Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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
- [ ] 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:
- [X] 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 (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)
TEAMSTERS JOINT COUNCIL NO. 41

6051 CAREY DRIVE
VALLEY VIEW, OH 44125

2b Employer Identification Number (EIN) 34-6541609

2c Plan Sponsor's telephone number 216-642-0880

2d Business code (see instructions) 813930

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.	09/18/2019	PATRICK J. DARROW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	108
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)**	96
a(2) Total number of active participants at the end of the plan year	**6a(2)**	94
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	10
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	104
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	104
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	104
h Number of participants who 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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2018
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAMSTERS JOINT COUNCIL NO. 41

D Employer Identification Number (EIN)
34-6541609

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

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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)

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	10613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDCO CONSULTING, LLC

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	6250	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 ☐

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TEAMSTERS JOINT COUNCIL NO. 41

D Employer Identification Number (EIN)
34-6541609

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)	172464	220599
(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)	10321	4140
(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)	3007253	2733572
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3190038	2958311
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3190038	2958311

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)	212938	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	2581	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		215519
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	33	
(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)	965	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		998
(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)	63659	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		63659
(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)		-187319
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		92857
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	294830	
(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)		294830
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)	15369	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	6250	
(4) Other	2i(4)	8135	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29754
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		324584
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-231727
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: GARY M. TIBONI, CPA **(2)** EIN: 34-1900872

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		400000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	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 _____.

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_____. (See instructions.)

TEAMSTERS JOINT COUNCIL NO. 41
SEVERANCE PLAN

AUDITED FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2018 AND 2017

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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.

Gary M. Tiboni, CPA
P. O. Box 630
Columbia Station, Ohio 44028-0630
Phone: (216) 990-5878 Fax: (216) 274-9619

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Teamsters Joint Council No. 41 Severance Plan

Report on the Financial Statements

I have audited the accompanying financial statements of the Teamsters Joint Council No. 41 Severance 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 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

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I 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 risk 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 Plan'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 Plan's internal control. Accordingly, I 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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my 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 (modified cash basis) as of December 31, 2018 and 2017 and the changes in net assets available for benefits (modified cash basis) for the years ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis of Accounting

I draw attention to Note 2 to 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. My opinion is not modified with respect to this matter.

Report on Supplementary Information

My audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at end of year and reportable transactions, together 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. The information has 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 my opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Olmsted Township, Ohio
September 16, 2019

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments, at fair value:		
Mutual funds	$ 2,733,572	$ 3,007,253
Short-Term investments	1,760	1,739
Total investments	2,735,332	3,008,992
Receivables:		
Notes receivable from participants	4,140	10,321
Total receivables	4,140	10,321
Cash	218,839	170,725
TOTAL ASSETS	2,958,311	3,190,038
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,958,311	$ 3,190,038

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, 2018 AND 2017

	2018	2017
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income		
Interest	$ 998	$ 2,978
Dividends	63,659	60,541
Net (depreciation) appreciation in fair value of investments	(187,319)	337,908
	(122,662)	401,427
Less: Investment expenses	(6,250)	(5,000)
Total investment income	(128,912)	396,427
Contributions	212,938	210,657
Refunds and reimbursements	2,581	0
TOTAL ADDITIONS	86,607	607,084
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
U.S. government fees	1,887	1,887
Severance benefits	294,830	550,978
Audit, tax and accounting fees	10,613	14,405
Legal fees	4,756	5,965
Office expense	247	18
Bonding	1,532	-
Fiduciary insurance	4,469	4,390
TOTAL DEDUCTIONS	318,334	577,643
NET (DECREASE) INCREASE DURING THE YEAR	(231,727)	29,441
Net assets available for benefits:		
Beginning of year	3,190,038	3,160,597
End of year	$ 2,958,311	$ 3,190,038

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

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 Teamster 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.

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 of the participant's account and require repayment of principal and interest on the declining loan balance. ASU 2010-25 requires participant loans to be classified as notes receivable from participants and measured at their unpaid principal balance as of the end of the year. Accrued interest as of December 31, 2018 and 2017 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 1 - DESCRIPTION OF PLAN - CONTINUED

Benefits

Severance benefits are entitled to be paid upon termination of employment, retirement or death.

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.

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.

Investment Valuation and Income Recognition

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.

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

Note Receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balance. Interest income is recorded when received on the modified cash basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Plan Operating Expenses

Plan expenses including governmental fees, accounting and auditing, legal fees, office and insurance premiums are paid by the Plan. Investment expenses incurred on investments held in the Plan's custodial account are paid with Plan assets.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Subsequent Events

The Plan has evaluated subsequent events through September 16, 2019, the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets in active markets
- Inputs other than quoted prices that are observable for the asset
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

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.

As of December 31, 2018 and 2017, the Plan's investment in securities were held by Charles Schwab. 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.

NOTE 3 – FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

Assets at Fair Value as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 2,733,572	$ -	$ -	$ 2,733,572
Short-term investments	1,760			1,760
	$ 2,735,332	$ -	$ -	$ 2,735,332

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

Assets at Fair Value as of December 31, 2017

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 3,007,253	$ -	$ -	$ 3,007,253
Short-term investments	1,739			1,739
	$ 3,008,992	$ -	$ -	$ 3,008,992

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.

During the years ended December 31, 2018 and 2017, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	2018	2017
Mutual funds	$ (187,319)	$ 337,908

NOTE 4 – INVESTMENTS

The fair value of individual investments that represented 5% or more of the Plan's net assets at December 31, 2017 are as follows:

Pimco Total Return Fund	$ 281,621
Vanguard Total Bond Market	835,201
Vanguard Developed Markets	130,846
Vanguard Extended Markets	290,484
Vanguard Mid Cap Index	194,960
Vanguard 500 Index Fund	1,000,460

NOTE 4 – INVESTMENTS - CONTINUED

The fair value of individual investments that represented 5% or more of the Plan's net assets at December 31, 2017 are as follows:

Pimco Total Return Fund	$ 282,357
Vanguard Total Bond Fund	836,265
Vanguard Extended Markets	372,903
Vanguard Mid Cap Index	215,045
Vanguard 500 Index Fund	1,147,533

NOTE 5 – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Teamsters Joint Council No. 41 provides administrative services to the Plan and absorbs the cost of administrative salaries, payroll taxes and occupancy costs.

Certain Plan investments are managed by Charles Schwab & Co., Inc. Charles Schwab & Co., Inc. is the custodian of the Plan's investments and therefore, these transactions qualify as party in interest transactions.

NOTE 6 - PLAN TERMINATION

Although it has not expressed intentions to do so, the Board of Trustees and Directors have the right under the Plan subject to the provisions of ERISA. 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 7 - TAX STATUS

The IRS has determined and informed the Plan by a letter dated December 9, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and therefore, believe the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income examination for years prior to 2015.

NOTE 8 – RISKS AND UNCERTANTIES

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 and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Additionally, the Plan maintains its cash accounts at an area bank. The accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per bank. At times during the year, the Plan has deposits in one financial institution in excess of $250,000.

NOTE 9 – RECLASSIFICATIONS

Certain prior year amounts have been reclassified to conform to the current year presentation. The reclassifications had no impact on net assets available for benefits.

SUPPLEMENTAL INFORMATION

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

FORM 5500, EIN 34-6541609, PN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2018

(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
	SHORT TERM INVESTMENTS				
*	Schwab U.S. Treasury Money Fund	1,728	Money Market Funds	$ 1,760	$ 1,760
			TOTAL SHORT TERM INVESTMENTS	1,760	1,760
	MUTUAL FUNDS				
	Pimco Total Return Fund	28,361	Mutual Funds	311,352	281,621
	Vanguard Total Bond Market	79,924	Mutual Funds	809,936	835,201
	Vanguard Developed Markets	14,130	Mutual Funds	142,691	130,846
	Vanguard Extended Markets	3,835	Mutual Funds	114,470	290,484
	Vanguard Mid Cap Index	5,170	Mutual Funds	104,991	194,960
	Vanguard 500 Index Fund	43,223	Mutual Funds	431,577	1,000,460
			TOTAL MUTUAL FUNDS	1,915,017	2,733,572
	Participant Loans		Interest 4.25%	-	4,140
			TOTAL INVESTMENTS	$ 1,916,777	$ 2,739,472

* Indicates a party known to be a party in interest.

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

SCHEDULE II

FORM 5500, EIN 34-6541609, PN 001

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

FOR THE YEAR ENDED DECEMBER 31, 2018

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION	TOTAL NUMBER OF PURCH.	TOTAL NUMBER OF SALES	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN OR (LOSS)
Charles Schwab	Vanguard Extended Market Index Fund		1		50,000	18,344	50,000	31,656
Charles Schwab	Vanguard 500 Index Fund		1		100,000	40,548	100,000	59,452

* 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, 2018.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2018 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning and ending

A This return/report is for:
- [ ] a multiemployer plan
- [x] 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
- [ ] 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:
- [x] 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 (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)
TEAMSTERS JOINT COUNCIL NO. 41

6051 CAREY DRIVE

VALLEY VIEW OH 44125

2b Employer Identification Number (EIN) 34-6541609

2c Plan Sponsor's telephone number 216-642-0880

2d Business code (see instructions) 813930

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	Signature of plan administrator	Date 9-16-19	Enter name of individual signing as plan administrator PATRICK J. DARROW
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

TEAMSTERS JOINT COUNCIL NO. 41 SEVERANCE PLAN

FORM 5500, EIN 34-6541609, PN 001

MULTIPLE - EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

DECEMBER 31, 2018

PARTICIPATING EMPLOYERS	EIN	EMPLOYERS PERCENTAGE OF TOTAL CONTRIBUTIONS
TEAMSTERS LOCAL UNION NO. 20	34-4371700	12.15%
TEAMSTERS LOCAL UNION NO. 24	34-0584858	3.21%
TEAMSTERS LOCAL UNION NO. 40	34-0362810	1.85%
TEAMSTERS LOCAL UNION NO. 52	34-0082415	2.29%
TEAMSTERS LOCAL UNION NO. 92	34-0308397	4.63%
TEAMSTERS LOCAL UNION NO. 284	34-0917877	6.70%
TEAMSTERS LOCAL UNION NO. 293	34-0090940	3.37%
TEAMSTERS LOCAL UNION NO. 348	34-0582490	3.24%
TEAMSTERS LOCAL UNION NO. 377	34-0308415	5.48%
TEAMSTERS LOCAL UNION NO. 400	34-0159950	1.15%
TEAMSTERS LOCAL UNION NO. 407	34-0582485	6.41%
TEAMSTERS LOCAL UNION NO. 413	31-4215596	8.01%
TEAMSTERS LOCAL UNION NO. 416	34-0823268	1.75%
TEAMSTERS LOCAL UNION NO. 436	34-0210685	5.70%
TEAMSTERS LOCAL UNION NO. 473	34-0427385	1.49%
TEAMSTERS LOCAL UNION NO. 507	34-1002900	7.35%
TEAMSTERS LOCAL UNION NO. 637	31-4323442	2.26%
TEAMSTERS LOCAL UNION NO. 908	34-4315841	1.91%
TEAMSTERS LOCAL UNION NO. 957	31-0329938	8.08%
TEAMSTERS LOCAL UNION NO. 964	34-0241030	1.42%
TEAMSTERS LOCAL UNION NO. 1108	42-1665689	0.37%
TEAMSTERS LOCAL UNION NO. 1164	34-0443353	0.74%
TEAMSTERS LOCAL UNION NO. 1224	31-1398155	10.44%
TOTAL PARTICIPATING EMPLOYER PERCENTAGE		100.00%

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

FORM 5500, EIN 34-6541609, PN 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2018

(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
	SHORT TERM INVESTMENTS				
*	Schwab U.S. Treasury Money Fund	1,728	Money Market Funds	$ 1,760	$ 1,760
			TOTAL SHORT TERM INVESTMENTS	1,760	1,760
	MUTUAL FUNDS				
	Pimco Total Return Fund	28,361	Mutual Funds	311,352	281,621
	Vanguard Total Bond Market	79,924	Mutual Funds	809,936	835,201
	Vanguard Developed Markets	14,130	Mutual Funds	142,691	130,846
	Vanguard Extended Markets	3,835	Mutual Funds	114,470	290,484
	Vanguard Mid Cap Index	5,170	Mutual Funds	104,991	194,960
	Vanguard 500 Index Fund	43,223	Mutual Funds	431,577	1,000,460
			TOTAL MUTUAL FUNDS	1,915,017	2,733,572
	Participant Loans		Interest 4.25%	-	4,140
			TOTAL INVESTMENTS	$ 1,916,777	$ 2,739,472

* Indicates a party known to be a party in interest.

SCHEDULE II

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, 2018

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION	TOTAL NUMBER OF PURCH.	TOTAL NUMBER OF SALES	(c) PURCHASE PRICE	(d) SELLING PRICE	(g) COST OF ASSET	(h) CURRENT VALUE	(i) NET GAIN OR (LOSS)
Charles Schwab	Vanguard Extended Market Index Fund		1		50,000	18,344	50,000	31,656
Charles Schwab	Vanguard 500 Index Fund		1		100,000	40,548	100,000	59,452

* 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, 2018.