

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1959</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN</u> <u>6051 CAREY DRIVE</u> <u>VALLEY VIEW, OH 44125-4259</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-6541609</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-642-0880</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813930</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-6541609</u>	2c Plan Sponsor's telephone number <u>216-642-0880</u>	2d Business code (see instructions) <u>813930</u>	
2b Employer Identification Number (EIN) <u>34-6541609</u>					
2c Plan Sponsor's telephone number <u>216-642-0880</u>					
2d Business code (see instructions) <u>813930</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.	10/11/2015	ALBERT R. MIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2015	PATRICK J. DARROW
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	117
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	104
a(2) Total number of active participants at the end of the plan year		6a(2)	102
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	15
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	117
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	117
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	115
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE 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>TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN</u>	D Employer Identification Number (EIN) <u>34-6541609</u>	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GARY M. TIBONI, CPA

34-1900872

(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	7520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYOR CPA GROUP, LLC

34-1971860

(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	6520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BOGDAHN GROUP

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	5000	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)

(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 ☐

(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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A Name of plan <u>TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE 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>TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN</u>	D Employer Identification Number (EIN) <u>34-6541609</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>265988</u>	<u>70607</u>
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	<u>22521</u>	<u>35090</u>
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>3004763</u>	<u>3079122</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3293272	3184819

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3293272	3184819
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	206831	
(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)		206831

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1422	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1434

(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)	70488	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		70488

(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)		

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

		(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)		163845
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		442598

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	523018	
(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)		523018
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)	18153	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	5000	
(4) Other.....	2i(4)	4880	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		28033
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		551051

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-108453
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: MAYOR CPA GROUP, LLC

(2) EIN: 34-1971860

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	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

**TEAMSTERS JOINT COUNCIL NO. 41
SEVERANCE PLAN**

AUDITED FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2014 AND 2013**

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits - Modified Cash Basis	3
Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis	4
Notes to Financial Statements.....	5-9
SUPPLEMENTAL INFORMATION	
Supplemental Schedules for the Year Ended December 31, 2014:	
Schedule of Assets (Held at End of Year).....	10
Schedule of Reportable Transactions	11

Note: Certain schedules required under the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because of the absence of the conditions under which they are required.

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Teamsters Joint Council No. 41 Severance Plan

We have audited the accompanying financial statements of Teamsters Joint Council No. 41 Severance Plan, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2014 and 2013, 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 as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's 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 auditor's 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 auditor considers 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 Teamsters Joint Council No. 41 Severance Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the years then ended in accordance with the modified cash basis of accounting as described in Note 2.

Other Matters

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on 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 opinion is not modified with respect to that matter.

Report on Supplemental Information

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and the schedule of reportable transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements or 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 information is fairly stated in all material respects in relation to the financial statements as a whole.

Mayan CPA Group, LLC

Rocky River, Ohio
October 8, 2015

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments at Fair Value:		
Equity Funds	\$ 1,834,939	\$ 1,824,853
Bond Funds	1,244,183	1,179,910
Short-Term Investments	<u>1,728</u>	<u>151,753</u>
Total Investments	3,080,850	3,156,516
Receivables:		
Notes Receivable from Participants	<u>35,090</u>	<u>22,521</u>
Total Receivables	<u>35,090</u>	<u>22,521</u>
Cash	<u>68,879</u>	<u>114,235</u>
 TOTAL ASSETS	 <u>3,184,819</u>	 <u>3,293,272</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 3,184,819</u>	 <u>\$ 3,293,272</u>

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

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS (REDUCTIONS) TO PLAN ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividends	\$ 71,922	\$ 60,079
Net realized and unrealized appreciation in fair value of investments	<u>163,845</u>	<u>376,324</u>
	235,767	436,403
Less: Investment expenses	<u>(5,000)</u>	<u>(5,000)</u>
Total investment income	230,767	431,403
Contributions	<u>206,831</u>	<u>209,502</u>
TOTAL ADDITIONS	<u>437,598</u>	<u>640,905</u>
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
U.S. government fees	222	3,886
Severance benefits	523,018	161,306
Audit, tax and accounting fees	14,040	14,290
Legal fees	4,113	5,653
Office expense	(14)	781
Fiduciary insurance	<u>4,672</u>	<u>4,672</u>
TOTAL DEDUCTIONS	<u>546,051</u>	<u>190,588</u>
NET (DECREASE) INCREASE DURING THE YEAR	(108,453)	450,317
Net assets available for benefits:		
Beginning of year	<u>3,293,272</u>	<u>2,842,955</u>
End of year	<u>\$ 3,184,819</u>	<u>\$ 3,293,272</u>

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

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Teamsters Joint Council No. 41 Severance Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

The Plan was formed in 1959 under a Trust Agreement that provides for contributions to be made to a fund expressly devoted to the purpose of providing severance or death benefits.

General

The Plan is a defined contribution plan covering all eligible employees of affiliated Teamsters Local Unions. In general, employees who have completed 1,000 hours of service in each of the two preceding years and are age 21 or older are eligible to participate in the Plan. In the event a participant dies before receiving severance benefits, death benefits equal to the participant's account balance will be paid to the named beneficiary.

Contributions

The Plan is funded solely from Teamsters Joint Council No. 41 which contributes \$.40 per month Per Capita Tax for each member of an affiliated Teamsters Local Union.

Participant Accounts

Credits are allocated to participants based on the hours of annual service. Participants with 1,000 to 1,300 hours of credited service are allocated one half credit. One credit is allocated to participants with over 1,300 hours of credited service in the Plan year. Contributions are allocated to the participant's account in the proportion that each participant's credits for the period bear to the credits of all eligible participants. Plan income, including gains, losses and expenses are to be allocated to participant's individual account on the basis of the percentage the participant's account balance bears, as of the date of allocation, to the total of all eligible participants' accounts.

Vesting

All contributions made to the Plan on behalf of eligible participants shall be fully vested and non-forfeitable.

Payment of Benefits

Severance benefits are paid when employment is severed from active work by reason of termination of employment, retirement, death, or failure to be re-elected. Benefits are recorded when paid.

Notes Receivable from Participants

Under certain circumstances participants may borrow from their vested accounts, at an interest rate of prime plus 1% per annum. Loans may be requested for a minimum of \$250 up to a maximum of \$50,000, or one half of the vested account balance, whichever is less. The loans are secured by the balance in the participant's account and require repayments of principal and interest on the declining loan balance. The Plan provides for remedies in the event of a default on the loan balances. ASU 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balances as of the end of the

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

year. Accrued interest at December 31, 2014 and 2013 which amounted to less than \$1,000 is not included in the unpaid balance because the Plan statements are prepared on the modified cash basis of accounting.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting; consequently, certain revenue and related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred.

Fair Value Measurements

Fair value measurements are estimated based on valuation techniques and inputs categorized as follows:

Level 1 – Valuations based on quoted prices for identical securities in active markets.

Level 2 – Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

Level 3 – Valuations based on inputs that are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds are valued at the net asset value of shares held by the Plan at year end.

Short-term investments reported as assets held for investments are valued at the closing price reported on the active market on which the individual securities are traded.

Participant loans are valued at amortized cost, which approximates fair value.

Cash Equivalents

The Plan considers checking accounts to be cash equivalents. Other short-term liquid investments are considered to be investments.

Use of Estimates

The preparation of financial statements on the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Plan Operating Expenses

Investment expenses incurred on investments held in the Plan's custodial account and administrative expenses are paid with Plan assets.

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2014 AND 2013

NOTE 3 - PLAN TERMINATION

Although it has not expressed intentions to do so, the Board of Trustees have the right to terminate the Plan at any time pursuant to the terms of the original Declaration of Trust.

In the event of termination, all vested participant account balances will be distributed to the participant. The trustees shall make provisions for payment of any and all obligations including expenses incurred up to the date of termination of the Plan and all expenses incidental to such termination.

NOTE 4 - INVESTMENTS

The following information regarding fair values and appreciation and depreciation in fair values has been obtained from information certified as complete and correct by Charles Schwab & Co.

As of December 31, 2014 and 2013, the Plan's investments in securities were held in a bank-administered trust fund. The trust assets were invested in cash and mutual funds traded on a national securities exchange and valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy described in Note 2, the Plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Funds	\$ 1,834,939	\$ -	\$ -	\$ 1,834,939
Bond Funds	1,244,183			1,244,183
Short-term Investments	<u>1,728</u>	<u></u>	<u></u>	<u>1,728</u>
	<u>\$ 3,080,850</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,080,850</u>

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Funds	\$ 1,824,853	\$ -	\$ -	\$ 1,824,853
Bond Funds	1,179,910			1,179,910
Short-term Investments	<u>151,753</u>	<u></u>	<u></u>	<u>151,753</u>
	<u>\$ 3,156,516</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,156,516</u>

During the years ended December 31, 2014 and 2013, the Plan's investments (including investments bought, sold, as well as held during the year appreciated (depreciated) in fair value as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds	<u>\$ 376,324</u>	<u>\$ 189,544</u>

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2014 AND 2013

NOTE 4 - INVESTMENTS - CONTINUED

The fair value of individual investments that represented 5% or more of the Plan's net assets at December 31, 2014 are as follows:

Pimco Total Return Fund	\$	358,548
Vanguard Extended Markets Fund		553,506
Vanguard 500 Index Fund		965,164
Vanguard Total Bond Fund		885,635
Vanguard Mid Cap Index Fund		197,470

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

Pimco Total Return Fund	\$	342,488
Vanguard Extended Markets Fund		674,711
Vanguard 500 Index Fund		850,301
Vanguard Total Bond Fund		837,422
Vanguard Mid Cap Index Fund		173,822

NOTE 5 - TAX STATUS

The Plan obtained its latest determination letter in March 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - CONCENTRATION OF CREDIT RISK

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

The Plan collects contributions from Joint Council 41 which in turn collects per capita tax from various Teamsters Local Unions located in the State of Ohio. Funds collected by Joint Council 41 are allocated to the Plan on a per capita basis. Additionally, the Plan maintains its cash accounts at an area bank. The Federal Deposit Insurance Corporation (FDIC) guaranteed accounts against loss up to \$250,000. From time-to-time during the year, the balance in the Plan's accounts exceeded the FDIC insured limit.

NOTE 7 - OPEN TAX YEARS

The Plan's Form 5500, Annual Return of Employee Benefit Plan, for the years ending 2011, 2012, 2013 and 2014 are subject to examination by the IRS, generally for three years after they were filed.

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2014 AND 2013

NOTE 8 - SUBSEQUENT EVENTS

The Plan did not have any subsequent events through October 8, 2015, which is the date the financial statements were available to be issued for events requiring recording or disclosure in the financial statements for the year ended December 31, 2014.

SUPPLEMENTAL INFORMATION

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

FORM 5500, EIN 34-6541609, PN 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>SHORT TERM INVESTMENTS</u>					
	Charles Schwab & Co.	1,728	U.S. Treasury Money Fund	\$ 1,728	\$ 1,728
			TOTAL SHORT TERM INVESTMENTS	1,728	1,728
<u>MUTUAL FUNDS</u>					
	PIMCO Funds				
	Vanguard Funds	33,635	PIMCO Total Return Fund	373,570	358,548
	Vanguard Funds	81,475	Vanguard Total Bond Fund	820,721	885,635
	Vanguard Funds	12,611	Vanguard Developed Markets Fund	127,780	118,799
	Vanguard Funds	8,307	Vanguard Extended Market Fund	228,446	553,506
	Vanguard Funds	5,856	Vanguard Mid Cap Index Fund	113,249	197,470
	Vanguard Funds	5,083	Vanguard 500 Index Fund	460,941	965,164
			TOTAL MUTUAL FUNDS	2,124,707	3,079,122
			TOTAL INVESTMENTS	\$ 2,126,435	\$ 3,080,850

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

FORM 5500, EIN 34-6541609, PN 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

FOR THE YEAR ENDED DECEMBER 31, 2014

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION	TOTAL NUMBER OF		(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN OR (LOSS)
		PURCH.	SALES					
Charles Schwab	Vanguard Extended Market Index	3		75,186	159,975	75,186	75,186	
	Fund Investor Shares		1			68,731	159,975	91,244

* Represents transaction or a series of transactions in securities of the same issue in excess 5% of the current value of Plan assets as of January 1, 2014.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6047(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**2014****This Form is Open to Public
Inspection****Part I Annual Report Identification Information**

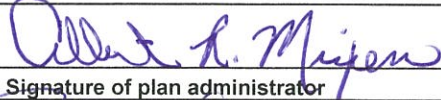
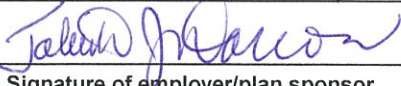
For calendar plan year 2014 or fiscal plan year beginning

and ending

- A** This return/report is for: ☐ a multiemployer plan; ☒ a multiple-employer plan; or
☐ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information**1a** Name of plan**TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN****1b** Three-digit plan
number (PN) ▶**001****1c** Effective date of plan
10/01/1959**2a** Plan sponsor's name and address; including room or suite number (employer, if for a single-employer plan)**TEAMSTERS JOINT COUNCIL NO. 41
SEVERANCE PLAN****2b** Employer Identification
Number (EIN)
34-6541609**2c** Sponsor's telephone
number
216-642-0880**6051 CAREY DRIVE****2d** Business code (see
instructions)
813930**VALLEY VIEW****OH 44125-4259****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		10-11-2015	ALBERT R. MIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-11-2015	PATRICK J. DARROW
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

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

Form 5500 (2014)

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

FORM 5500, EIN 34-6541609, PN 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	Par/Val Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>SHORT TERM INVESTMENTS</u>					
	Charles Schwab & Co.	1,728	U.S. Treasury Money Fund	\$ 1,728	\$ 1,728
			TOTAL SHORT TERM INVESTMENTS	1,728	1,728
<u>MUTUAL FUNDS</u>					
	PIMCO Funds	33,635	PIMCO Total Return Fund	373,570	358,548
	Vanguard Funds	81,475	Vanguard Total Bond Fund	820,721	885,635
	Vanguard Funds	12,611	Vanguard Developed Markets Fund	127,780	118,799
	Vanguard Funds	8,307	Vanguard Extended Market Fund	228,446	553,506
	Vanguard Funds	5,856	Vanguard Mid Cap Index Fund	113,249	197,470
	Vanguard Funds	5,083	Vanguard 500 Index Fund	460,941	965,164
			TOTAL MUTUAL FUNDS	2,124,707	3,079,122
			TOTAL INVESTMENTS	\$ 2,126,435	\$ 3,080,850

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

FORM 5500, EIN 34-6541609, PN 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*

FOR THE YEAR ENDED DECEMBER 31, 2014

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION	TOTAL NUMBER OF		(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN OR (LOSS)
		PURCH.	SALES					
Charles Schwab	Vanguard Extended Market Index	3		75,186		75,186	75,186	
	Fund Investor Shares		1		159,975	68,731	159,975	91,244

* Represents transaction or a series of transactions in securities of the same issue in excess 5% of the current value of Plan assets as of January 1, 2014.

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

FORM 5500, EIN 34-6541609, PN 001

MULTIPLE - EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

DECEMBER 31, 2014

<u>PARTICIPATING EMPLOYERS</u>	<u>EIN</u>	<u>EMPLOYERS PERCENTAGE OF TOTAL CONTRIBUTIONS</u>
TEAMSTERS LOCAL UNION NO. 20	34-4371700	13.26%
TEAMSTERS LOCAL UNION NO. 24	34-0584858	3.29%
TEAMSTERS LOCAL UNION NO. 40	34-0362810	1.85%
TEAMSTERS LOCAL UNION NO. 52	34-0082415	2.24%
TEAMSTERS LOCAL UNION NO. 92	34-0308397	4.55%
TEAMSTERS LOCAL UNION NO. 244	34-0585908	1.66%
TEAMSTERS LOCAL UNION NO. 284	34-0917877	6.13%
TEAMSTERS LOCAL UNION NO. 293	34-0090940	4.09%
TEAMSTERS LOCAL UNION NO. 348	34-0582490	3.02%
TEAMSTERS LOCAL UNION NO. 377	34-0308415	6.93%
TEAMSTERS LOCAL UNION NO. 400	34-0159950	0.87%
TEAMSTERS LOCAL UNION NO. 407	34-0582485	6.11%
TEAMSTERS LOCAL UNION NO. 413	31-4215596	7.55%
TEAMSTERS LOCAL UNION NO. 416	34-0823268	2.21%
TEAMSTERS LOCAL UNION NO. 436	34-0210685	5.96%
TEAMSTERS LOCAL UNION NO. 473	34-0427385	1.99%
TEAMSTERS LOCAL UNION NO. 507	34-1002900	5.84%
TEAMSTERS LOCAL UNION NO. 637	31-4323442	2.52%
TEAMSTERS LOCAL UNION NO. 908	34-4315841	2.01%
TEAMSTERS LOCAL UNION NO. 957	31-0329938	8.75%
TEAMSTERS LOCAL UNION NO. 964	34-0241030	1.61%
TEAMSTERS LOCAL UNION NO. 1108	42-1665689	0.63%
TEAMSTERS LOCAL UNION NO. 1164	34-0443353	0.74%
TEAMSTERS LOCAL UNION NO. 1224	31-1398155	6.19%
 TOTAL PARTICIPATING EMPLOYER PERCENTAGE		 <u>100.00%</u>