

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here.		☒
D	Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ special extension (enter description)	☐ the DFVC program

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) ▶ <u>001</u>
		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.	07/23/2019	ROBERTO PARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2019	MICHAEL D'AMICO
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

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 44109-1668	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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 271
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 0 6b 102 6c 124 6d 226 6e 39 6f 265 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
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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) ☐ 0 **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)

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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 disclosures on eligible indirect compensation

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

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

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	24336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDCO CONSULTING

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 ☐

(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	12420	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	11150	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	7150	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	0.98% 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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan CLEVELAND SOFT DRINK WORKERS PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES OF C.S.D.W PENSION	D Employer Identification Number (EIN) 34-6613099	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
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)	14188	15122
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	304246	256095
	(2) U.S. Government securities	1c(2)	527124	664771
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	960842	842794
	(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)	5908208	4684189
	(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	3484	4368
f Total assets (add all amounts in lines 1a through 1e)	1f	7718092	6467339

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	11677	6069
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11677	6069

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7706415	6461270
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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)	1445	
(B) U.S. Government securities	2b(1)(B)	15701	
(C) Corporate debt instruments	2b(1)(C)	25012	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	258235	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		300393
(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)	102102	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		102102
(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)	-39918	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-39918

		(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)		-251215
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		111362

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1247753	
(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)		1247753
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)	29103	
(2) Contract administrator fees.....	2i(2)	26341	
(3) Investment advisory and management fees.....	2i(3)	24770	
(4) Other	2i(4)	28540	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		108754
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1356507

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1245145
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4184887. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1784820</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**CLEVELAND SOFT DRINK WORKERS
PENSION PLAN**

**FINANCIAL REPORT
(MODIFIED CASH BASIS)**

DECEMBER 31, 2018 and 2017

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, 2018, 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 (modified cash basis) as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis of accounting; 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, 2018 and 2017, and the changes in its net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of presentation. The financial statements are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our conclusion is not modified with respect to this matter.

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, 2018 and 2017, assets (held at end of year) as of December 31, 2018 and schedules of reportable transactions for the year ended December 31, 2018 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.

A handwritten signature in black ink that reads "Maloney + Novotny LLC". The script is cursive and fluid, with the letters "M", "N", and "L" being particularly large and stylized.

Cleveland, Ohio
July 18, 2019

**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, 2018

(a) (b)		(c) (d) (h)	(f)	(f)	(g)	(i)	
Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Tran Type	Settle Dt	Units/Par					
3140000V3	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES						
Purchase	01/02/2018	0.7500	0.75	0.00	0.75	0.75	0.00
Purchase	01/02/2018	556.8000	556.80	0.00	556.80	556.80	0.00
Sale	01/02/2018	-103,921.5000	103,921.50	0.00	-103,921.50	-103,921.50	0.00
Purchase	01/12/2018	149.1800	149.18	0.00	149.18	149.18	0.00
Purchase	01/16/2018	1,275.6300	1,275.63	0.00	1,275.63	1,275.63	0.00
Purchase	01/16/2018	149.1800	149.18	0.00	149.18	149.18	0.00
Purchase	01/18/2018	15,446.2500	15,446.25	0.00	15,446.25	15,446.25	0.00
Purchase	01/22/2018	849.6000	849.60	0.00	849.60	849.60	0.00
Sale	01/24/2018	-149.1800	149.18	0.00	-149.18	-149.18	0.00
Purchase	01/25/2018	342.0000	342.00	0.00	342.00	342.00	0.00
Sale	01/26/2018	-17,300.7500	17,300.75	0.00	-17,300.75	-17,300.75	0.00
Purchase	01/29/2018	150.0000	150.00	0.00	150.00	150.00	0.00
Purchase	01/29/2018	88,000.0000	88,000.00	0.00	88,000.00	88,000.00	0.00
Purchase	02/01/2018	22,857.8300	22,857.83	0.00	22,857.83	22,857.83	0.00
Sale	02/01/2018	-103,974.9400	103,974.94	0.00	-103,974.94	-103,974.94	0.00
Purchase	02/02/2018	4,027.1700	4,027.17	0.00	4,027.17	4,027.17	0.00
Purchase	02/02/2018	958.7000	958.70	0.00	958.70	958.70	0.00
Purchase	02/08/2018	498.7500	498.75	0.00	498.75	498.75	0.00
Sale	02/12/2018	-958.7000	958.70	0.00	-958.70	-958.70	0.00
Purchase	02/13/2018	1.0000	1.00	0.00	1.00	1.00	0.00
Purchase	02/14/2018	241.5000	241.50	0.00	241.50	241.50	0.00
Sale	02/15/2018	-15,790.0600	15,790.06	0.00	-15,790.06	-15,790.06	0.00
Purchase	02/16/2018	958.7000	958.70	0.00	958.70	958.70	0.00
Purchase	02/20/2018	32,836.5800	32,836.58	0.00	32,836.58	32,836.58	0.00
Purchase	02/27/2018	107,521.3800	107,521.38	0.00	107,521.38	107,521.38	0.00
Sale	02/27/2018	-0.7500	0.75	0.00	-0.75	-0.75	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, 2018

		(a) (b)	(c) (d) (h)	(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
3140000V3	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Sale	03/01/2018	-28,453.9800	28,453.98	0.00	0.00	-28,453.98	-28,453.98	0.00
Sale	03/01/2018	-103,536.0800	103,536.08	0.00	0.00	-103,536.08	-103,536.08	0.00
Purchase	03/15/2018	412.5000	412.50	0.00	0.00	412.50	412.50	0.00
Purchase	03/28/2018	6,961.9800	6,961.98	0.00	0.00	6,961.98	6,961.98	0.00
Purchase	03/28/2018	49,801.3300	49,801.33	0.00	0.00	49,801.33	49,801.33	0.00
Purchase	03/29/2018	50,787.7200	50,787.72	0.00	0.00	50,787.72	50,787.72	0.00
Purchase	04/02/2018	0.9300	0.93	0.00	0.00	0.93	0.93	0.00
Purchase	04/02/2018	2,201.2900	2,201.29	0.00	0.00	2,201.29	2,201.29	0.00
Sale	04/02/2018	-103,514.2200	103,514.22	0.00	0.00	-103,514.22	-103,514.22	0.00
Sale	04/03/2018	-6,880.6400	6,880.64	0.00	0.00	-6,880.64	-6,880.64	0.00
Sale	04/03/2018	-51.0000	51.00	0.00	0.00	-51.00	-51.00	0.00
Purchase	04/16/2018	367.5000	367.50	0.00	0.00	367.50	367.50	0.00
Purchase	04/23/2018	378.0000	378.00	0.00	0.00	378.00	378.00	0.00
Purchase	04/25/2018	354.0000	354.00	0.00	0.00	354.00	354.00	0.00
Purchase	04/27/2018	105,000.0000	105,000.00	0.00	0.00	105,000.00	105,000.00	0.00
Purchase	04/30/2018	1,282.0000	1,282.00	0.00	0.00	1,282.00	1,282.00	0.00
Purchase	05/01/2018	0.9100	0.91	0.00	0.00	0.91	0.91	0.00
Purchase	05/01/2018	719.4700	719.47	0.00	0.00	719.47	719.47	0.00
Sale	05/01/2018	-102,619.0900	102,619.09	0.00	0.00	-102,619.09	-102,619.09	0.00
Sale	05/02/2018	-1,032.9600	1,032.96	0.00	0.00	-1,032.96	-1,032.96	0.00
Sale	05/03/2018	-70,755.7100	70,755.71	0.00	0.00	-70,755.71	-70,755.71	0.00
Purchase	05/04/2018	189.7500	189.75	0.00	0.00	189.75	189.75	0.00
Purchase	05/10/2018	153.7500	153.75	0.00	0.00	153.75	153.75	0.00
Purchase	05/15/2018	534.5000	534.50	0.00	0.00	534.50	534.50	0.00
Purchase	05/16/2018	782.2500	782.25	0.00	0.00	782.25	782.25	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, 2018

		(a) (b)	(c) (d) (h)	(f)	(f)	(g)	(i)	
Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market	
Tran Type	Settle Dt	Units/Par						
3140000V3	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Purchase	05/21/2018	446.8800	446.88	0.00	0.00	446.88	446.88	0.00
Purchase	05/23/2018	105,000.0000	105,000.00	0.00	0.00	105,000.00	105,000.00	0.00
Purchase	05/30/2018	259.0000	259.00	0.00	0.00	259.00	259.00	0.00
Purchase	06/01/2018	379.2700	379.27	0.00	0.00	379.27	379.27	0.00
Sale	06/01/2018	-103,630.6600	103,630.66	0.00	0.00	-103,630.66	-103,630.66	0.00
Purchase	06/04/2018	200.0000	200.00	0.00	0.00	200.00	200.00	0.00
Purchase	06/05/2018	616.3100	616.31	0.00	0.00	616.31	616.31	0.00
Purchase	06/28/2018	105,838.6200	105,838.62	0.00	0.00	105,838.62	105,838.62	0.00
Purchase	07/02/2018	7,050.5100	7,050.51	0.00	0.00	7,050.51	7,050.51	0.00
Purchase	07/02/2018	1,251.9000	1,251.90	0.00	0.00	1,251.90	1,251.90	0.00
Sale	07/02/2018	-104,919.0800	104,919.08	0.00	0.00	-104,919.08	-104,919.08	0.00
Sale	07/06/2018	-6,857.2500	6,857.25	0.00	0.00	-6,857.25	-6,857.25	0.00
Purchase	07/16/2018	453.1300	453.13	0.00	0.00	453.13	453.13	0.00
Purchase	07/23/2018	849.6000	849.60	0.00	0.00	849.60	849.60	0.00
Purchase	07/25/2018	342.0000	342.00	0.00	0.00	342.00	342.00	0.00
Purchase	07/26/2018	105,432.6200	105,432.62	0.00	0.00	105,432.62	105,432.62	0.00
Purchase	07/27/2018	150.0000	150.00	0.00	0.00	150.00	150.00	0.00
Purchase	08/01/2018	1.6400	1.64	0.00	0.00	1.64	1.64	0.00
Purchase	08/01/2018	213.9500	213.95	0.00	0.00	213.95	213.95	0.00
Sale	08/01/2018	-105,110.2700	105,110.27	0.00	0.00	-105,110.27	-105,110.27	0.00
Purchase	08/02/2018	3,558.9500	3,558.95	0.00	0.00	3,558.95	3,558.95	0.00
Purchase	08/03/2018	2,355.7300	2,355.73	0.00	0.00	2,355.73	2,355.73	0.00
Purchase	08/08/2018	498.7500	498.75	0.00	0.00	498.75	498.75	0.00
Purchase	08/13/2018	2,174.3500	2,174.35	0.00	0.00	2,174.35	2,174.35	0.00
Purchase	08/14/2018	241.5000	241.50	0.00	0.00	241.50	241.50	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, 2018

		(a) (b)	(c) (d) (h)	(f)	(i)	(g)	(i)	
Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market	
Tran Type	Settle Dt	Units/Par						
3140000V3	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Sale	08/14/2018	-2,174.3500	2,174.35	0.00	0.00	-2,174.35	-2,174.35	0.00
Purchase	08/15/2018	22,472.4500	22,472.45	0.00	0.00	22,472.45	22,472.45	0.00
Purchase	08/17/2018	2,557.7000	2,557.70	0.00	0.00	2,557.70	2,557.70	0.00
Purchase	08/29/2018	101,928.1500	101,928.15	0.00	0.00	101,928.15	101,928.15	0.00
Sale	08/29/2018	-278.0800	278.08	0.00	0.00	-278.08	-278.08	0.00
Purchase	09/04/2018	0.2900	0.29	0.00	0.00	0.29	0.29	0.00
Purchase	09/04/2018	1,529.3400	1,529.34	0.00	0.00	1,529.34	1,529.34	0.00
Sale	09/04/2018	-105,126.9400	105,126.94	0.00	0.00	-105,126.94	-105,126.94	0.00
Purchase	09/17/2018	412.5000	412.50	0.00	0.00	412.50	412.50	0.00
Purchase	09/26/2018	110,000.0000	110,000.00	0.00	0.00	110,000.00	110,000.00	0.00
Purchase	10/01/2018	2,185.0600	2,185.06	0.00	0.00	2,185.06	2,185.06	0.00
Sale	10/01/2018	-103,695.7900	103,695.79	0.00	0.00	-103,695.79	-103,695.79	0.00
Purchase	10/02/2018	6,837.7600	6,837.76	0.00	0.00	6,837.76	6,837.76	0.00
Sale	10/05/2018	-6,783.1600	6,783.16	0.00	0.00	-6,783.16	-6,783.16	0.00
Sale	10/05/2018	-1,877.9600	1,877.96	0.00	0.00	-1,877.96	-1,877.96	0.00
Purchase	10/15/2018	14,367.5000	14,367.50	0.00	0.00	14,367.50	14,367.50	0.00
Purchase	10/23/2018	378.0000	378.00	0.00	0.00	378.00	378.00	0.00
Purchase	10/26/2018	55,000.0000	55,000.00	0.00	0.00	55,000.00	55,000.00	0.00
Purchase	10/29/2018	170.0000	170.00	0.00	0.00	170.00	170.00	0.00
Purchase	10/29/2018	55,431.2700	55,431.27	0.00	0.00	55,431.27	55,431.27	0.00
Purchase	10/30/2018	377.0000	377.00	0.00	0.00	377.00	377.00	0.00
Purchase	10/31/2018	735.0000	735.00	0.00	0.00	735.00	735.00	0.00
Purchase	11/01/2018	1.1100	1.11	0.00	0.00	1.11	1.11	0.00
Purchase	11/01/2018	719.6200	719.62	0.00	0.00	719.62	719.62	0.00
Sale	11/01/2018	-102,105.9800	102,105.98	0.00	0.00	-102,105.98	-102,105.98	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, 2018

(a) (b)		(c) (d) (h)	(f)	(f)	(g)	(i)		
Asset Number	Asset Description	Purchase Cost/ Sale Proceeds	Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market	
Tran Type	Settle Dt	Units/Per						
314000DV3	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Sale	11/02/2018	-11,938.9000	11,938.90	0.00	0.00	-11,938.90	-11,938.90	0.00
Sale	11/05/2018	-15,203.9100	15,203.91	0.00	0.00	-15,203.91	-15,203.91	0.00
Purchase	11/13/2018	153.7500	153.75	0.00	0.00	153.75	153.75	0.00
Purchase	11/15/2018	534.5000	534.50	0.00	0.00	534.50	534.50	0.00
Purchase	11/16/2018	782.2500	782.25	0.00	0.00	782.25	782.25	0.00
Purchase	11/20/2018	446.8800	446.88	0.00	0.00	446.88	446.88	0.00
Purchase	11/27/2018	147.0000	147.00	0.00	0.00	147.00	147.00	0.00
Purchase	11/29/2018	55,000.0000	55,000.00	0.00	0.00	55,000.00	55,000.00	0.00
Purchase	11/30/2018	259.0000	259.00	0.00	0.00	259.00	259.00	0.00
Purchase	11/30/2018	55,669.0700	55,669.07	0.00	0.00	55,669.07	55,669.07	0.00
Purchase	12/03/2018	631.0400	631.04	0.00	0.00	631.04	631.04	0.00
Sale	12/03/2018	-104,178.5200	104,178.52	0.00	0.00	104,178.52	-104,178.52	0.00
Sale	12/13/2018	-10,968.4500	10,968.45	0.00	0.00	-10,968.45	-10,968.45	0.00
Purchase	12/17/2018	12,631.3300	12,631.33	0.00	0.00	12,631.33	12,631.33	0.00
Purchase	12/21/2018	7,161.6800	7,161.68	0.00	0.00	7,161.68	7,161.68	0.00
Purchase	12/27/2018	100,000.0000	100,000.00	0.00	0.00	100,000.00	100,000.00	0.00
Sale	12/27/2018	-6,964.3500	6,964.35	0.00	0.00	-6,964.35	-6,964.35	0.00
Purchase	12/31/2018	771.7500	771.75	0.00	0.00	771.75	771.75	0.00

Cleveland Soft Drink Workers Pension Plan (2018)

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.

Schedule R –

As described above, the Plan is no longer subject to the minimum funding requirements; therefore, Schedule R Part II and Part V were intentionally left blank on the 2018 Form 5500.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)

December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
<u>ASSETS</u>		
Investments, at fair market value:		
Interest-bearing cash	\$ 78,786	\$ 119,539
Money market funds	177,309	184,707
Mutual funds	4,684,189	5,908,208
U.S. Government securities	664,771	527,124
Asset-backed securities	98,180	161,692
Corporate bonds	744,614	799,150
Total investments	<u>6,447,849</u>	<u>7,700,420</u>
Receivables:		
Accrued investment income	15,122	14,188
Fixed assets:		
Furniture and fixtures, at cost	80,323	78,606
Less: accumulated depreciation	<u>(75,955)</u>	<u>(75,122)</u>
Fixed assets, net	<u>4,368</u>	<u>3,484</u>
Total assets	6,467,339	7,718,092
<u>LIABILITIES</u>		
Accounts payable	<u>6,069</u>	<u>11,677</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$6,461,270</u>	<u>\$7,706,415</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
(MODIFIED CASH BASIS)

Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (291,133)	\$ 932,086
Interest and dividends	<u>147,999</u>	<u>154,731</u>
	(143,134)	1,086,817
Less: investment management fees	<u>(24,770)</u>	<u>(24,987)</u>
Net investment income (loss)	(167,904)	1,061,830
Interest on employer withdrawal liability	<u>254,496</u>	<u>251,152</u>
Total additions	86,592	1,312,982
DEDUCTIONS		
Benefits paid directly to participants	1,247,753	1,250,638
Administrative expenses	<u>83,984</u>	<u>83,007</u>
Total deductions	<u>1,331,737</u>	<u>1,333,645</u>
NET DECREASE	(1,245,145)	(20,663)
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR	<u>7,706,415</u>	<u>7,727,078</u>
END OF YEAR	<u>\$ 6,461,270</u>	<u>\$ 7,706,415</u>

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

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General:

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

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

Pension Benefits:

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

Participants will generally receive benefits under one of several 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.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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 modified cash basis of accounting. This basis differs from accounting principles generally accepted in the United States of America primarily because employer payments to the Plan based on calculated withdrawal liability are recorded on a cash basis as further described below. All other transactions are recorded on the accrual basis.

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 \$833 and \$830 for the years ended December 31, 2018 and 2017, respectively.

Employer Withdrawal Liability:

Amounts due to the Plan for withdrawal liabilities are based on the actuarially calculated reallocation liabilities relating to the mass withdrawal of all employers as of May 31, 2010. The notes are payable in quarterly installments. For the first quarter of 2017, one employer had been granted a reduction by the Board of Trustees based on the financial condition of the employer. The Board of Trustees eliminated this payment reduction in the second quarter of 2017.

In 2016, it was determined that given the nature of the perpetual payments described below and the fact that the principal balance of the note receivable will never be fully repaid, all employer withdrawal liability payments received by the Plan which reflect interest amounts owed would be reflected as such. Interest on employer withdrawal liability was \$254,496 and \$251,152 in 2018 and 2017, respectively.

CLEVELAND SOFT DRINK WORKERS PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Employer Withdrawal Liability (Continued):

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.

2019	\$254,496
2020	254,496
2021	254,496
2022	254,496
2023	254,496
Per annum thereafter, in perpetuity	254,496

Use of Estimates:

The preparation of financial statements in conformity with the modified cash basis of accounting 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.

The Multiemployer Pension Reform Act of 2014 required the Plan to include surviving spouse benefits as "non-forfeitable" and, therefore, to include them in the calculation of the accumulated plan benefits.

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, 2018 and 2017 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 2027 (projection to 2026 was used in prior year)
- (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: 2.34% (1.98% in 2017)
After 20 years: 2.63% (2.67% in 2017)
- (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, 2018</u>	<u>January 1, 2017</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$17,623,006	\$18,621,659
Other vested benefits	<u>11,515,237</u>	<u>12,645,795</u>
Total vested benefits	29,138,243	31,267,454
Nonvested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$29,138,243</u>	<u>\$31,267,454</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, 2018</u>
Total actuarial present value of accumulated plan benefits at January 1, 2017	\$31,267,454
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	(391,358)
Interest	605,682
Benefits paid	(1,250,638)
Changes in actuarial assumptions	<u>(1,092,897)</u>
Total actuarial present value of accumulated plan benefits at January 1, 2018	<u>\$29,138,243</u>

Payment of Benefits:

Benefit payments made to participants are recorded upon distribution.

Subsequent Events:

The Plan has evaluated subsequent events through July 18, 2019, 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 employer withdrawal liabilities 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 actuarial 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, U.S. Government securities, and asset-backed 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.

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 2017 to 2018. 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, 2018 and 2017. 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, 2018:				
Interest-bearing cash	\$ 78,786	\$ -	\$ -	\$ 78,786
Money market funds	177,309	-	-	177,309
Mutual funds	4,684,189	-	-	4,684,189
U.S. Government securities	-	664,771	-	664,771
Asset-backed securities	-	98,180	-	98,180
Corporate bonds	-	744,614	-	744,614
Total	<u>\$4,940,284</u>	<u>\$1,507,565</u>	<u>\$ -</u>	<u>\$6,447,849</u>

	Level 1	Level 2	Level 3	Total
December 31, 2017:				
Interest-bearing cash	\$ 119,539	\$ -	\$ -	\$ 119,539
Money market funds	184,707	-	-	184,707
Mutual funds	5,908,208	-	-	5,908,208
U.S. Government securities	-	527,124	-	527,124
Asset-backed securities	-	161,692	-	161,692
Corporate bonds	-	799,150	-	799,150
Total	<u>\$6,212,454</u>	<u>\$1,487,966</u>	<u>\$ -</u>	<u>\$7,700,420</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 29, 2016, 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, 2018, 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.

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 \$7,150 and \$7,362 for the years ended December 31, 2018 and 2017, respectively.

Teamsters Union Local 1164 ("Local Union") is a related party to the Plan and is a participating employer. Total employer withdrawal payments received by the Plan from this employer were \$10,300 in 2018 and 2017.

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, 2023. Rent was \$15,108 in 2018 and 2017. Likewise, the Local Union provides administration for the Plan which amounted to \$24,336 and \$25,386 for the years ended December 31, 2018 and 2017, respectively. These amounts are included in administrative expenses.

Note 9. Concentrations

As of December 31, 2018 and 2017, two employers accounted for approximately 96% of withdrawal liability interest payments 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
(MODIFIED CASH BASIS)

Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Administrative expense and rent	\$39,444	\$40,494
Accounting and auditing fees	15,900	15,625
Actuarial fees	12,420	12,905
Pension benefit guarantee premium	7,588	566
Fiduciary liability insurance	4,538	3,887
Office expense	2,478	4,930
Depreciation	833	830
Legal fees	783	2,433
Computer related expenses	-	949
Meetings	<u>-</u>	<u>388</u>
Total administrative expenses	<u>\$83,984</u>	<u>\$83,007</u>

**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, 2018

(a)	(b) (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
Equity						
Mutual Funds						
ISHARES CORE S&P 500 ETF CLOSED-END FUND 1036579.2	464287200 2.21% 4,995.0000	251.610 1,256,791.95	Level2 19.73%	 148.54 1,609.82	 741,957.12 1,342,651.08	 514,834.83 -85,859.13
ISHARES RUSSELL 1000 GRW INDEX CLOSED-END FUND 1036579.3	464287614 1.27% 10,240.0000	130.910 1,340,518.40	Level2 21.05%	 91.40 255.20	 935,952.82 1,379,123.20	 404,565.58 -38,604.80
VANGUARD MID-CAP INDEX FUND OPEN-END FUND ADM CL 1036579.1	922908645 1.82% 2,123.1150	171.040 363,137.59	Level2 5.70%	 119.58 0.00	 253,878.02 406,588.54	 109,259.57 -43,450.95
Total Mutual Funds		2,960,447.94	48.48%	N/A 1,865.02	1,931,787.96 3,128,362.82	1,028,659.98 -167,914.88
Non-US Mutual Funds						
LITMAN GREGORY MSTRS INTL FUND OPEN-END FUND INSTL CL 1036579.6	53700207 0.74% 20,269.6510	14.040 284,585.90	Level2 4.47%	 15.83 0.00	 320,902.60 358,878.45	 -36,316.70 -74,292.55
Total Non-US Mutual Funds		284,585.90	4.47%	N/A 0.00	320,902.60 358,878.45	-36,316.70 -74,292.55
Total Equity		3,245,033.84	50.95%	N/A 1,865.02	2,252,690.56 3,487,241.27	992,343.28 -242,207.43
Fixed Income						
Corporate Bonds						
ALLSTATE CORP SENIOR NT DTD 05/13/09 7.45% DUE 05/16/19	020002AX9 7.34%	101.544	Level2			

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, 2018

(a)	(b) (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
1036579.5	21,000.0000	21,324.24	0.33%	125.92 195.56	26,442.36 22,438.92	-5,118.12 -1,114.68
AMERICAN EXPRESS CO SENIOR NT DTD 05/18/09 8.125% DUE 05/20/19	025816BB4 7.97%	101.891	Level2			
1036579.5	11,000.0000	11,208.01	0.18%	124.47 101.79	13,691.81 11,871.09	-2,483.80 -663.08
AT&T INC SENIOR NT DTD 5/4/2015 2.45000% DUE 6/30/2020	00206RCL4 2.48%	98.699	Level2			
1036579.5	23,000.0000	22,700.77	0.36%	99.38 1.57	22,858.32 22,858.32	-157.55 -157.55
BANK OF NEW YORK MELLON CORP MED TERM BK NT SER G DTD 11/27/2015 2.45000% DUE 11/27/2020	06406HDF3 2.48%	98.837	Level2			
1036579.5	12,000.0000	11,860.44	0.19%	98.44 27.77	11,812.32 11,812.32	48.12 48.12
BB&T CORP MED TERM BK NT SER E DTD 5/10/2016 2.05000% DUE 5/10/2021	05531FAV5 2.11%	97.373	Level2			
1036579.5	15,000.0000	14,605.95	0.23%	100.11 43.56	15,016.05 14,785.80	-410.10 -179.85
BERKSHIRE HATHAWAY INC SENIOR NT DTD 8/14/2014 2.10000% DUE 8/14/2019	084670BL1 2.11%	99.517	Level2			
1036579.5	23,000.0000	22,888.91	0.36%	100.78 183.81	23,180.09 23,011.04	-291.18 -122.13

**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, 2018

(a)	(b) (c)	(e)			(d)		
	Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	PV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
	BOEING CO SENIOR BD DTD 10/29/2015 2.60000% DUE 10/30/2025 1036579.5	097023BP9 2.74% 29,000.0000	94.876 27,514.04	Level2 0.43%	 97.36 127.76	28,235.56 28,605.89	-721.52 -1,091.85
	CAROLINA POWER & LIGHT CO NOTE DTD 05/18/12 2.80% DUE 05/15/22 1036579.5	144141DC9 2.84% 26,000.0000	98.651 25,649.26	Level2 0.40%	 102.04 93.02	26,529.88 26,242.58	-880.62 -593.32
★	COCA-COLA CO SENIOR BD DTD 08/10/11 3.30% DUE 09/01/21 1036579.5	191216AV2 3.26% 26,000.0000	101.273 26,330.98	Level2 0.41%	 104.32 286.00	27,123.98 26,873.60	-793.00 -542.62
	COMERICA BANK SENIOR DEB DTD 6/2/2015 2.50000% DUE 6/2/2020 1036579.5	200339DW6 2.53% 16,000.0000	98.758 15,801.28	Level2 0.25%	 99.44 32.22	15,910.72 15,978.88	-109.44 -177.60
	FLORIDA POWER & LIGHT CO BOND DTD 9/10/2014 4.05000% DUE 10/1/2044 1036579.5	341081FL6 4.08% 20,000.0000	99.324 19,864.80	Level2 0.31%	 107.30 202.50	21,460.20 21,460.20	-1,595.40 -1,595.40
	HONEYWELL INTERNATIONAL INC SENIOR BD SER 30 DTD 02/17/11 5.375% DUE 03/01/41	438516BB1 4.55% 	118.032 	Level2 			

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, 2018

(a)	(b) (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
1036579.5	26,000.0000	30,688.32	0.48%	124.43 465.83	32,351.28 33,382.18	-1,662.96 -2,693.86
INTERNATIONAL BUSINESS MACHS DEB DTD 10/30/95 7.000% DUE 10/30/25	459200AM3 5.93%	118.055	Level2			
1036579.5	21,000.0000	24,791.55	0.39%	135.41 249.08	28,436.94 26,866.98	-3,645.39 -2,075.43
JOHNSON & JOHNSON SENIOR NT DTD 3/1/2016 2.45000% DUE 3/1/2026	478160BY9 2.61%	93.922	Level2			
1036579.5	28,000.0000	26,298.16	0.41%	99.91 228.67	27,975.08 27,305.04	-1,676.92 -1,006.88
JPMORGAN CHASE & CO NOTE DTD 04/23/09 6.30% DUE 04/23/19	46625HHL7 6.24%	100.978	Level2			
1036579.5	12,000.0000	12,117.36	0.19%	116.37 142.80	13,964.40 12,633.60	-1,847.04 -516.24
KIMBERLY CLARK CORP SENIOR BD DTD 5/23/2013 2.40000% DUE 6/1/2023	494368BJ1 2.48%	96.935	Level2			
1036579.5	29,000.0000	28,111.15	0.44%	97.30 58.00	26,216.13 28,714.93	-104.98 -603.78
LOUISVILLE GAS & ELECTRIC CO BOND SER 45 DTD 9/28/2015 3.30000% DUE 10/1/2025	546676AW7 3.36%	98.070	Level2			
1036579.5	32,000.0000	31,382.40	0.49%	100.20 264.00	32,064.96 32,809.28	-682.56 -1,426.88
METLIFE INC SENIOR BD DTD 08/06/10 4.75% DUE 02/08/21	59156RAX6 4.60%	103.183	Level2			

**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, 2018

(a)	(b) (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
1036579.5	9.000.0000	9,286.47	0.15%	111.21 169.81	10,008.81 9,635.85	-722.34 -349.38
NATIONAL RURAL UTIL COOP DTD 1/27/2015 2.00000% 1/27/2020	637432NC5 2.02%	99.054	Level2			
1036579.5	15,000.0000	14,858.10	0.23%	100.66 128.33	15,099.60 14,949.00	-241.50 -90.90
NORTHERN TRUST CORP SENIOR NT DTD 11/04/10 3.45% DUE 11/04/20	665859AL8 3.42%	101.022	Level2			
1036579.5	11,000.0000	11,112.42	0.17%	106.01 60.09	11,661.47 11,327.69	-549.05 -215.27
★ PEPSICO INC SENIOR BD DTD 10/26/10 3.125% DUE 11/01/20	713448BR8 3.11%	100.444	Level2			
1036579.5	11,000.0000	11,048.84	0.17%	103.85 57.29	11,422.95 11,287.21	-374.11 -238.37
★ PEPSICO INC SENIOR BD DTD 02/28/13 2.75% DUE 03/01/23	713448CG1 2.79%	98.527	Level2			
1036579.5	16,000.0000	15,764.32	0.25%	97.21 146.67	15,553.44 15,553.44	210.88 210.88
PNC BANK NA MED TERM BK NT DTD 07/25/13 3.80% DUE 07/25/23	69349LAM0 3.79%	100.353	Level2			
1036579.5	18,000.0000	18,063.54	0.28%	103.03 296.40	18,544.86 18,799.92	-481.32 -736.38
PNC BANK NA MED TERM NT DTD 10/22/2012 2.70000% DUE 11/1/2022	69349LAG3 2.78%	97.175	Level2			

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, 2018

(a)	(b) (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
	1036579.5	11,000.0000	10,689.25	0.17%	96.17 49.50	10,578.81 10,945.88	110.44 -256.63
	PRESIDENT & FELLOWS HARVARD COLLEGE DEB SER 2008A DTD 1/30/2008 5.62500% DUE 10/1/2038	740816AD5 4.50%	124.952	Level2			
	1036579.5	22,000.0000	27,489.44	0.43%	125.82 309.38	27,679.52 29,758.74	-190.08 -2,269.30
	PROCTER & GAMBLE CO SENIOR NT DTD 11/3/2016 1.70000% DUE 11/3/2021	742718EQ8 1.74%	97.439	Level2			
	1036579.5	28,000.0000	27,282.92	0.43%	98.13 76.69	27,476.68 27,321.00	-193.76 -38.08
	PRUDENTIAL FINANCIAL INC MED TERM NT SER D DTD 5/15/2014 3.50000% DUE 5/15/2024	744320BZ7 3.48%	100.549	Level2			
	1036579.5	11,000.0000	11,060.39	0.17%	99.44 49.19	10,938.51 10,938.51	121.88 121.88
	PUBLIC SERVICE COLORADO NOTE DTD 3/26/2013 2.50000% DUE 3/15/2023	744448CH2 2.57%	97.098	Level2			
	1036579.5	33,000.0000	32,042.34	0.50%	97.67 242.92	32,231.76 32,795.40	-189.42 -753.06
	PUBLIC SERVICE ELECTRIC & GAS CO MED TERM NT SER J DTD 8/12/2014 3.15000% DUE 8/15/2024	744560BH8 3.20%	98.409	Level2			

**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, 2018

(a)	(b) (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
1036579.5	30,000.0000	29,522.70	0.46%	103.29 357.00	30,987.30 30,317.40	-1,464.60 -794.70
STATE STREET CORP SENIOR SUB NT DTD 05/15/13 3.10% DUE 05/15/23	857477AL7 3.15%	98.263	Level2			
1036579.5	11,000.0000	10,808.93	0.17%	102.94 43.57	11,323.07 11,095.48	-514.14 -286.55
SUNTRUST BANK MED TERM BK NT DTD 7/31/2017 2.45000% DUE 8/1/2022	86787EAT4 2.54%	96.406	Level2			
1036579.5	15,000.0000	14,460.90	0.23%	100.45 153.13	15,066.75 14,790.75	-605.85 -329.85
TARGET CORP SENIOR DEB DTD 6/26/2014 3.50000% DUE 7/1/2024	87612EBD7 3.48%	100.667	Level2			
1036579.5	26,000.0000	26,173.42	0.41%	104.13 455.00	27,073.02 27,106.56	-899.60 -933.14
UNITED PARCEL SERVICE INC SENIOR BD DTD 11/12/10 3.125% DUE 01/15/21	911312AM8 3.10%	100.819	Level2			
1036579.5	29,000.0000	29,237.51	0.46%	107.08 417.88	31,054.36 29,713.69	-1,816.85 -476.18
UNITED TECHNOLOGIES CORP SENIOR NT DTD 11/1/2016 1.95000% DUE 11/1/2021	913017CG2 2.03%	95.995	Level2			
1036579.5	30,000.0000	28,798.50	0.45%	98.53 97.50	29,559.90 29,309.70	-761.40 -511.20

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

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

December 31, 2018

(a)	(b) (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
US BANK N A MED TERM BK NT DTD 10/28/2014 2.12500% DUE 10/28/2019 1036579.5	90331HML4 2.14%	99.294	Level2			
	16,000.0000	15,887.04	0.25%	101.20 59.50	16,191.29 16,005.76	-304.25 -118.72
WALT DISNEY CO MED TERM NT SER F DTD 6/2/2014 1.85000% DUE 5/30/2019 1036579.5	25468PDA1 1.86%	99.607	Level2			
	28,000.0000	27,889.96	0.44%	99.49 44.61	27,856.36 27,948.76	33.60 -58.80
Total Corporate Bonds		744,614.61	11.69%	N/A 5,918.40	775,578.54 767,251.39	-30,963.83 -22,636.78
Corporate Mortgage Back						
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 4.14%	102.438	Level2			
	27,442.2958	28,111.28	0.44%	111.52 439.88	30,602.45 28,757.28	-2,491.17 -646.00
CENTERPOINT ENERGY TRANS BD CO ABS SEQ PYR 2008-A A2 DTD 02/12/08 5.234% DUE 02/01/23 1036579.5	15200MAB3 5.17%	101.259	Level2			
	10,962.3310	11,100.37	0.17%	112.00 239.07	12,277.81 11,318.36	-1,177.44 -217.99
CITIBANK CREDIT CARD ISSUANCE TRUST ABS SEQ PYR SFT BLT MAT 01/21/21 DTD 1/24/2014 2.88000% DUE 1/23/2023 1036579.5	17305EFM2 2.88%	99.946	Level2			
	59,000.0000	58,967.96	0.93%	101.81 755.20	60,069.38 60,059.46	-1,101.42 -1,091.50

**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, 2018

(a)	(b) (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 Corporate Mortgage Back		98,179.61	1.54%	N/A	102,949.64	-4,770.03
Treasuries				1,434.15	100,135.10	-1,955.49
UNITED STATES TREAS BDS DTD 02/17/09 3.50% DUE 02/15/39 1036579.5	9128100A9 3.20% 57,000.0000	109.379 62,346.03	Level2 0.98%	 108.30 753.55	 61,732.66 63,095.48	 613.37 -749.45
UNITED STATES TREAS BDS DTD 8/15/2014 3.12500% DUE 8/15/2044 1036579.5	912810RH3 3.06% 130,000.0000	102.082 132,706.60	Level2 2.08%	 101.39 1,534.48	 131,807.81 139,725.30	 898.79 -7,018.70
UNITED STATES TREAS BDS DTD 8/15/2016 2.25000% DUE 8/15/2046 1036579.5	912810RT7 2.63% 8,000.0000	85.465 6,837.20	Level2 0.11%	 83.80 68.00	 6,703.75 7,216.56	 133.45 -379.36
UNITED STATES TREAS NTS DTD 2/15/2015 2.00000% DUE 2/15/2025 1036579.5	912828J27 2.07% 50,000.0000	96.731 48,365.50	Level2 0.76%	 97.48 377.72	 48,742.19 48,877.00	 -376.69 -511.50
UNITED STATES TREAS NTS DTD 02/16/11 3.625% DUE 02/15/20 1036579.5	912828MP2 3.59% 40,000.0000	101.086 40,434.40	Level2 0.63%	 109.88 547.69	 43,950.00 41,432.80	 -3,515.60 -998.40
UNITED STATES TREAS NTS DTD 6/30/2017 2.00000% DUE 6/30/2024	912828XX3 2.06%	97.242	Level2			

**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, 2018

(a)	(b) (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
1036579.5	49,000.0000	47,648.58	0.75%	96.80 2.72	47,430.47 47,430.47	218.11 218.11
UNITED STATES TREAS NTS DTD 08/15/11 2.125% DUE 08/15/21	912828RC6 2.14%	99.090	Level2			
1036579.5	54,000.0000	53,508.60	0.84%	102.17 433.50	55,171.83 54,078.30	-1,663.23 -569.70
UNITED STATES TREAS NTS DTD 8/15/2015 2.00000% DUE 8/15/2025	912828K74 2.07%	96.406	Level2			
1036579.5	38,000.0000	36,634.28	0.58%	97.11 287.07	36,901.56 37,045.44	-267.28 -411.16
UNITED STATES TREAS NTS DTD 8/15/2016 1.50000% DUE 8/15/2026	9128282A7 1.63%	92.250	Level2			
1036579.5	53,000.0000	48,892.50	0.77%	92.20 300.33	48,867.66 49,310.67	24.84 -418.17
UNITED STATES TREAS NTS DTD 8/15/2017 2.25000% DUE 8/15/2027	9128282R0 2.32%	96.777	Level2			
1036579.5	134,000.0000	129,681.18	2.04%	96.37 1,139.00	129,135.55 128,805.23	545.63 875.95
UNITED STATES TREAS NTS DTD 9/30/2017 1.87500% DUE 9/30/2022	9128282W9 1.92%	97.824	Level2			
1036579.5	59,000.0000	57,716.16	0.91%	99.20 279.64	58,526.02 58,145.09	-809.86 -428.93
Total Treasuries		664,771.03	10.44%	N/A 5,723.70	668,969.50 675,162.34	-4,198.47 -10,391.31
Mutual Funds						

**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, 2018

(a)	(b) (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
METROPOLITAN WEST T/R BOND FD OPEN-END FUND CL I 1036579.4	592905509 2.71% 138,513.4910	10.390 1,439,155.17	Level2 22.60%	 10.87 0.00	1,505,783.68 1,475,461.62	-66,628.51 -36,306.45
Total Mutual Funds		1,439,155.17	22.60%	N/A 0.00	1,505,783.68 1,475,461.62	-66,628.51 -36,306.45
Total Fixed Income		2,946,720.42	46.27%	N/A 13,076.25	3,053,281.38 3,018,010.45	-106,560.94 -71,290.03
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES 1036579.2	3140000V3 2.42% 253.3300	1.000 253.33	Level n/a 0.00%	 1.00 2.70	253.33 253.33	0.00 0.00
1036579.5	50,026.1300	50,026.13	0.79%	1.00 85.89	50,026.13 50,026.13	0.00 0.00
1036579.6	127,029.2400	127,029.24	1.99%	1.00 92.70	127,029.24 127,029.24	0.00 0.00
Total for Asset	177,308.7000	177,308.70	2.78%	1.00 181.29	177,308.70 177,308.70	0.00 0.00
Total Money Market Funds		177,308.70	2.78%	N/A 181.29	177,308.70 177,308.70	0.00 0.00
Total Cash and Cash Equivalents		177,308.70	2.78%	N/A 181.29	177,308.70 177,308.70	0.00 0.00
Net Holdings		6,369,062.96	100.00%	N/A 15,122.56	5,483,280.62 6,682,560.42	885,782.34 -313,497.46
Total Holdings Principal Assets		\$6,369,062.96	100.00%	N/A \$15,122.56	\$5,483,280.62 \$6,682,560.42	\$885,782.34 \$-313,497.46
Total Holdings		\$6,369,062.96			\$5,483,280.62	\$885,782.34
INTEREST-BEARING CASH						
* KEYBANK ADMINISTRATIVE CHECKING		78,785.84			78,785.84	
TOTAL INVESTMENTS HELD BY PLAN		6,447,848.80			5,562,066.46	

* REPRESENTS A PARTY IN INTEREST