

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEAMSTERS-NATIONAL 401K SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/12/1996
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE TEAMSTERS- NATIONAL 401K SAVINGS PLAN TRUST
2b Employer Identification Number (EIN): 52-1967784
2c Plan Sponsor's telephone number: 412-471-2885
2d Business code (see instructions): 484120

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Fred Zuckerman (plan administrator) and Gary F. Caldwell (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	167196
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	152665
	6a(2)	152462
	6b	1534
	6c	10346
	6d	164342
	6e	337
	6f	164679
	6g(1)	30076
6g(2)	29823	
6h	6	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	752

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2R 2T

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TEAMSTERS-NATIONAL 401K SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE TEAMSTERS- NATIONAL 401K SAVINGS PLAN TRUST</p>	<p>D Employer Identification Number (EIN) 52-1967784</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	524768-01	6423	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	210357494
5	Current value of plan's interest under this contract in separate accounts at year end.....	330774710
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 239430696
c	Additions: (1) Contributions deposited during the year	7c(1) 14862362
	(2) Dividends and credits.....	7c(2) 4595804
	(3) Interest credited during the year.....	7c(3) 0
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶ FORFEITURES AND TRANSFERS IN	7c(5) 18208998
	(6) Total additions	7c(6) 37667164
d	Total of balance and additions (add lines 7b and 7c(6))	7d 277097860
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 47125576
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 19239784
	(4) Other (specify below)..... ▶ NET LOAN ACTIVITY AND TRANSFERS OUT	7e(4) 375006
(5) Total deductions	7e(5) 66740366	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 210357494

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TEAMSTERS-NATIONAL 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE TEAMSTERS- NATIONAL 401K SAVINGS PLAN TRUST	D Employer Identification Number (EIN) 52-1967784	

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)

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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?
25 50 64	NONE	1232535	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	593200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(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 50	NONE	408030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MORGAN LEWIS BOCKIUS LLP

23-0891050

(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?
29 50	NONE	381000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALAN D BILLER ASSOCIATES

535 MIDDLEFIELD ROAD
SUITE 230
MELON PARK, CA 94025

(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 50	NONE	94000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERNATIONAL BROTHER OF TEAMSTERS

53-0215427

(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?
35 50	NONE	25848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FEINBERG DUMONT BRENNAN

177 MILK STREET
SUITE 300
BOSTON, MA 02109

(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?
29 50	NONE	14791	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TEAMSTERS-NATIONAL 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE TEAMSTERS- NATIONAL 401K SAVINGS PLAN TRUST</u>	D Employer Identification Number (EIN) <u>52-1967784</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO CF SL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>292625241</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH I</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-274</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>169560969</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2030 FD T</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>85-3749885-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>116390155</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX RETIREMENT</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>85-3817417-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>97192321</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH TRUST COMPANY CORE PLUS FIXED IN</u>		
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK TRUST</u>		
c EIN-PN <u>45-2395022-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81178890</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA DIVIDEND VALUE (SA4AT)</u>		
b Name of sponsor of entity listed in (a): <u>EMPOWER ANNUITY INSURANCE COMPANY</u>		
c EIN-PN <u>06-1050034-785</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62404050</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2040 FD T</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>85-3759562-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62053698</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO CF SL BROAD MARKET STOCK		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 84-7062700-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55849870
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2035 FD T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 85-3759384-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41121351
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/VICTORY FUND		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35423251
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2050 FD T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 85-3785807-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35213012
a Name of MTIA, CCT, PSA, or 103-12 IE: SA INVESCO SMALL CAP GROWTH STRATEG		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-293	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31809871
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND PRUDENTIAL FUND		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-300	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31575370
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2045 FD T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 85-3785769-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22621197
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2060 FD T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 85-3799999-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13089740
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2055 FD T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 85-3799936-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11749232
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON NSL TIPS INDEX FUND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-233	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9330686

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2065 FD T		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 85-3816960-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6025665
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SL SMARTPATH RET TD 2020 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-150	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SL SMARTPATH RET TD 2025 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-283	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SL SMARTPATH RET TD 2030 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-151	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SMARTPATH RET TD 2035 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-284	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SMARTPATH RET TD 2040 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-152	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SMARTPATH RET TD 2045 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-285	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SMARTPATH RET TD 2050 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-278	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SMARTPATH RET TD 2055 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-304	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM SMARTPATH RET TD 2060 T		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-325	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TEAMSTERS-NATIONAL 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE TEAMSTERS- NATIONAL 401K SAVINGS PLAN TRUST	D Employer Identification Number (EIN) 52-1967784

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	264423	439080
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2411053	2431004
(2) Participant contributions	1b(2)	2378137	2095474
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1861651	2019127
(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)	29444218	31250581
(9) Value of interest in common/collective trusts	1c(9)	793391745	844441058
(10) Value of interest in pooled separate accounts	1c(10)	299033540	330773511
(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)	41114001	39483935
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	239430696	210357494
(15) Other.....	1c(15)	11774566	12923646

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1421104030	1476214910
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	992641	979624
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	992641	979624
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1420111389	1475235286

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)	25689093	
(B) Participants.....	2a(1)(B)	60187795	
(C) Others (including rollovers).....	2a(1)(C)	3757285	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		89634173
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	1480867	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1480867
(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)	112516	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		112516
(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)	113709197
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	63164474
(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)	-567931
c Other income	2c	5218332
d Total income. Add all income amounts in column (b) and enter total.....	2d	272751628

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	212043785
(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)	212043785
f Corrective distributions (see instructions)	2f	231304
g Certain deemed distributions of participant loans (see instructions).....	2g	2368302
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	593200
(3) Recordkeeping fees	2i(3)	1500409
(4) IQPA audit fees	2i(4)	33281
(5) Investment advisory and investment management fees	2i(5)	94000
(6) Bank or trust company trustee/custodial fees	2i(6)	44688
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	395791
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	7732
(11) Other expenses.....	2i(11)	315239
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	2984340
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	217627731

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	55123897
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WITHUMSMITH+BROWN P.C

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2075142
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TEAMSTERS-NATIONAL 401K SAVINGS 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>BOARD OF TRUSTEES OF THE TEAMSTERS- NATIONAL 401K SAVINGS PLAN TRUST</u>	D Employer Identification Number (EIN) <u>52-1967784</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 22-1211670

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Teamsters-National 401(k) Savings Plan
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports**

Teamsters-National 401(k) Savings Plan
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December 31, 2024 and 2023

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Independent Auditor's Report

To the Trustees
Teamsters-National 401(k) Savings Plan:

Opinion

We have audited the financial statements of the Teamsters-National 401(k) Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2024 and 2023 and the changes in net assets available for benefits for the years then ended, of the Teamsters-National 401(k) Savings Plan in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Teamsters-National 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Teamsters-National 401(k) Savings Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Teamsters-National 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Teamsters-National 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Withum Smith + Brown, PC

October 8, 2025

**Teamsters-National 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments		
Investments at fair value		
Pooled separate accounts	\$ 330,773,511	\$ 299,033,540
Registered investment companies	39,483,935	41,114,001
Common collective trusts	844,441,058	793,391,745
Stable value fund	1,608,999	2,682,148
Participant-directed brokerage accounts	11,314,647	9,092,418
Total investments at fair value	<u>1,227,622,150</u>	<u>1,145,313,852</u>
Investments at contract value		
Guaranteed investment contract	210,357,494	239,430,696
Total investments	<u>1,437,979,644</u>	<u>1,384,744,548</u>
Receivables		
Participant contributions	2,095,474	2,378,137
Employer contributions	2,431,004	2,411,053
Notes receivable from participants	39,214,264	36,864,754
Total receivables	<u>43,740,742</u>	<u>41,653,944</u>
Cash and cash equivalents	2,458,207	2,126,074
Total assets	<u>1,484,178,593</u>	<u>1,428,524,566</u>
Liabilities		
Accounts payable	979,624	992,641
Total liabilities	<u>979,624</u>	<u>992,641</u>
Net assets available for benefits	<u>\$1,483,198,969</u>	<u>\$1,427,531,925</u>

The Notes to Financial Statements are an integral part of these statements.

**Teamsters-National 401(k) Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 183,358,204	\$ 199,251,281
Interest and dividends	112,516	880,565
Total investment income	<u>183,470,720</u>	<u>200,131,846</u>
Contributions		
Participants	60,187,795	71,519,874
Employers	25,689,093	34,360,201
Rollovers	3,757,285	7,416,052
Total contributions	<u>89,634,173</u>	<u>113,296,127</u>
Interest income on notes receivable from participants	1,480,867	1,509,210
Total additions	<u>274,585,760</u>	<u>314,937,183</u>
Deductions		
Benefits paid to participants and beneficiaries	214,100,244	289,121,707
Administrative expenses	4,818,472	3,069,860
Total deductions	<u>218,918,716</u>	<u>292,191,567</u>
Net change before transfers in	55,667,044	22,745,616
Transfers in	-	5,948,480
Net change in net assets available for benefits	55,667,044	28,694,096
Net assets available for benefits		
Beginning of year	1,427,531,925	1,398,837,829
End of year	<u>\$1,483,198,969</u>	<u>\$1,427,531,925</u>

The Notes to Financial Statements are an integral part of these statements.

Teamsters-National 401(k) Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Teamsters-National 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer contributory defined contribution plan that was established effective February 12, 1996, as a result of a collective bargaining agreement ("CBA") between the employer's participation in the Plan and various employers and International Brotherhood of Teamsters (the "Union"). The Plan was restated effective October 28, 2014. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. Further, unless otherwise elected in an individual CBA or participation agreement, the Plan covers all employees who have completed 30 days of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration

The Plan is administered by a Board of Trustees (the "Trustees"), composed of four Union Trustees and four Employer Trustees. Empower Annuity and Insurance Company of America ("Empower") provides recordkeeping and custodial services.

Contributions

Each year participants may contribute up to 89% of their compensation as pre-tax, Roth after-tax and after-tax annual contributions as defined by the Plan, subject to employer and Union bargaining agent agreements, the participation agreement and Internal Revenue Service ("IRS") annual contribution limits. Participants may also contribute amounts (rollovers) representing distributions from other qualified defined benefit or defined contribution plans. An employer, as provided in a participation agreement, may elect to make matching or nonelective contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and matching employer contributions and allocations of (a) the employers' nonelective contributions and (b) Plan earnings and is charged with benefits paid and a quarterly fee. Allocations of the employers' nonelective contributions and Plan earnings are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are charged quarterly with a flat fee (\$95 per participant per quarter for 2024 and 2023) which is used to pay all Plan expenses. For the Plan years ended December 31, 2024 and 2023, fees charged to participant accounts totaled \$4,917,785 and \$3,094,583 respectively.

Vesting

Participants are immediately vested in their contributions, plus actual earnings thereon. Participants are 100% vested in the employer matching and nonelective contribution portion of their accounts, plus actual earnings thereon unless the participant is participating in the Plan pursuant to a participation agreement that provides for a 20% per year, five-year vesting schedule or other such vesting schedules as agreed upon in the employer's participation agreement.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, subject to election under their employers' participation agreements. The repayment period for any general-purpose loan is no longer than five years and any principal residence loan will be no more than thirty years. The loans are secured by the balance in the participant's account. The loan interest rate, determined monthly, is set at 1% above the prime rate, as of the last day of the month prior to the date of the loan. For Plan years ended December 31, 2024 and 2023, interest rates ranged from 4.25% to 9.50% and loans mature on various dates through 2054. Principal and interest are paid at least quarterly via payroll deductions as elected by the participant. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Teamsters-National 401(k) Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Payment of Benefits

On termination of service due to disability, retirement, or termination of service due to other reasons, a participant may either elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or to delay a distribution until required by IRS regulations. The Plan allows for hardship withdrawals arising as the result of (a) expense incurred by the participant in order to obtain medical care for the participant or a dependent, (b) the purchase of a home, (c) the payment of post-secondary tuition for the participant or a dependent, (d) the threat of eviction or foreclosure, (e) the payment of burial or funeral expenses for the participant's dependent, (f) expense for repair of damage to the participant's principal residence that would qualify for the casualty deduction under Internal Revenue Code ("IRC") section 165 or (g) on account of financial hardship pursuant to U.S. Treasury regulations. The balance of after-tax and rollover contribution accounts may be withdrawn at any time and for any reason. If a participant dies before distribution of the full value of their account, distribution of the remaining account will be made to their beneficiary. As of December 31, 2024 and 2023, there were no participants who had elected to withdraw from the Plan but had not been paid.

Forfeited Accounts

The Plan maintains a "Forfeiture Account" that is credited with forfeited amounts (i.e., unvested amounts from terminated participants) and amounts with respect to uncashed checks and missing participants, pending resolution. At December 31, 2024 and 2023, forfeited accounts totaled \$1,331,226 and \$1,246,410, respectively. These accounts hold nonvested amounts from terminated participants and amounts with respect to uncashed checks of missing participants. At December 31, 2024 and 2023, amounts with respect to uncashed checks and missing participants totaled \$5,426 and \$71, respectively. The forfeited amounts will be used first to restore the accounts for terminated participants who return to employment with a covered employer within five years of termination and to pay benefits due missing participants who are subsequently located, and second to pay reasonable Plan expenses.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash Equivalents

Demand deposits and highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents.

Contributions Receivable

Contributions receivable are recorded based on subsequent receipts and an analysis of employer remittance reports. Management of the Plan evaluates contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Teamsters-National 401(k) Savings Plan

Notes to Financial Statements

December 31, 2024 and 2023

Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract 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. In accordance with the policy of presenting investments at fair value, net appreciation in fair value of investments includes realized and unrealized gains and losses on investments bought and sold, as well as held, in the statements of changes in net assets available for benefits for the period in which it occurs. See Note 3 for discussion of fair value measurements.

The Plan's investments in fully benefit-responsive investment contracts are reported at contract value. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, based on the terms of the Plan document, the participant loan balance is reduced and a benefit payment is recorded.

Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events were evaluated through October 8, 2025, the date the financial statements were available to be issued.

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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique include:

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

If the asset or liability 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 technique are unobservable and significant to the fair value measurement.

The asset's or liability'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**Teamsters-National 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023**

The following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2024 and 2023.

Level 1 Participant-Directed Brokerage Accounts: Primarily consist of common stocks and mutual funds, which are presented at fair value based on quoted market prices.

Level 2 Participant-Directed Brokerage Accounts: Primarily consist of interest-bearing cash, which is valued at cost, approximating fair value.

Registered Investment Companies: Valued at the closing price reported on the active market on which the individual fund is traded.

Investments Measured at Net Asset Value: Consist of common collective trusts, pooled separate accounts and stable value funds, valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			Total
	Level 1	Level 2	Level 3	
Participant-directed brokerage accounts	\$ 10,616,722	\$ 697,925	\$ -	\$ 11,314,647
Registered investment companies	39,483,935	-	-	39,483,935
Total investments in the fair value hierarchy	50,100,657	697,925	-	50,798,582
Investments measured at net asset value (a)	-	-	-	1,176,823,568
Total investments at fair value	\$ 50,100,657	\$ 697,925	\$ -	\$1,227,622,150

Teamsters-National 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

	2023			
	Level 1	Level 2	Level 3	Total
Participant-directed brokerage accounts	\$ 8,378,276	\$ 714,142	\$ -	\$ 9,092,418
Registered investment companies	41,114,001	-	-	41,114,001
Total assets in the fair value hierarchy	49,492,277	714,142	-	50,206,419
Investments measured at net asset value (a)	-	-	-	1,095,107,433
Total investments at fair value	\$ 49,492,277	\$ 714,142	\$ -	\$1,145,313,852

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

Authoritative guidance on fair value measurements permits the Plan to measure fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the net asset value per share or its equivalent of the investment. The guidance does not apply if it is a probable that the investment will be sold at a value different than NAV.

The Plan's investments in investment entities valued at NAV are subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities. The Plan's risk of loss in these entities is limited to its investment.

The following tables summarize investments measured at fair value based on net asset value per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption	
			Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	\$ 330,773,511	\$ -	Daily	One Day
Common collective trusts	844,441,058	-	Daily	One Day
Stable value fund	1,608,999	-	Daily	One Day
	\$1,176,823,568	\$ -		

December 31, 2023	Fair Value	Unfunded Commitments	Redemption	
			Frequency (if currently eligible)	Redemption Notice Period
Pooled separate accounts	\$ 299,033,540	\$ -	Daily	One Day
Common collective trusts	793,391,745	-	Daily	One Day
Stable value fund	2,682,148	-	Daily	One Day
	\$1,095,107,433	\$ -		

**Teamsters-National 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023**

4. Fully Benefit-Responsive Guaranteed Investment Contract

The Plan invests in a Guaranteed Investment Contract ("GIC") with Empower, structured specifically as a fully benefit-responsive investment contract. This contract is designed to preserve capital and provide a stable return and is reported at contract value—the amount participants would receive in permitted transactions under the Plan.

Empower maintains assets in a separate account and guarantees both principal and accrued interest for participant-initiated withdrawals, provided the contract remains active. Interest is credited using a single "portfolio rate" approach, applying the same rate to all contributions regardless of timing. Rates are reviewed quarterly and guaranteed not to fall below 0%. Empower may not terminate the contract at an amount other than contract value.

As a fully benefit-responsive contract, the investment allows participants to withdraw or transfer funds at contract value under normal circumstances. The contract includes wrapper agreements that guarantee a minimum crediting rate of 3%. Earnings are credited to the account and charges are applied for withdrawals and administrative expenses. Crediting rates may be adjusted to reflect differences between the fair value and book value of the underlying assets, as well as cash flow volatility. These rates are reviewed quarterly.

The Plan's ability to receive amounts due depends on the issuer's financial stability, which may be influenced by economic or regulatory changes. Certain events—such as Plan amendments, sponsor bankruptcy, or failure to maintain tax-exempt status—may limit the Plan's ability to transact at contract value. Additionally, issuers may terminate contracts and settle at values other than contract value in cases of guideline violations, breaches, misrepresentations, or material amendments without issuer consent. No such limiting events are currently considered probable.

5. Transfers In

During 2024 and 2023, the Plan received a transfer of assets and liabilities totaling \$0 and \$5,948,480, respectively, from the Reddaway Hourly 401(k) Plan.

6. Party-In-Interest Transactions

Certain Plan investments are managed by Empower. Empower is the trustee and recordkeeper for the Plan. These transactions qualify as party-in-interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party-in-interest transactions.

7. Plan Termination

Although the Trustees have not expressed intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the Plan document. In the event of Plan termination, participants will become 100% vested in their accounts.

8. Tax Status

The IRS has determined and informed the Trustees by a letter dated February 24, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving this letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Teamsters-National 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023**

9. Administrative expenses

The Plan recorded the following expenses for the years ended December 31, 2024 and 2023:

	2024	2023
Administration fees	\$ 3,692,377	\$ 2,059,767
Audit fees	33,281	41,387
Bank fees	44,688	41,688
Consulting fees	94,000	52,500
Insurance	124,263	107,395
Legal fees	395,791	453,179
Mail services	46,357	69,721
Miscellaneous	1,525	1,425
Office and telephone	3,709	2,436
Payroll audit fees	374,749	234,684
Trustee and meeting expenses	7,732	5,678
Total administrative expenses	\$ 4,818,472	\$ 3,069,860

10. Risks and Uncertainties

The Plan invests in 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 the amounts reported in the statements of net assets available for benefits.

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations and cash flows. The Plan has not experienced any losses on such federally insured accounts. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and historically high collection rate of receivables.

11. Delinquent Participant Contributions

For the years ended December 31, 2024 and 2023, certain participating employers did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled \$496,518, were not corrected in 2024. Untimely remittances of \$1,578,624 were identified on the Schedule of Delinquent Participant Contributions in a prior year and were not corrected prior to January 1, 2024. The prior year untimely remittances were corrected outside of the Department of Labor Voluntary Fiduciary Correction Program in 2024.

12. Excess Contributions

Benefit distributions include payments of \$231,304 and \$145,093 for 2024 and 2023, respectively, made to certain active participants to return excess deferral contributions as required to satisfy relevant nondiscrimination provisions of the Plan for the prior years.

Teamsters-National 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

13. Reconciliation of Financial Statements to Form 5500

Notes receivable from participants differ between the Form 5500 and financial statements by \$7,963,683 and \$7,420,536 as of December 31, 2024 and 2023, respectively. The Form 5500 Schedule H Part I Line 1(c)8 does not include notes receivable from participants in default as part of net assets available for benefits whereas the financial statements include defaulted loans as part of participant loans on the statements of net assets available for benefits.

Benefits paid to participants differ between the Form 5500 and the financial statements by \$2,056,459 due to deemed distributions of notes receivable from participants, the change in defaulted loans, and corrective distributions for the year ended December 31, 2024 as follows:

Schedule H Part II Line 2(e)1 Benefits paid directly to participants or beneficiaries	\$ 212,043,785
Schedule H Part II Line 2(f) Corrective distributions	231,304
Schedule H Part II Line 2(g) ERISA deemed distributions of participant loans	2,368,302
Change in defaulted loans	(543,147)
Total benefits paid to participants per financial statements	<u>\$ 214,100,244</u>

Supplementary Information

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Independent Auditor's Report

To the Trustees of
Teamsters-National 401(k) Savings Plan:

We have audited the financial statements of the Teamsters-National 401(k) Savings Plan as of and for the years ended December 31, 2024 and 2023, and our report thereon dated October 8, 2025, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 audit 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 forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

WithumSmith+Brown, PC

October 8, 2025

Teamsters-National 401(k) Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 52-1967784 Plan Number: 001
Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions				Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
2023: \$ 1,578,624 (1)	\$ -	\$ 1,578,624	\$ -	\$ -	
2024: 496,518 (2)	-	496,518	-	-	

(1) Lost earnings on late remittances in 2023 have been determined and were remitted in 2024.
(2) Lost earnings on late remittances in 2024 have been determined, but not yet funded in 2025.

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
ABM Aviation- Local 295	\$ 2,420	\$ -	\$ 2,420	\$ -
Acme Paper & Supply Company	14,670	-	14,670	-
Active Transportation Co - ATC	3,014	-	3,014	-
Alsco Inc- Southeast Region	874	-	874	-
Alta Industrial Properties, Inc/TA as Si	166	-	166	-
Aramark Uniform Services	3,112	-	3,112	-
Athens Services	1,847	-	1,847	-
Bay Transportation Inc	634	-	634	-
Becker Iron & Metal, INC	1,258	-	1,258	-
BFI of Elyria/Lorain -Local Union No.20	24,387	-	24,387	-
BFI of Youngstown -	305	-	305	-
BFI of Youngstown - Local Union No.377	2,094	-	2,094	-
Bohn & Dawson	601	-	601	-
Brenntag Great Lakes LLC	3,129	-	3,129	-
Buckeye Broadband	1,202	-	1,202	-
BWC Terminals LLC	104	-	104	-
Canada Dry Potomac	3,527	-	3,527	-
Canada Dry-Local 592	5,139	-	5,139	-
Chicagoland Quad Cities Express, INC	11,004	-	11,004	-
Clifford B Finkle Jr Inc	1,222	-	1,222	-
Coastal Employer Strategies	3,300	-	3,300	-
Coca-Cola Bottling Co United - Lu 991	5,065	-	5,065	-
Colony Garage Corp.	20,926	-	20,926	-
Colorite Plastics	2,627	-	2,627	-
Consolidated Disposal of CA Gardena	1,196	-	1,196	-
Consolidated Disposal/ Long Beach	259	-	259	-
Consolidated Disposal/Innovative Waste	456	-	456	-
Consolidated Disposal/Sun Valley	2,482	-	2,482	-
Dairy Farmers of America, Inc.	273	-	273	-
DHL Express (USA), INC local 295	101	-	101	-
DHL/Danzas AEI	339	-	339	-
DHL/Danzas AEI Local 295	101	-	101	-
E. Armata Inc	280	-	280	-
Empire Merchants North	998	-	998	-
EPIC, An Indirect Subsidiary of STI	10,801	-	10,801	-
First Group	2,167	-	2,167	-
First Group America Inc.- Local 384	12,197	-	12,197	-
First Student 638 Drivers & Monitors	15,842	-	15,842	-

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Teamsters-National 401(k) Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 52-1967784, Plan Number: 001
Year Ended December 31, 2024

	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
First Student Inc, 572 Victorville,CA	\$ 433	\$ -	\$ 433	\$ -	\$ -
First Student L773 Drivers & Aides	2,439	-	2,439	-	-
First Student Local 671 Mechanics & Serv	13,107	-	13,107	-	-
First Transit -Local Union No.631	2,424	-	2,424	-	-
First Transit LU 355 Drivers/Mech	2,870	-	2,870	-	-
First Transit, Inc local 570	144	-	144	-	-
Fizzano Brothers	1,803	-	1,803	-	-
George Western Bakeries/ Entenmann's	255	-	255	-	-
Gilbert International, Inc	1,979	-	1,979	-	-
Gordon TerminalService CO	196	-	196	-	-
Grobet File Co.of America, LLC	1,853	-	1,853	-	-
Hestia Heat Treat Inc	1,367	-	1,367	-	-
Independence Associates	2,243	-	2,243	-	-
Jacobus Energy Inc	62	-	62	-	-
Kinray LLC	3,493	-	3,493	-	-
Laidlaw Education Service - Local	5,171	-	5,171	-	-
Laidlaw Education Service - Local1205	26,691	-	26,691	-	-
LAZ Parking	1,921	-	1,921	-	-
Levine Distributing Colnc	365	-	365	-	-
Magra, Inc.	138	-	138	-	-
Mc Ginn Bus	102	-	102	-	-
Mc Ginn Bus Company	1,129	-	1,129	-	-
McCarthy Building Companies, Inc LU 916	3,399	-	3,399	-	-
McCarthy Building Companies, Inc.	125	-	125	-	-
McGraw Kokosing, Inc	168	-	168	-	-
Mid-America Paper Recycling	242	-	242	-	-
Mid-America Paper RecyclingCo-710	2,423	-	2,423	-	-
Mid-Atlantic Baking	253	-	253	-	-
National Acoustics	626	-	626	-	-
National Block Co.- Local 247	7,742	-	7,742	-	-
Nickelson Industrial Service, Inc.	1,860	-	1,860	-	-
Obax Infrastructures, LLC- Ready Mix Dri	8,454	-	8,454	-	-
Official OffsetCorp	540	-	540	-	-
Orograin Bakeries Sales, Inc.	1,945	-	1,945	-	-
Penn Fibre Plastics Inc	2,285	-	2,285	-	-
Penske Truck Leasing - Local41	16	-	16	-	-
Penske Truck Leasing - Local78	108	-	108	-	-
Port Elizabeth Terminal	6,590	-	6,590	-	-
Prairie Farms Dairy Inc.	1,182	-	1,182	-	-
Precision Vehicle Solutions	2,369	-	2,369	-	-
PSC Industrial Outsourcing dba:HydroChem	17,653	-	17,653	-	-
Rainbow Disposal dba Rainbow Env. Serv	394	-	394	-	-
Richards Manufacturing Co.	6,358	-	6,358	-	-
Roosevelt Island Operating Corp	7,492	-	7,492	-	-
Roscoe	2,688	-	2,688	-	-
Rose Brand Wipers, Inc.	15,357	-	15,357	-	-
Ryder System, Inc.	52	-	52	-	-
S. Katzman Produce, Inc.	1,020	-	1,020	-	-
Sandy Alexander, Inc	27,601	-	27,601	-	-
Six Mile LLC	1,175	-	1,175	-	-
Standard Distributing Colnc	870	-	870	-	-
State Road BldgSupply Co	32	-	32	-	-

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Teamsters-National 401(k) Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 52-1967784, Plan Number: 001
Year Ended December 31, 2024

	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Stroehmann Bakeries - Local Union 773	\$ 665	\$ -	\$ 665	\$ -	\$ -
Stroehmann Bakeries- L355	103	-	103	-	-
Suburban Carting Corporation	537	-	537	-	-
Suffolk Cement Products Inc	3,519	-	3,519	-	-
Sysco Chicago, Inc.	5,674	-	5,674	-	-
T W P Enterprises, Inc.	509	-	509	-	-
Tamarack Materials, DBA Badgerland	1,081	-	1,081	-	-
Teamsters local445	530	-	530	-	-
Teamsters Local651	668	-	668	-	-
Teamsters Local773	570	-	570	-	-
Teamsters Local95	1,672	-	1,672	-	-
Teamsters LocalUnion 177	3,965	-	3,965	-	-
Teamsters LocalUnion No 283	527	-	527	-	-
Teamsters LocalUnion No 284	1,020	-	1,020	-	-
Teamsters LocalUnion No. 101	750	-	750	-	-
Teamsters LocalUnion No. 107	647	-	647	-	-
Teamsters LocalUnion No. 247	396	-	396	-	-
Teamsters LocalUnion No. 294	2,511	-	2,511	-	-
Teamsters LocalUnion No. 317	1,352	-	1,352	-	-
Teamsters LocalUnion No. 391	583	-	583	-	-
Teamsters LocalUnion No. 436	293	-	293	-	-
Teamsters LocalUnion No. 597	1,872	-	1,872	-	-
Teamsters LocalUnion No. 633	2,051	-	2,051	-	-
Teamsters LocalUnion No. 667	1,252	-	1,252	-	-
Teamsters LocalUnion No. 682 Officers	1,300	-	1,300	-	-
Teamsters LocalUnion No. 707	4,410	-	4,410	-	-
Teamsters LocalUnion No. 728	6,995	-	6,995	-	-
Teamsters LocalUnion No. 891	1,010	-	1,010	-	-
Teamsters LocalUnion No. 970	651	-	651	-	-
Teamsters LocalUnion No.710	2,128	-	2,128	-	-
Teamsters UnionLocal No. 231	240	-	240	-	-
Tension Envelope Corp	2,101	-	2,101	-	-
The American Bottling Co.	301	-	301	-	-
Tonsa Automotive	2,201	-	2,201	-	-
Total Mont, LLCDBA Western States Glass	661	-	661	-	-
Transit Management of Central Maryland	55,531	-	55,531	-	-
Tri-County Refuse Service,Inc DBA Repub	665	-	665	-	-
Union Plaza Associates	1,248	-	1,248	-	-
ValCorp	4,320	-	4,320	-	-
Vans Express- Local 773	157	-	157	-	-
Vee-Jay Cement Contracting Co., Inc.	365	-	365	-	-
Waste Management of	110	-	110	-	-
Waste Management of El Cajon	668	-	668	-	-
Waste Management of Inland Empire Coron.	787	-	787	-	-
Waste Management of Irvine	4,348	-	4,348	-	-
Waste Management-LA Metro	5,250	-	5,250	-	-
Wendell H StoneCo. Inc	133	-	133	-	-
West Side Tennis Club	558	-	558	-	-
Western Remac, Inc.	2,654	-	2,654	-	-
Zenith Logistics - Local 135	5,593	-	5,593	-	-
Zenith Logistics - Local 89	7,965	-	7,965	-	-
Zenith Logistics - LU 661/100	100	-	100	-	-
	<u>\$ 496,518</u>	<u>\$ -</u>	<u>\$ 496,518</u>	<u>\$ -</u>	<u>\$ -</u>

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Teamsters-National 401(k) Savings Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 52-1967784, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
	Notes Receivable from Participants			
*	Notes Receivable from Participants	4.25% to 9.50% with maturities from 2025 - 2054	**	\$ 31,250,581
	Interest-Bearing Cash			
	Interest-Bearing Checking - PNC Bank		**	2,019,127
	Pooled Separate Accounts			
*	Columbia Dividend Value ISP		**	62,404,050
*	High Yield Bond Prudential Fund		**	31,575,370
*	JP Morgan Large Cap Growth		**	169,560,969
*	SA Invesco Small Cap Growth Strategy		**	31,809,871
*	Small Cap Value/Victory Fund		**	35,423,251
				<u>330,773,511</u>
	Common Collective Trusts			
	Blackrock LifePath Index 2030 Fund T		**	116,390,155
	Blackrock LifePath Index 2035 Fund T		**	41,121,351
	Blackrock LifePath Index 2040 Fund T		**	62,053,698
	Blackrock LifePath Index 2045 Fund T		**	22,621,197
	Blackrock LifePath Index 2050 Fund T		**	35,213,012
	Blackrock LifePath Index 2055 Fund T		**	11,749,232
	Blackrock LifePath Index 2060 Fund T		**	13,089,740
	Blackrock LifePath Index 2065 Fund T		**	6,025,665
	Blackrock LifePath Index Retirement Fund		**	97,192,321
	BNYM Mellon AFL-CIO SL ST		**	292,625,241
	BNYM Mellon TIPS Index		**	9,330,686
	BNY Mellon AFL-CIO SL Broad Market Stock Index Fund		**	55,849,870
	John Hancock Core Plus FI Fund		**	81,178,890
				<u>844,441,058</u>
	Registered Investment Companies			
	Amer:Europacific Grow R6		**	39,483,935
				<u>39,483,935</u>
	Guaranteed Investment Contract - At Contract Value			
*	Prudential Stable Value Fund		**	210,357,494
				<u>210,357,494</u>
	Other			
*	Participant-directed brokerage account assets		**	11,314,647
	Managed Income II (Fidelity MIP II: Class II)		**	1,608,999
				<u>12,923,646</u>
				<u>\$ 1,471,249,352</u>

* Denotes a party-in-interest as defined by ERISA.

** Cost is omitted for participant-directed investments.

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Teamsters-National 401(k) Savings Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 52-1967784, Plan Number: 001
Year Ended December 31, 2024

(a)	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>SINGLE REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS</i>								
BLACKROCK	BLACKROCK LIFEPATH INDEX 2030 FUND T 12/31/2030 DD 05/31/2011	\$ 82,134,506	N/A	N/A	N/A	\$ 82,134,506	\$ 82,134,506	N/A
BLACKROCK	BLACKROCK LIFEPATH INDEX RETIREMENT FD T DD 05/31/2011	106,272,087	N/A	N/A	N/A	106,272,087	106,272,087	N/A
BLACKROCK	BLACKROCK LIFEPATH INDEX 2030 FUND T 12/31/2030 DD 05/31/2011	146,152,693	N/A	N/A	N/A	146,152,693	146,152,693	N/A
BNYM NEWTON	BNYM NEWTON SL SMARTPATH TRGT DT 2040 T 12/31/2040 DD 05/31/2011	N/A	\$ 82,141,849	N/A	N/A	65,121,582	N/A	\$ 17,020,267
BNYM NEWTON	BNYM NEWTON SL SMARTPATH TRGT DT 2030 T 12/31/2030 DD 08/1/2017	N/A	146,286,171	N/A	N/A	121,936,371	N/A	24,349,801
<i>SERIES OF REPORTABLE SECURITY TRANSACTIONS EXCEEDING 5% OF PLAN ASSETS</i>								
BLACKROCK	BLACKROCK LIFEPATH INDEX 2030 FUND T 12/31/2030 DD 05/31/2011	\$ 198,934,479	N/A	N/A	N/A	\$ 198,934,479	\$ 198,934,479	N/A
BLACKROCK	BLACKROCK LIFEPATH INDEX 2030 FUND T 12/31/2030 DD 05/31/2011	N/A	\$ 79,682,825	N/A	N/A	80,877,206	N/A	\$ (1,194,381)
BLACKROCK	BLACKROCK LIFEPATH INDEX 2040 FUND T 12/31/2040 DD 05/31/2011	108,240,433	N/A	N/A	N/A	108,240,433	108,240,433	N/A
BNYM NEWTON	BNYM NEWTON SL SMARTPATH TRGT DT 2040 T 12/31/2040 DD 05/31/2011	N/A	94,592,312	N/A	N/A	75,697,370	N/A	18,894,942
BNYM NEWTON	BNYM NEWTON SL SMARTPATH TRGT DT 2030 T 12/31/2030 DD 08/1/2017	N/A	174,001,190	N/A	N/A	146,255,719	N/A	27,745,471

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

TEAMSTERS-NATIONAL 401K SAVINGS PLAN

EIN 52-1967784

Plan No. 001

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions**

See attachment to the Audit Report attached at Accountant's Opinion

TEAMSTERS-NATIONAL 401K SAVINGS PLAN

EIN 52-1967784

Plan No. 001

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)**

See attachment to the Audit Report attached at Accountant's Opinion

TEAMSTERS-NATIONAL 401K SAVINGS PLAN

EIN 52-1967784

Plan No. 001

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Audit Report attached at Accountant's Opinion

TEAMSTERS-NATIONAL 401K SAVINGS PLAN

EIN 52-1967784

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefits Guaranty Corporation</small>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code) Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively bargained plan, check here	<input checked="" type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>			

Part II Basic Plan Information—enter all requested information			
1a Name of plan Teamsters-National 401k Savings Plan	1b Three-digit plan number (PN)	001	
	1c Effective date of plan	02/12/1996	
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) Board of Trustees of the Teamsters-National 401k Savings Plan Trust c/o Zenith American Solutions 2 Gateway Center 603 Stanwix Street, Suite 1500 Pittsburgh PA 15222-1004	2b Employer Identification Number (EIN) 52-1967784	2c Plan Sponsor's telephone number (412) 471-2885	2d Business code (see instructions) 484120

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		10/8/25	Fred Zuckerman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-8-25	Gary F. Caldwell
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	167,196
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	152,665
	6a(2)	152,462
	6b	1,534
	6c	10,346
	6d	164,342
	6e	337
	6f	164,679
	6g(1)	30,076
6g(2)	29,823	
6h	6	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	752

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 1
 - (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____
