

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 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 09/01/2024 and ending 08/31/2025	
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
1a	Name of plan TEAMSTERS LOCAL 491 HEALTH AND WELFARE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/1960
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 TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND 112 MORGANTOWN ST UNIONTOWN, PA 15401-4214
2b	Employer Identification Number (EIN) 25-1011380
2c	Plan Sponsor's telephone number 724-438-0512
2d	Business code (see instructions) 484110

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.	05/28/2026	VITO DRAGONE, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/28/2026	FRANK UGLIK
	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 ☐ 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																																																																																																														
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	5 282																																																																																																														
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.....	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr><tr><td>6a(1)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>281</td></tr><tr><td>6a(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>270</td></tr><tr><td>6b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td>6c</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></tr><tr><td>6d</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>270</td></tr><tr><td>6e</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6f</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6g(1)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6g(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											6a(1)									281	6a(2)									270	6b									0	6c									0	6d									270	6e										6f										6g(1)										6g(2)										6h									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 35																																																																																																														

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 0
- (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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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	188260	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	61826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	48117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BUCK GLOBAL

13-3954297

(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	47552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	47469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	31593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	19386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	17319	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	16833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	16596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	11638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	7908	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOGAN, METTLEY & NEWCOMER, PLC

33-1365351

(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	7288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	200	200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	492128	440945
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	77663	108831
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1496211	1829187
(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)	31318164	33633517
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2404583	2368898

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	719079	724348
f Total assets (add all amounts in lines 1a through 1e)	1f	36508028	39105926
Liabilities			
g Benefit claims payable	1g	403813	618629
h Operating payables	1h	11397	12729
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	415210	631358
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	36092818	38474568

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)	7414593	
(B) Participants	2a(1)(B)	4531	
(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)		7419124
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5317	
(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)		5317
(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)	975396	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		975421
(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)	-34154	
(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)		1261961
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9651454

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15566	
(2) To insurance carriers for the provision of benefits	2e(2)	6603620	
(3) Other	2e(3)	169536	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6788722
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)	181167	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27000	
(5) Investment advisory and investment management fees	2i(5)	16833	
(6) Bank or trust company trustee/custodial fees	2i(6)	18849	
(7) Actuarial fees	2i(7)	47552	
(8) Legal fees	2i(8)	23884	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	11626	
(11) Other expenses	2i(11)	154071	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		480982
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7269704

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2381750
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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, 2025 AND 2024

May 20, 2026

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, 2025 and 2024, 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, 2025 and 2024, 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
May 20, 2026

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

	<u>August 31,</u>	
	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at Fair Value		
Cash Equivalents	\$ 4,803	\$ 93,181
Mutual Funds	29,833,639	27,689,432
Exchange Traded Funds	3,799,878	3,628,732
Other	2,368,898	2,404,583
	<u>36,007,218</u>	<u>33,815,928</u>
Employer Contributions Receivable	440,945	492,128
Cash	1,824,584	1,403,230
Fixed Assets		
Land	400,397	400,397
Building	214,000	214,000
Building Improvements	788,609	788,609
Office Equipment	109,110	109,110
	<u>1,512,116</u>	<u>1,512,116</u>
Less: Accumulated Depreciation	<u>872,846</u>	<u>845,972</u>
	639,270	666,144
Reserve Deposits with Insurance Providers	26,400	26,400
Other Assets		
Accrued Interest Receivable	77,917	62,192
Prepaid Expenses	33,646	27,267
Due from Pension Fund	30,914	15,471
	<u>142,477</u>	<u>104,930</u>
TOTAL ASSETS	39,080,894	36,508,760
LIABILITIES		
Accounts Payable and Accrued Expenses	<u>12,729</u>	<u>11,397</u>
TOTAL LIABILITIES	12,729	11,397
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 39,068,165</u>	<u>\$ 36,497,363</u>

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>2025</u>	<u>2024</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Employer Contributions	\$ 7,414,593	\$ 7,509,132
Participant Contributions	4,531	3,272
	<u>7,419,124</u>	<u>7,512,404</u>
Investments		
Investment Income	980,738	861,968
Appreciation (Depreciation) In Investments	1,227,807	3,135,004
	<u>2,208,545</u>	<u>3,996,972</u>
Less Investment Fees	35,682	33,821
	<u>2,172,863</u>	<u>3,963,151</u>
Rental Income	<u>23,785</u>	<u>23,785</u>
	<u>23,785</u>	<u>23,785</u>
TOTAL ADDITIONS	9,615,772	11,499,340
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Blue Cross and Blue Shield	4,625,076	5,335,697
Blue Shield - Prescription Benefits	1,731,647	1,378,714
Blue Shield - Vision Benefits	34,104	28,780
Dental - UCCI	169,204	169,512
Disability Benefits	13,886	9,709
Death Benefits	-	10,000
Less - Other Reimbursements and Refunds	(11)	(4,481)
	<u>6,573,906</u>	<u>6,927,931</u>
TOTAL BENEFITS	6,573,906	6,927,931
Office and Administrative Expenses and Professional Fees (See Schedule A)	<u>471,064</u>	<u>466,291</u>
TOTAL DEDUCTIONS	7,044,970	7,394,222
NET INCREASE (DECREASE) IN NET ASSETS	2,570,802	4,105,118
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	<u>36,497,363</u>	<u>32,392,245</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	<u><u>\$ 39,068,165</u></u>	<u><u>\$ 36,497,363</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

	<u>August 31,</u>	
	<u>2025</u>	<u>2024</u>
AMOUNTS CURRENTLY PAYABLE		
Blue Cross / Blue Shield Payables	\$ 108,761	\$ 121,649
Claims Incurred But Not Reported - Blue Cross / Blue Shield	481,931	256,250
Claims Incurred But Not Reported - UCCI	17,523	17,180
Claims Incurred But Not Reported - Other	10,414	8,734
TOTAL CURRENTLY PAYABLE	<u>618,629</u>	<u>403,813</u>
 ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE		
Future Benefits Accumulated Eligibility Credits	1,245,158	1,284,520
 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	<u>-</u>	<u>-</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 1,863,787</u></u>	<u><u>\$ 1,688,333</u></u>

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>2025</u>	<u>2024</u>
AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	\$ 403,813	\$ 433,231
Claims Reported and Approved for Payment	6,788,722	6,898,513
Claims Paid	<u>(6,573,906)</u>	<u>(6,927,931)</u>
Balance At End of Year	618,629	403,813
ACCUMULATED ELIGIBILITY CREDITS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance At Beginning of Year	1,284,520	1,217,428
Net Change During Year	<u>(39,362)</u>	<u>67,092</u>
Balance At End of Year	1,245,158	1,284,520
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	<u>-</u>	<u>-</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 1,863,787</u>	<u>\$ 1,688,333</u>

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, 2025 and 2024

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.

Leases - FASB ASC 842 – 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, 2025 and 2024
-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, May 20, 2026, 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, 2025 and 2024

-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, 2025 and 2024.

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

Exchange Traded Funds - Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds – 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, 2025 AND 2024
-cont-

NOTE I - 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, 2025:

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>08/31/2025</u>			
Cash and Equivalents	\$ 4,803	\$ 4,803	\$ -	\$ -
Mutual Funds	29,833,639	29,833,639	-	-
Exchange Traded Funds	3,799,878	3,799,878	-	-
Assets in Fair Value Hierarchy	<u>33,638,320</u>	<u>33,638,320</u>	<u>-</u>	<u>-</u>
Investments measured at Net Asset Value (a):				
Real Estate Investment Trust	2,368,898	-	-	-
	<u>2,368,898</u>	<u>-</u>	<u>-</u>	<u>-</u>
Investments at Fair Value	<u>\$ 36,007,218</u>	<u>\$ 33,638,320</u>	<u>\$ -</u>	<u>\$ -</u>

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

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>08/31/2024</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	<u>31,411,345</u>	<u>31,411,345</u>	<u>-</u>	<u>-</u>
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	<u>\$ 33,815,928</u>	<u>\$ 31,411,345</u>	<u>\$ -</u>	<u>\$ -</u>

(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, 2025 and 2024
-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, 2025, the most recent available certified zone status provided by the Plan (plan year beginning July 1, 2024) indicated the Plan was certified red.
- 4) 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.
- 5) As of August 31, 2025, 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, 2025 and 2024, the Fund contributed to the Plan \$74,148 and \$53,472 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, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Teamsters Local #491 Health & Welfare Fund	\$ 50,400	\$ 34,124

TEAMSTERS LOCAL UNION 491, HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
AUGUST 31, 2025 and 2024
-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, 2025 and 2024 financial statements to the Form 5500.

	<u>Aug.31,2025</u>	<u>Aug.31,2024</u>
Net Assets Available for Benefits per Form 5500	\$ 38,474,568	\$ 36,092,818
Land and Building Used in Plan Operation – Difference Between Book Value (\$ 634,011) and Fair value (\$ 659,043)	(25,032)	732
Benefit Obligations Currently Payable	<u>618,629</u>	<u>403,813</u>
Net Assets Available for Benefits Per Financial Statements	<u>\$ 39,068,165</u>	<u>\$ 36,497,363</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, 2025.

Benefits Paid for Participants Per the Financial Statements	\$ 6,573,906
Add: Amounts Payable at End of Year	618,629
Less: Amounts Payable at Beginning of Year	(403,813)
Benefits Paid for Participants Per Form 5500.	<u>\$ 6,788,722</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, 2025.

Depreciation Expense Per the Financial Statements	\$ 26,873
Less: Depreciation on Building	(25,764)
Depreciation Expense Per Form 5500	<u>\$ 1,109</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, 2025.

Beginning of Year Difference between Fair and Book value	\$ 732
Unrealized Loss on Building in Current Year	-
Less: Depreciation on Building	(25,764)
End of Year Difference between Fair and Book value	<u>\$ (25,032)</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, 2025 and 2024
-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, 2025</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 RhumbLine 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, 2025 and 2024 was \$2,368,898 and \$2,404,583 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, 2025

	Paid By Welfare Fund	Allocated To Pension Fund	Allocated To Union	Net Expense To Welfare
Salaries and Wages	(1) \$ 193,295	\$ 105,539	\$ -	\$ 87,756
Employee Benefits	124,548	31,137	-	93,411
Office Maintenance	(2) 94,482	33,142	4,645	56,695
Leased Equipment	(2) 24,714	9,417	11,307	3,990
Telephone and Utilities	(2) 25,270	14,538	1,803	8,929
Payroll Taxes	(1) 15,625	8,422	-	7,203
Postage	(2) 7,664	3,886	2,927	851
Office Supplies and Printing	(2) 6,705	1,722	1,834	3,149
ADP Processing Fees	(2) 3,858	1,868	-	1,990
Other Expense	(2) 1,735	694	388	653
Workers Compensation Insurance	(1) 899	614	-	285
Consultant - Actuary	47,552	-	-	47,552
Audit Fee	27,000	-	-	27,000
Legal Fees	23,884	-	-	23,884
Payroll Audit Fees	3,000	-	-	3,000
Accounting	1,593	-	-	1,593
Depreciation	26,873	-	-	26,873
Trustee Meetings, Conferences, and Compensation	11,626	-	-	11,626
Building Maintenance and Supplies	30,190	-	-	30,190
Fiduciary Insurance	14,112	-	-	14,112
Real Estate Taxes	9,617	-	-	9,617
Building Insurance	6,902	-	-	6,902
PCORI Fee	1,771	-	-	1,771
Bank Fees	1,736	-	-	1,736
Fidelity Bond	296	-	-	296
	<u>\$ 704,947</u>	<u>\$ 210,979</u>	<u>\$ 22,904</u>	<u>\$ 471,064</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, 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.

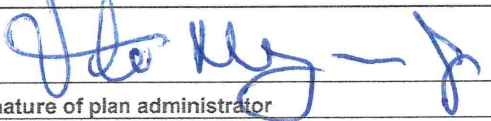
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 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 09/01/2024 and ending 08/31/2025	
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
1a Name of plan TEAMSTERS LOCAL 491 HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 07/01/1960
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 TEAMSTERS LOCAL 491 HEALTH & WELFARE FUND 112 MORGANTOWN ST UNIONTOWN PA 15401-4214	2b Employer Identification Number (EIN) 25-1011380
	2c Plan Sponsor's telephone number 724-438-0512
	2d Business code (see instructions) 484110

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		5/28/26	UNION TRUSTEE VITO DRAGONE, SR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		5/28/26	EMPLOYER TRUSTEE FRANK UGLIK
	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 ☐ 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																				
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	5 282																				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="width: 90%; text-align: right;">281</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">270</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">0</td></tr> <tr><td>6d</td><td style="text-align: right;">270</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	281	6a(2)	270	6b	0	6c	0	6d	270	6e		6f		6g(1)		6g(2)		6h	
6a(1)	281																				
6a(2)	270																				
6b	0																				
6c	0																				
6d	270																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 35																				
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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (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)
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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 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 _____



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, 2025, and our report thereon dated May 20, 2026 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, 2025 and the schedule of reportable transactions for the year ended August 31, 2025 are presented for purposes of additional analysis and are 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 schedules, we evaluated whether the supplemental schedules, including its 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.

In our opinion, the information in the accompanying schedules, 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
May 20, 2026

TEAMSTERS LOCAL UNION 491 HEALTH AND WELFARE FUND

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED AUGUST 31, 2025

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

FORM 5500, Schedule H, Part IV, Question J

I. Individual Transactions:

(a) Identity of party involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Vanguard Intermediate Term Bond Index	Mutual Fund	\$ 2,194,024	\$ -	N/A	N/A	\$ 2,194,024	\$ 2,194,024	\$ -
Vanguard Index Total Stock Market	Mutual Fund	\$ -	\$ 2,193,000	N/A	N/A	\$ 753,311	\$ 2,193,000	\$ 1,439,689

II. Series of Transactions:

Description of Investment	Total Number of Purchases	Total Number of Sales	Total Value of Purchases	Total Value of Sales	Net Gain or (Loss)
Vanguard Intermediate Term Bond Index Fund	13	0	\$ 2,923,648	\$ -	\$ -
Vanguard Index Total Stock Market	4	1	\$ 111,551	\$ 2,193,000	\$ 1,439,689

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, 2025, and our report thereon dated May 20, 2026 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, 2025 and the schedule of reportable transactions for the year ended August 31, 2025 are presented for purposes of additional analysis and are 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 schedules, we evaluated whether the supplemental schedules, including its 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.

In our opinion, the information in the accompanying schedules, 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

McMurray, Pennsylvania
May 20, 2026

TEAMSTERS LOCAL UNION 491 HEALTH AND WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

AUGUST 31, 2025

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

FORM 5500, Schedule H, Part IV, Question I

(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
<u>CASH EQUIVALENTS</u>							
Federated U.S. Treasury Cash Reserves	Money Market	N/A	N/A	variable	4,803	\$ 4,803	\$ 4,803
<u>REGISTERED INVESTMENT COMPANIES</u>							
Vanguard Intermediate Term Bond	Mutual Fund	N/A	N/A	N/A	2,029,156	23,723,188	21,326,434
Vanguard ST Treasury Index Fund	Mutual Fund	N/A	N/A	N/A	56,794	1,110,318	1,110,885
Vanguard Total Stock Market Fund	Mutual Fund	N/A	N/A	N/A	47,761	2,484,086	7,396,320
						27,317,592	29,833,639
<u>EXCHANGE TRADED FUNDS</u>							
Proshares S&P 500 Dividend	ETF	N/A	N/A	N/A	36,248	2,692,979	3,799,878
<u>OTHER</u>							
Rhumblin REIT Index Fund	REIT	N/A	N/A	N/A	182,054	1,905,295	2,368,898
						\$ 31,920,669	\$ 36,007,218