.61	2,099.61	0.00
Purchase	09/28/2015	34,090.1600	34,090.16	0.00	0.00	34,090.16	34,090.16	0.00
Purchase	10/01/2015	9.8200	9.82	0.00	0.00	9.82	9.82	0.00
Purchase	10/13/2015	15.9500	15.95	0.00	0.00	15.95	15.95	0.00
Purchase	10/15/2015	650.2100	650.21	0.00	0.00	650.21	650.21	0.00
Purchase	10/23/2015	378.0000	378.00	0.00	0.00	378.00	378.00	0.00
Sale	10/26/2015	-31,481.4700	31,481.47	0.00	0.00	-31,481.47	-31,481.47	0.00
Purchase	11/02/2015	2,231.5600	2,231.56	0.00	0.00	2,231.56	2,231.56	0.00
Purchase	11/04/2015	258.7500	258.75	0.00	0.00	258.75	258.75	0.00
Purchase	11/13/2015	15.6600	15.66	0.00	0.00	15.66	15.66	0.00
Purchase	11/16/2015	1,945.2100	1,945.21	0.00	0.00	1,945.21	1,945.21	0.00
Purchase	11/20/2015	446.8800	446.88	0.00	0.00	446.88	446.88	0.00
Purchase	11/23/2015	546.2500	546.25	0.00	0.00	546.25	546.25	0.00
Sale	11/24/2015	-100,000.0000	100,000.00	0.00	0.00	-100,000.00	-100,000.00	0.00
Purchase	11/25/2015	2,261.6900	2,261.69	0.00	0.00	2,261.69	2,261.69	0.00
Purchase	11/30/2015	296.0000	296.00	0.00	0.00	296.00	296.00	0.00
Purchase	12/01/2015	394.1200	394.12	0.00	0.00	394.12	394.12	0.00
Sale	12/08/2015	-18,129.6200	18,129.62	0.00	0.00	-18,129.62	-18,129.62	0.00
Purchase	12/14/2015	15.0600	15.06	0.00	0.00	15.06	15.06	0.00
Purchase	12/15/2015	615.6900	615.69	0.00	0.00	615.69	615.69	0.00
Purchase	12/17/2015	377.4900	377.49	0.00	0.00	377.49	377.49	0.00

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, 2015

(a) (b)		(c) (d)	(f)	(f)	(g)	(i)		
Asset Number	Asset Description	Purchase Cost/	Broker					
Tran Type	Settle Dt	Units/Par	Sale Proceeds	Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Sale	12/18/2015	-1,658.8600	1,658.86	0.00	0.00	-1,658.86	-1,658.86	0.00
Purchase	12/21/2015	164.0000	164.00	0.00	0.00	164.00	164.00	0.00
Purchase	12/28/2015	2,287.1100	2,287.11	0.00	0.00	2,287.11	2,287.11	0.00

Cleveland Soft Drink Workers Pension Plan (2015)

EIN: 34-6613099

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

The \$1,524,648 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 (2015)

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 2015:

1. The Cleveland Coca-Cola Bottling Co., Inc.: \$142,820
2. The Distillata Company: \$91,344
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 2015 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, 2015

(b)	(a)	(c)	(e)	(d)		
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
INTERNATIONAL BUSINESS MACHS DEB DTD 10/30/95 7.000% DUE 10/30/25 1036579.5	459200AM3 5.46% 27,000.0000	128.262 34,630.74	Level2 0.42%	 135.41 320.25	 36,561.78 35,607.87	 -1,931.04 -977.13
JOHNSON & JOHNSON NOTE DTD 08/16/07 5.55% DUE 08/15/17 1036579.5	478160A07 5.19% 30,000.0000	106.941 32,082.30	Level2 0.39%	 123.94 629.00	 37,181.10 33,397.50	 -5,098.80 -1,315.20
JPMORGAN CHASE & CO NOTE DTD 04/23/09 6.30% DUE 04/23/19 1036579.5	46625HHL7 5.62% 12,000.0000	112.130 13,455.60	Level2 0.16%	 116.37 142.80	 13,964.40 13,938.96	 -508.80 -483.36
KIMBERLY-CLARK CORP SENIOR NT DTD 11/04/08 7.50% DUE 11/01/18 1036579.5	494368BD4 6.47% 30,000.0000	115.862 34,758.60	Level2 0.42%	 134.78 375.00	 40,433.70 36,046.20	 -5,675.10 -1,287.60
METLIFE INC SENIOR BD DTD 08/06/10 4.75% DUE 02/08/21 1036579.5	59156RAX6 4.34% 25,000.0000	109.453 27,363.25	Level2 0.33%	 111.21 471.70	 27,802.25 27,942.75	 -439.00 -579.50
NATIONAL RURAL UTIL COOP FIN DEB DTD 01/28/14 1.10% DUE 01/27/17 1036579.5	637432MW2 1.10% 15,000.0000	99.993 14,998.95	Level2 0.18%	 100.13 70.58	 15,019.95 14,949.60	 -21.00 49.35

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, 2015

(b)	(a)	(c)	(e)		(d)	
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
NORTHERN TRUST CORP SENIOR NT DTD 11/04/10 3.45% DUE 11/04/20 1036579.5	665859AL8 3.30% 15,000.0000	104.507 15,676.05	Level2 0.19%	106.01 81.94	15,902.00 15,863.55	-225.95 -187.50
PECO ENERGY CO DEB DTD 03/03/08 5.35% DUE 03/01/18 1036579.5	693304AL1 4.98% 35,000.0000	107.448 37,606.80	Level2 0.46%	118.94 624.17	41,627.95 38,972.15	-4,021.15 -1,365.35
PEPSICO INC SENIOR NT DTD 08/13/12 1.25% DUE 08/13/17 1036579.5	713448CB2 1.25% 33,000.0000	100.029 33,009.57	Level2 0.40%	99.95 158.13	32,983.17 32,935.98	26.40 73.59
PNC BANK N A MED TERM BK NT DTD 07/25/13 3.80% DUE 07/25/23 1036579.5	69349LAM0 3.68% 22,000.0000	103.133 22,689.26	Level2 0.28%	103.03 362.27	22,665.94 22,677.60	23.32 11.66
PNC BANK NA MED TERM NT DTD 10/22/2012 2.70000% DUE 11/1/2022 1036579.5	69349LAG3 2.78% 11,000.0000	97.264 10,699.04	Level2 0.13%	96.17 49.50	10,578.81 10,534.26	120.23 164.78
PROCTER & GAMBLE CO NOTE DTD 02/06/09 4.70% DUE 02/15/19 1036579.5	742718DN6 4.31% 28,000.0000	108.960 30,508.80	Level2 0.37%	111.60 497.16	31,247.44 31,178.56	-738.64 -669.76

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, 2015

(b)	(a)	(c)	(e)		(d)	
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
PRUDENTIAL FINANCIAL INC MED TERM NT DTD 08/15/13 2.30% DUE 08/15/18 1036579.5	74432QBW4 2.28% 14,000.0000	100.714 14,099.96	Level2 0.17%	101.20 121.64	14,167.58 14,161.98	-67.62 -62.02
PUBLIC SERVICE COLORADO NOTE DTD 3/26/2013 2.50000% DUE 3/15/2023 1036579.5	744448CH2 2.57% 38,000.0000	97.427 37,022.26	Level2 0.45%	97.67 279.72	37,115.36 37,036.70	-93.10 -14.44
STATE STREET BANK & TRUST CO SUB NT DTD 09/24/03 5.25% DUE 10/15/18 1036579.5	857449AB8 4.84% 14,000.0000	108.509 15,191.26	Level2 0.18%	114.81 155.17	16,073.40 15,622.18	-882.14 -430.92
SUNTRUST BANKS INC SENIOR NT DTD 09/10/07 6.00% DUE 09/11/17 1036579.5	867914AZ6 5.65% 19,000.0000	106.225 20,182.75	Level2 0.25%	113.30 348.33	21,526.43 21,062.26	-1,343.68 -879.51
TARGET CORP SENIOR DEB DTD 6/26/2014 3.50000% DUE 7/1/2024 1036579.5	87612EBD7 3.37% 31,000.0000	103.767 32,167.77	Level2 0.39%	104.13 542.50	32,279.37 32,183.27	-111.60 -15.50
UNITED PARCEL SERVICE INC SENIOR BD DTD 11/12/10 3.125% DUE 01/15/21 1036579.5	911312AM8 3.01% 29,000.0000	103.962 30,148.98	Level2 0.37%	107.08 417.88	31,054.36 30,249.32	-905.38 -100.34

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, 2015

(b)	(a)	(c)	(e)		(d)	
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
UNITED TECHNOLOGIES CORP SENIOR NT DTD 12/18/08 6.125% DUE 02/01/19 1036579.5	913017BQ1 5.49% 27,000.0000	111.518 30,109.86	Level2 0.37%	 116.85 689.06	 31,550.58 31,347.54	 -1,440.72 -1,237.68
US BANCORP MED TERM BK NT DTD 11/03/11 2.20% DUE 11/15/16 1036579.5	91159HHB9 2.18% 20,000.0000	100.964 20,192.80	Level2 0.25%	 102.80 56.22	 20,560.80 20,409.20	 -368.00 -216.40
US BANK N A MED TERM BK NT DTD 10/28/2014 2.12500% DUE 10/28/2019 1036579.5	90331HML4 2.13% 18,000.0000	99.924 17,986.32	Level2 0.22%	 100.48 66.94	 18,087.12 18,087.12	 -100.80 -100.80
WALT DISNEY CO MED TERM NT SER F DTD 6/2/2014 1.85000% DUE 5/30/2019 1036579.5	25468PDA1 1.85% 32,000.0000	100.155 32,049.60	Level2 0.39%	 99.49 50.98	 31,835.84 31,850.24	 213.76 199.36
Total Corporate Bonds		868,833.99	10.58%	N/A 9,794.84	897,965.75 886,339.69	-29,131.76 -17,505.70
Corporate Mortgage Back						
CAPITAL ONE MULTI-ASSET EXECUTION TR ABS 2007-A7 SFT BLT MAT 9/15/17 DTD 09/28/07 5.75% DUE 07/15/20 1036579.5	14041NDX6 5.38% 59,000.0000	106.876 63,057.08	Level2 0.77%	 121.13 150.78	 71,463.75 65,641.87	 -8,406.67 -2,584.79

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, 2015

(b)	(a)	(c)	(e)		(d)	
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
CENTERPOINT ENERGY RES BOND CO LLC ABS SEQ PYR 2009-1 A3 DTD 11/25/2009 4.24300% DUE 8/15/2023 1036579.5	15200NAC9 3.87%	109.561	Level2			
	30,000.0000	32,868.21	0.40%	111.52 480.87	33,454.69 33,454.69	-586.48 -586.48
CENTERPOINT ENERGY TRANS BD CO ABS SEQ PYR 2008-A A2 DTD 02/12/08 5.234% DUE 02/01/23 1036579.5	15200MAB3 4.81%	108.788	Level2			
	24,000.0000	26,109.12	0.32%	112.00 523.40	26,880.00 26,635.15	-770.88 -526.03
Total Corporate Mortgage Back		122,034.41	1.49%	N/A 1,155.05	131,798.44 125,731.71	-9,764.03 -3,697.30
Government Mortgage Back						
FANNIE MAE POOL AS3834 DTD 10/1/2014 2.50000% DUE 11/1/2029 1036579.5	3138WDHL8 2.48%	100.906	Level2			
	34,603.9936	34,917.59	0.43%	101.88 72.09	35,252.82 35,274.44	-335.23 -356.85
FANNIE MAE POOL AK3264 DTD 02/01/12 3.00% DUE 02/01/27 1036579.5	3138E7TW4 2.90%	103.547	Level2			
	96,142.3400	99,552.39	1.21%	105.92 240.36	101,831.24 100,198.34	-2,278.85 -645.95
SLC STUDENT LOAN TRUST ABS 2008-1 A4A DTD 03/28/08 FL RT% DUE 12/15/32 1036579.5	78444LAD5 1.86%	100.623	Level2			
	67,622.5102	68,043.93	0.83%	102.75 58.87	69,482.13 70,395.10	-1,438.20 -2,351.17

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
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December 31, 2015

(b)	(a)	(c)	(e)		(d)	
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Total Government Mortgage Back		202,513.91	2.47%	N/A 371.32	206,566.19 205,867.88	-4,052.28 -3,353.97
Treasuries						
UNITED STATES TREAS BDS DTD 08/15/95 6.875% DUE 08/15/25 1036579.5	912810EV6 4.91% 37,000.0000	140.035 51,812.95	Level2 0.63%	 152.94 960.82	 56,586.88 53,462.04	 -4,773.93 -1,649.09
UNITED STATES TREAS BDS DTD 8/15/2014 3.12500% DUE 8/15/2044 1036579.5	912810RH3 3.06% 130,000.0000	102.199 132,858.70	Level2 1.62%	 101.39 1,534.48	 131,807.81 139,952.80	 1,050.89 -7,094.10
UNITED STATES TREAS NTS DTD 02/16/10 3.625% DUE 02/15/20 1036579.5	912828MP2 3.36% 110,000.0000	107.859 118,644.90	Level2 1.44%	 109.88 1,506.15	 120,862.50 120,605.10	 -2,217.60 -1,960.20
UNITED STATES TREAS NTS DTD 08/15/11 2.125% DUE 08/15/21 1036579.5	912828RC6 2.10% 54,000.0000	101.184 54,639.36	Level2 0.67%	 102.17 433.43	 55,171.83 54,637.20	 -532.47 2.16
Total Treasuries		357,955.91	4.36%	N/A 4,434.88	364,429.02 368,657.14	-6,473.11 -10,701.23
US Government Agency						
FEDERAL FARM CR BANKS DEB DTD 2/13/2015 FL RT% DUE 7/13/2016 1036579.5	3133EPPV6 0.16% 100,000.0000	99.965 99,965.00	Level2 1.22%	 100.00 9.23	 100,000.00 100,000.00	 -35.00 -35.00
Total US Government Agency		99,965.00	1.22%	N/A 9.23	100,000.00 100,000.00	-35.00 -35.00

CLEVELAND SOFT DRINK WORKERS PENSION PLAN
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December 31, 2015

(b)	(a)	(c)	(e)		(d)	
Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Mutual Funds						
METROPOLITAN WEST T/R BOND FD OPEN-END FUND CL I 1036579.4	592905509 1.79% 145,613.5640	10.620 1,546,416.05	Level2 18.83%	 10.90 0.00	1,586,748.85 1,586,739.21	-40,332.80 -40,323.16
Total Mutual Funds		1,546,416.05	18.83%	N/A 0.00	1,586,748.85 1,586,739.21	-40,332.80 -40,323.16
Total Fixed Income		3,197,719.27	38.94%	N/A 15,765.32	3,287,508.25 3,273,335.63	-89,788.98 -75,616.36
Cash and Cash Equivalents						
Cash						
US DOLLAR CURRENCY 1036579.3	USD 0.00% 7,208.7300	1.000 7,208.73	Level n/a 0.09%	 1.00 0.00	7,208.73 7,208.73	0.00 0.00
Total Cash		7,208.73	0.09%	N/A 0.00	7,208.73 7,208.73	0.00 0.00
Money Market Funds						
EB SHORT TERM INVESTMENT FUND 1036579.6	7495200P8 0.20% 108,621.0100	1.000 108,621.01	Level n/a 1.32%	 1.00 4.48	108,621.01 108,621.01	0.00 0.00
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES 1036579.2	3140000V3 0.01% 10,815.3800	1.000 10,815.38	Level n/a 0.13%	 1.00 0.00	10,815.38 10,815.38	0.00 0.00
FEDERATED PRIME CASH OBLIGATIONS FUND INSTITUTIONAL SHARE	314A00066 0.03%	1.000	Level n/a			

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1036579.5	12,068.8200	12,068.82	0.15%	1.00 2.16	12,068.82 12,068.82
Total Money Market Funds		131,505.21	1.60%	N/A 6.64	131,505.21 131,505.21
Total Cash and Cash Equivalents		138,713.94	1.69%	N/A 6.64	138,713.94 138,713.94
Net Holdings		8,212,553.59	2.00%	N/A 17,472.50	7,422,770.76 8,282,713.48
Total Holdings Principal Assets		\$8,212,553.59	100.00%	N/A \$17,472.50	\$7,422,770.76 \$8,282,713.48
Total Holdings		\$8,212,553.59			\$7,422,770.76 \$789,782.83
INTEREST-BEARING CASH					
* KEYBANK ADMINISTRATIVE CHECKING		145,076.21			145,076.21
TOTAL INVESTMENTS HELD BY PLAN		8,357,629.80			7,567,846.97

* REPRESENTS A PARTY IN INTEREST