

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

<p>1a Name of plan <u>TEAMSTERS LOCAL 491 HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND</u></p> <p><u>112 MORGANTOWN ST</u> <u>UNIONTOWN, PA 15401-4214</u></p>	<p>1c Effective date of plan <u>07/01/1960</u></p> <p>2b Employer Identification Number (EIN) <u>25-1011380</u></p> <p>2c Plan Sponsor's telephone number <u>724-438-0512</u></p> <p>2d Business code (see instructions) <u>484110</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/12/2025	VITO DRAGONE JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/12/2025	LARRY MAYROS
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">BOARD OF TRUSTEES TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND</p> <p style="color: blue;">112 MORGANTOWN STREET UNIONTOWN, PA 15401-4214</p>	<p>3b Administrator's EIN 25-1011380</p> <p>3c Administrator's telephone number 724-438-0512</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 280</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1) 280</p> <p>6a(2) 281</p> <p>6b 1</p> <p>6c 0</p> <p>6d 282</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7 33</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4L 4Q

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan TEAMSTERS LOCAL 491 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 25-1011380	

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

THE VANGUARD GROUP

23-1945930

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

HIGHMARK

23-1294723

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

FIDELITY INVESTMENTS **DEVONSHIRE STREET**

BOSTON, MA 02109

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

RHUMBLINE ADVISERS

04-3118582

(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)

HIGHMARK

23-1294723

(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?
12 49 62	NONE	220003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FRANCINE GEORGE

25-1011380

(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?
30	NONE	59150	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)

GINA DRAGONE

25-1011380

(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?
30	DAUGHTER OF TRUSTEE	58868	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)

BUCK CONSULTANTS

11 STANWIX STREET
SUITE 700
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	47144	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)

DICLAUDIO & KRAMER, LLC

27-0889793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	33285	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)

SARAH PARKER

25-1011380

(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?
30	NONE	19947	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)

ANNA GRAY

25-1011380

(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?
30	NONE	16737	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)

INVESTMENT CONSULTING SERVICES

32-0016703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	16500	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)

ANDY ABRAHAM

25-1011380

(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?
30	NONE	16236	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)

PNC BANK

25-1211909

(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?
19 52 62	NONE	15974	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MEYER, UNKOVIC & SCOTT

25-1008021

(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	NONE	12968	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)

UNITED CONCORDIA COMPANIES, INC.

25-1687586

(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?
12	NONE	11662	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)

WALTER COSTELLO

394 MALDEN ROAD
COAL CENTER, PA 15423

(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?
20 99	TRUSTEE	6109	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)

VITO DRAGONE, JR.

88 BARON COURT
HOPWOOD, PA 15445

(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?
20 99	TRUSTEE	5851	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"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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> 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan TEAMSTERS LOCAL 491 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 25-1011380

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	200	200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	145323	492128
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	50456	77663
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1800835	1496211
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27833059	31318164
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1981733	2404583

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	563218	719079
f Total assets (add all amounts in lines 1a through 1e)	1f	32374824	36508028
Liabilities			
g Benefit claims payable	1g	433231	403813
h Operating payables	1h	9959	11397
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	443190	415210
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31931634	36092818

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)	7509132	
(B) Participants	2a(1)(B)	3272	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7512404
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3069	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	25	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	858874	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		23785
(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)	424197	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2710807
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11533161

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27446	
(2) To insurance carriers for the provision of benefits.....	2e(2)	6697406	
(3) Other.....	2e(3)	173661	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6898513
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	161133	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	26000	
(5) Investment advisory and investment management fees	2i(5)	16500	
(6) Bank or trust company trustee/custodial fees	2i(6)	17321	
(7) Actuarial fees	2i(7)	47144	
(8) Legal fees	2i(8)	12958	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18836	
(11) Other expenses	2i(11)	173572	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		473464
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7371977

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4161184
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: **DICLAUDIO & KRAMER, LLC**

(2) EIN: **27-0889793**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

TEAMSTERS LOCAL UNION 491
HEALTH AND WELFARE FUND
FINANCIAL STATEMENTS
YEARS ENDED AUGUST 31, 2024 AND 2023

March 1, 2025

TEAMSTERS LOCAL UNION 491 HEALTH AND WELFARE FUND

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Teamsters Local Union 491
Health and Welfare Fund
Uniontown, PA

Opinion

We have audited the financial statements of Teamsters Local Union 491 Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Teamsters Local Union 491 Health and Welfare Fund as of August 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, 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 Teamsters Local Union 491 Health and Welfare Fund 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 Teamsters Local Union 491 Health and Welfare Fund's ability to continue as a going concern for one year after the date 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 Teamsters Local Union 491 Health and Welfare Fund '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 Teamsters Local Union 491 Health and Welfare Fund '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.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
March 1, 2024

TEAMSTERS LOCAL 491, HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	August 31,	
	2024	2023
Investments at Fair Value		
Cash Equivalents	\$ 93,181	\$ 17,247
Mutual Funds	27,689,432	24,562,665
Exchange Traded Funds	3,628,732	3,270,394
Other	2,404,583	1,981,733
	33,815,928	29,832,039
Employer Contributions Receivable	492,128	145,323
Cash	1,403,230	1,783,788
Fixed Assets		
Land	400,397	241,339
Building	214,000	214,000
Building Improvements	788,609	788,609
Office Equipment	109,110	109,110
	1,512,116	1,353,058
Less: Accumulated Depreciation	845,972	818,214
	666,144	534,844
Reserve Deposits with Insurance Providers	26,400	26,400
Other Assets		
Accrued Interest Receivable	62,192	50,456
Prepaid Expenses	27,267	29,354
Due from Pension Fund	15,471	-
	104,930	79,810
TOTAL ASSETS	36,508,760	32,402,204
LIABILITIES		
Accounts Payable and Accrued Expenses	11,397	9,959
TOTAL LIABILITIES	11,397	9,959
NET ASSETS AVAILABLE FOR BENEFITS	\$ 36,497,363	\$ 32,392,245

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

TEAMSTERS LOCAL 491, HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year Ended August 31,</u>	
	<u>2024</u>	<u>2023</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Employer Contributions	\$ 7,509,132	\$ 7,215,228
Participant Contributions	3,272	6,687
	<u>7,512,404</u>	<u>7,221,915</u>
Investments		
Investment Income	861,968	659,738
Appreciation (Depreciation) In Investments	3,135,004	19,565
	<u>3,996,972</u>	<u>679,303</u>
Less Investment Fees	33,821	32,336
	<u>3,963,151</u>	<u>646,967</u>
Rental Income	<u>23,785</u>	<u>23,785</u>
	23,785	23,785
TOTAL ADDITIONS	11,499,340	7,892,667
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Blue Cross and Blue Shield	5,335,697	3,936,304
Blue Shield - Prescription Benefits	1,378,714	1,006,534
Blue Shield - Vision Benefits	28,780	40,409
Dental - UCCI	169,512	180,865
Disability Benefits	9,709	29,278
Death Benefits	10,000	-
Less - Other Reimbursements and Refunds	<u>(4,481)</u>	<u>(1,822)</u>
TOTAL BENEFITS	6,927,931	5,191,568
Office and Administrative Expenses and Professional Fees (See Schedule A)	<u>466,291</u>	<u>378,284</u>
TOTAL DEDUCTIONS	7,394,222	5,569,852
NET INCREASE (DECREASE) IN NET ASSETS	4,105,118	2,322,815
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	<u>32,392,245</u>	<u>30,069,430</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	<u><u>\$ 36,497,363</u></u>	<u><u>\$ 32,392,245</u></u>

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

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS

	August 31,	
	2024	2023
AMOUNTS CURRENTLY PAYABLE		
Blue Cross / Blue Shield Payables	\$ 121,649	\$ -
Claims Incurred But Not Reported - Blue Cross / Blue Shield	256,250	423,684
Claims Incurred But Not Reported - UCCI	17,180	8,550
Claims Incurred But Not Reported - Other	8,734	997
TOTAL CURRENTLY PAYABLE	403,813	433,231
 ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE		
Future Benefits Accumulated Eligibility Credits	1,284,520	1,217,428
 POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current Retirees and Dependents	-	-
Other Participants Fully Eligible for Benefits	-	-
Other Participants Not Yet Fully Eligible for Benefits	-	-
TOTAL POSTRETIREMENT BENEFIT OBLIGATIONS	-	-
 PLAN'S TOTAL BENEFIT OBLIGATIONS	\$ 1,688,333	\$ 1,650,659

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

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	<u>Year Ended August 31,</u>	
	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	\$ 433,231	\$ 326,441
Claims Reported and Approved for Payment	6,898,513	5,298,358
Claims Paid	(6,927,931)	(5,191,568)
Balance At End of Year	403,813	433,231
 ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	1,217,428	1,147,182
Net Change During Year	67,092	70,246
Balance At End of Year	1,284,520	1,217,428
 POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	-	-
Increase (Decrease) Attributed to:		
Service Cost	-	-
Interest Cost	-	-
Expected Benefit Payments	-	-
Changes in Assumptions	-	-
Plan Amendment	-	-
Balance At End of Year	-	-
PLAN'S TOTAL BENEFIT OBLIGATIONS	\$ 1,688,333	\$ 1,650,659

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

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 and 2023

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation and Income Recognition - The Fund's investments are stated at fair value. 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.

Payment of Benefits – Benefits are recorded when paid.

Fixed Assets / Depreciation - All fixed assets are recorded at cost and are depreciated using the straight-line method over the estimated useful lives of the related assets.

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Adoption of FASB ASC 842 – Effective September 1, 2022, the Fund adopted FASB ASC 842, Leases. The standard requires lessees to recognize right of use assets and lease liabilities. The Fund elected to apply all practical expedients available under the standard. The adoption of the standard did not have a significant impact on the Fund's financial statements. The Fund evaluated all leases and determined that any related right-of-use assets and lease liabilities are not material to the financial statements and therefore related disclosures under the standard for these leases are not included in the financial statements.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Accordingly, actual results may differ from those estimates.

Revenue Recognition - Employer contributions are recognized as revenue whenever earned by the participants based upon a fixed rate per month for each participant in accordance with the terms of coverage. For contributions receivable that were not subsequently collected by the date of this audit an allowance for doubtful accounts has been recorded.

NOTE B – PLAN DESCRIPTION

The following brief description of the Teamsters Local Union 491, Health and Welfare Fund plan is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

General - Teamsters Local Union 491, Health and Welfare Fund was established by an Agreement and Declaration of Trust dated as of July 1, 1960. As more specifically described in the Fund booklet, the purpose of the Fund is to provide health and death benefits to certain employees of contributing employers. The Fund is currently administered by six trustees, three of whom are designated as employer representatives and three as union representatives.

Benefits - The Fund provides health benefits covering participants working under a Collective Bargaining Agreement between an employer and a union whose bargaining contracts have provision for payments into the Teamsters Local Union 491, Health and Welfare Fund. The Fund also provides benefits to retired members if they meet certain eligibility requirements.

Contributions - The Fund agreements provide that the employer's make monthly contribution to the fund based on a fixed amount per covered employee. The employer's contribution rate is determined by a bargaining contract between the employer and the Teamsters Local Union 491, Health and Welfare Fund.

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 and 2023
-cont-

NOTE C - PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses until exhausted.

NOTE D - ADMINISTRATIVE CHARGES AND COST REIMBURSEMENTS

Under agreements, the Health and Welfare Fund shares administrative costs consisting of payroll, payroll related costs, postage and other office expenses with the Teamsters Local Union 491 and the Southwestern Pennsylvania and Western Maryland Area Teamsters and Employers' Pension Fund. The shared costs are apportioned among the funds monthly based on services and costs incurred.

NOTE E - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Fund by a letter dated January 12, 1987, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE F - CONCENTRATIONS OF CASH

The Plan maintains cash balances at one financial institution in Pennsylvania. Accounts at the financial institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the cash balances maintained have exceeded the insured limit.

NOTE G - RISKS AND UNCERTAINTIES

The Fund 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 statement of net assets available for benefits.

NOTE H - SUBSEQUENT EVENTS

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through, March 1, 2025, the day the financial statements were approved and authorized for issue.

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 and 2023

-cont-

NOTE I - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology 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 methodology 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 methodology 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2024 and 2023

Cash Equivalents - The carrying value of cash equivalents approximates fair value.

Common Stocks, ETFs, and Publicly Traded Partnerships - Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies – These investments are valued at the net asset value of shares held by the plan at year end.

Real Estate Fund – Valued at unit values provided by the investment manager of the Fund based on the fair value of the underlying investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 AND 2023
-cont-

NOTE 1 - FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of August 31, 2024:

	<u>08/31/2024</u>	<u>Fair Value Measurements at Reporting Date Using:</u>		
		<u>Quoted Prices In Active Markets For Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Cash and Equivalents	\$ 93,181	\$ 93,181	\$ -	\$ -
Mutual Funds	27,689,432	27,689,432	-	-
Exchange Traded Funds	3,628,732	3,628,732	-	-
Assets in Fair Value Hierarchy	31,411,345	31,411,345	-	-
Investments measured at Net Asset Value (a):				
Real Estate Investment Trust	2,404,583	-	-	-
	<u>2,404,583</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at Fair Value	\$ 33,815,928	\$ 31,411,345	\$ -	\$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of August 31, 2023:

	<u>08/31/2023</u>	<u>Fair Value Measurements at Reporting Date Using:</u>		
		<u>Quoted Prices In Active Markets For Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Cash and Equivalents	\$ 17,247	\$ 17,247	\$ -	\$ -
Mutual Funds	24,562,665	24,562,665	-	-
Exchange Traded Funds	3,270,394	3,270,394	-	-
Assets in Fair Value Hierarchy	27,850,306	27,850,306	-	-
Investments measured at Net Asset Value (a):				
Real Estate Investment Trust	1,981,733	-	-	-
	<u>1,981,733</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at Fair Value	\$ 29,832,039	\$ 27,850,306	\$ -	\$ -

(a) In accordance with subtopic 820-10, 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 the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 and 2023

-cont-

NOTE J - MULTI-EMPLOYER DEFINED BENEFIT PENSION PLAN

The Fund participates in the Southwestern Pennsylvania and Western Maryland Area Teamsters and Employers Pension Fund. The plan covers all full-time employees in accordance with signed participation agreements. Southwestern Pennsylvania and Western Maryland Area Teamsters and Employers Pension Fund is a multi-employer defined benefit pension plan provided for under the collective bargaining agreement between the Local Union and its signatory contractors. The risks of participating in multi-employer plans are different from single employer plans in the following aspects:

- 1) Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers.
- 2) If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- 3) If the Fund chooses to stop participating in the multi-employer defined benefit pension plan, it may be required to pay the plan an amount based on the unfunded status of the plan, referred to as withdrawal liability.

Information regarding the Fund's participation in the Southwestern Pennsylvania and Western Maryland Area Teamsters and Employers Pension Fund is as follows:

- 1) The Plan's legal name is "Southwestern Pennsylvania and Western Maryland Area Teamsters and Employers Pension Fund".
- 2) The Plan's federal identification number and plan number are 25-1046087 and 001 respectively.
- 3) For the Fund's year ended August 31, 2024, the most recent available certified zone status provided by the Plan (plan year beginning July 1, 2023) indicated the Plan was certified red.
- 4) For the Fund's year ended August 31, 2023, the most recent available certified zone status provided by the Plan (plan year beginning July 1, 2022) indicated the Plan was certified red.
- 5) As of August 31, 2024, the Plan has adopted a rehabilitation plan.
- 6) The Fund did not pay a surcharge to the Plan.
- 7) The Fund participates in the Plan under a participation agreement which does not have an expiration date. Currently, there is an annual 6% increase in current contribution levels required by the Plan.
- 8) During the years ended August 31, 2024 and 2023, the Fund contributed to the Plan \$53,472 and \$36,361 respectively. These contributions did not represent more than 5% of the total contributions to the Plan in either year.

NOTE K - OTHER BENEFIT PLANS

The Fund participates in the Teamsters Local #491 Health & Welfare Fund, which is a multi-employer defined benefit welfare plan. Contributions to the plan for the years ended August 31, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Teamsters Local #491 Health & Welfare Fund	\$ 34,124	\$ 23,940

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 and 2023

-cont-

NOTE L - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying August 31, 2024 and 2023 financial statements to the Form 5500.

	<u>Aug.31,2024</u>	<u>Aug.31,2023</u>
Net Assets Available for Benefits per Form 5500	\$ 36,092,818	\$ 31,931,634
Land and Building Used in Plan Operation – Difference Between Book Value (\$ 659,775) and Fair value (\$ 659,043)	732	27,380
Benefit Obligations Currently Payable	<u>403,813</u>	<u>433,231</u>
Net Assets Available for Benefits Per Financial Statements	<u>\$ 36,497,363</u>	<u>\$ 32,392,245</u>

The following is a reconciliation of benefits paid for participants per the financial statements to the Form 5500 for the year ended August 31, 2024.

Benefits Paid for Participants Per the Financial Statements	\$ 6,927,931
Add: Amounts Payable at End of Year	403,813
Less: Amounts Payable at Beginning of Year	<u>(433,231)</u>
Benefits Paid for Participants Per Form 5500.	<u>\$ 6,898,513</u>

Amounts currently payable for participants are recorded on Form 5500 for benefit payments that have been incurred or processed and approved for payment prior to August 31, but not yet paid as of that date.

The following is a reconciliation of depreciation expense per the financial statements to the Form 5500 for the year ended August 31, 2024.

Depreciation Expense Per the Financial Statements	\$ 27,759
Less: Depreciation on Building	<u>(26,648)</u>
Depreciation Expense Per Form 5500	<u>\$ 1,111</u>

The following is a reconciliation of the difference between book value and fair value to the Form 5500 for the year ended August 31, 2024.

Beginning of Year Difference between Fair and Book value	\$ 27,380
Unrealized Loss on Building in Current Year	-
Less: Depreciation on Building	<u>(26,648)</u>
End of Year Difference between Fair and Book value	<u>\$ 732</u>

Buildings and Other Property used in Plan Operation are valued on Form 5500 at fair value, while they are valued at cost less accumulated depreciation per the financial statements.

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2024 and 2023

-cont-

NOTE M – PLAN BENEFIT OBLIGATIONS

1. Amounts Currently Payable To Or For Participants – The amount reported as amounts currently payable to or for participants represents benefits incurred prior to August 31st and paid in the subsequent year.
2. Accumulated Eligibility Credits – Accumulated eligibility credits of participants are estimated by the plan. Such estimated amounts are reported in the Statement of Benefit Obligations at present value.

NOTE N - TRANSACTION WITH RELATED PARTIES

The Fund leases space in its building to related entities as follows:

<u>Lessee</u>	<u>Rental Income for the Year Ended August 31, 2024</u>
Teamsters Local Union 491	\$ 14,375
Southwestern Pennsylvania and Western Maryland Area Teamsters and Employers Pension Fund	<u>9,410</u>
	<u>\$ 23,785</u>

NOTE O – RHUMLINE REIT INDEX FUND

A portion of the Fund's investments are in RhumblLine REIT Index Fund LLC, a pooled fund valued on a daily basis. State Street Bank & Trust Company is the trustee of the Fund and has full investing authority over the assets of the Fund. The Fund invests primarily in publicly traded Real Estate Investment Trusts. The Plan's investment in the Fund at August 31, 2024 and 2023 was \$2,404,583 and \$1,981,733 respectively.

To withdraw, in whole or part from the Fund, the Plan must submit a written request. The Trust honors such requests on a daily basis.

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
OFFICE, ADMINISTRATIVE EXPENSES AND PROFESSIONAL FEES
(net of administration of charges to and from other organizations)
YEAR ENDED AUGUST 31, 2024

	Paid By Welfare Fund	Allocated To Pension Fund	Allocated To Union	Net Expense To Welfare
Salaries and Wages	(1) \$ 172,304	\$ 85,885	\$ -	\$ 86,419
Employee Benefits	87,597	12,883	-	74,714
Office Maintenance	(2) 73,927	27,366	3,407	43,154
Leased Equipment	(2) 28,315	10,062	12,320	5,933
Telephone and Utilities	(2) 26,427	9,069	1,754	15,604
Payroll Taxes	(1) 14,028	6,970	-	7,058
Postage	(2) 6,323	3,928	1,471	924
Office Supplies and Printing	(2) 10,771	1,586	1,818	7,367
ADP Processing Fees	(2) 3,259	1,625	-	1,634
Other Expense	(2) 3,804	353	328	3,123
Workers Compensation Insurance	(1) 967	534	-	433
Consultant - Actuary	47,144	-	-	47,144
Audit Fee	26,000	-	-	26,000
Legal Fees	12,958	-	-	12,958
Payroll Audit Fees	5,790	-	-	5,790
Accounting	1,495	-	-	1,495
Depreciation	27,759	-	-	27,759
Trustee Meetings, Conferences, and Compensation	18,836	-	-	18,836
Building Maintenance and Supplies	46,807	-	-	46,807
Fiduciary Insurance	14,031	-	-	14,031
Real Estate Taxes	7,809	-	-	7,809
Building Insurance	6,819	-	-	6,819
PCORI Fee	1,662	-	-	1,662
Bank Fees	2,522	-	-	2,522
Fidelity Bond	296	-	-	296
	<u>\$ 647,650</u>	<u>\$ 160,261</u>	<u>\$ 21,098</u>	<u>\$ 466,291</u>

- (1) Allocated in accordance with the actual payroll expenses to each fund.
(2) Allocated in accordance with the actual cost to each fund.

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

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
OFFICE, ADMINISTRATIVE EXPENSES AND PROFESSIONAL FEES
(net of administration of charges to and from other organizations)
YEAR ENDED AUGUST 31, 2023

		Paid By Welfare Fund	Allocated To Pension Fund	Allocated To Union	Net Expense To Welfare
Salaries and Wages	(1)	\$ 143,297	\$ 70,417	\$ -	\$ 72,880
Employee Benefits		60,301	-	-	60,301
Office Maintenance	(2)	67,675	26,014	3,130	38,531
Leased Equipment	(2)	28,501	11,078	13,118	4,305
Telephone and Utilities	(2)	24,030	7,895	1,680	14,455
Payroll Taxes	(1)	11,603	5,387	-	6,216
Postage	(2)	6,743	3,950	1,937	856
Office Supplies and Printing	(2)	6,900	2,348	1,374	3,178
ADP Processing Fees	(2)	3,173	1,584	-	1,589
Other Expense	(2)	2,546	1,054	793	699
Workers Compensation Insurance	(1)	830	422	-	408
Consultant - Actuary		43,963	-	-	43,963
Audit Fee		26,000	-	-	26,000
Legal Fees		9,350	-	-	9,350
Payroll Audit Fees		13,000	-	-	13,000
Accounting		1,405	-	-	1,405
Depreciation		27,225	-	-	27,225
Trustee Meetings, Conferences, and Compensation		6,269	-	-	6,269
Building Maintenance and Supplies		14,547	-	-	14,547
Fiduciary Insurance		14,032	-	-	14,032
Real Estate Taxes		9,708	-	-	9,708
Building Insurance		6,034	-	-	6,034
PCORI Fee		1,526	-	-	1,526
Bank Fees		1,585	-	-	1,585
Fidelity Bond		222	-	-	222
		<u>\$ 530,465</u>	<u>\$ 130,149</u>	<u>\$ 22,032</u>	<u>\$ 378,284</u>

- (1) Allocated in accordance with the actual payroll expenses to each fund.
(2) Allocated in accordance with the actual cost to each fund.

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

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

<p>1a Name of plan TEAMSTERS LOCAL 491 HEALTH AND WELFARE FUND</p>	<p>1b Three-digit plan number (PN) ▶ 501</p>
<p>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)</p> <p>BOARD OF TRUSTEES TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND</p> <p>112 MORGANTOWN ST</p> <p>UNIONTOWN PA 15401-4214</p>	<p>1c Effective date of plan 07/01/1960</p> <p>2b Employer Identification Number (EIN) 25-1011380</p> <p>2c Plan Sponsor's telephone number 724-438-0512</p> <p>2d Business code (see instructions) 484110</p>

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		3-12-25	UNION TRUSTEE VITO DRAGONE, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/12/25	EMPLOYER TRUSTEE LARRY MAYRAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND 112 MORGANTOWN STREET UNIONTOWN PA 15401-4214	3b Administrator's EIN 25-1011380 3c Administrator's telephone number 724-438-0512
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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
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5 Total number of participants at the beginning of the plan year	5	280
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 280
a(2) Total number of active participants at the end of the plan year	6a(2) 281
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 282
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	33
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E 4F 4L 4Q

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
Teamsters Local Union 491
Health and Welfare Fund
Uniontown, PA

We have audited the financial statements of the Teamsters Local Union 491 Health and Welfare Fund as of and for the year ended August 31, 2024, and our report thereon dated March 1, 2025 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of August 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. 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 an opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedule, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
March 1, 2025

TEAMSTERS LOCAL UNION 491 HEALTH AND WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

AUGUST 31, 2024

Federal I.D. - 25-1011380
Plan No. - 501

FORM 5500, Schedule H, Part IV, Question 1

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

(a) (b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	Cost	Current Value
CASH EQUIVALENTS							
Federated U.S. Treasury Cash Reserves	Money Market	N/A	N/A	variable	93,181	\$ 93,181	\$ 93,181
REGISTERED INVESTMENT COMPANIES							
Vanguard Intermediate Term Bond	Mutual Fund	N/A	N/A	N/A	1,747,487	20,799,541	18,296,192
Vanguard ST Treasury Index Fund	Mutual Fund	N/A	N/A	N/A	54,504	1,065,693	1,064,457
Vanguard Total Stock Market Fund	Mutual Fund	N/A	N/A	N/A	61,453	3,125,846	8,328,783
						<u>24,991,080</u>	<u>27,689,432</u>
EXCHANGE TRADED FUNDS							
Proshares S&P 500 Dividend	ETF	N/A	N/A	N/A	34,622	2,526,411	3,628,732
OTHER							
Rhumbline REIT Index Fund	REIT	N/A	N/A	N/A	182,174	1,906,532	2,404,583
						<u>\$ 29,517,204</u>	<u>\$ 33,815,928</u>