

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; 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 01/01/2023 and ending 12/31/2023

**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><b>1a</b> Name of plan  <u>RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES OF FOUNDATION COAL</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> 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>ALPHA NATURAL RESOURCES, LLC.</u></p> <p style="margin-top: 20px;"><u>340 MARTIN LUTHER KING JR BLVD. BRISTOL, TN 37620-0000</u></p>	<p><b>1c</b> Effective date of plan  <u>10/09/1979</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>56-2298262</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>423-573-0300</u></p> <p><b>2d</b> Business code (see instructions)  <u>212110</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/11/2024	KRISTIE KESTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1492
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 3F 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES OF FOUNDATION COAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALPHA NATURAL RESOURCES, LLC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2298262</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>77141455</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>84855601</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1335</u>	<u>81918562</u>
	<b>b</b> For terminated vested participants .....	<u>185</u>	<u>5917910</u>
	<b>c</b> For active participants .....	<u>1</u>	<u>172644</u>
	<b>d</b> Total .....	<u>1521</u>	<u>88009116</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.16 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1200000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1200000</u>

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		<u>09/27/2024</u>
	Signature of actuary	Date
	<u>MARK DUNGAN</u>	<u>23-04980</u>
	Type or print name of actuary	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>215-246-7204</u>
	Firm name	Telephone number (including area code)
	<u>1900 MARKET STREET, FLOOR 8 PHILADELPHIA, PA 19103-3527</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	38	2406836
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	38	2406836
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-19.81</u> % .....	-8	-476794
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	30	1930042

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	94.22 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	94.22 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	111.43 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
<b>Totals ▶</b>			<b>18(b)</b>			<b>18(c)</b>	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input checked="" type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 1200000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	5083587		465559	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 1665559
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	30	1665529	1665559	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b>
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b>
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b>
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b>

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES OF FOUNDATION COAL</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALPHA NATURAL RESOURCES, LLC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2298262</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FOUNDATION COAL DB PL MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ALPHA NATURAL RESOURCES, LLC</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<u>56-2298262-100</u>	<u>M</u>		

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

  

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES OF FOUNDATION COAL</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALPHA NATURAL RESOURCES, LLC.</u>		<b>D</b> Employer Identification Number (EIN) <u>56-2298262</u>

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	<u>0</u>
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
<b>(1)</b> Employer securities .....	<b>1d(1)</b>		
<b>(2)</b> Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	77141455	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	124614	
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	124614	
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	77016841	0

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
<b>(1)</b> Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
<b>(2)</b> Noncash contributions .....	<b>2a(2)</b>		
<b>(3)</b> Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2)</b> Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4)</b> Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5)</b> Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		7516990
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7516990

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	7535350	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7535350
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	326493	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>	248901	
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	1116016	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1691410
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		9226760

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1709770
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		7530701

**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: **BROWN EDWARDS & COMPANY, LLP**

(2) EIN: **54-0504608**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
APLHA LEGACY COMPANY PENSION PLAN	56-2298262	005

**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 515277.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES OF FOUNDATION COAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALPHA NATURAL RESOURCES, LLC.</u>	<b>D</b> Employer Identification Number (EIN) <u>56-2298262</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581014</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 49.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.2 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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



# **Retirement Plan for Certain Hourly Employees of Foundation Coal Financial Report**

December 31, 2023

# Retirement Plan for Certain Hourly Employees of Foundation Coal

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## Independent Auditor's Report

To the Plan Administrator and  
Those Charged with Governance of the  
Retirement Plan for Certain Hourly Employees of Foundation Coal  
Bristol, Tennessee

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Retirement Plan for Certain Hourly Employees of Foundation Coal (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Emphasis of Matter – Plan Merger**

As discussed in Note 1 to the financial statements, the Board of Directors of ANR, Inc. approved the merger of the Plan into Alpha Legacy Company Pension Plan, effective December 31, 2023. On that date, all assets, liabilities, participants, and obligations were transferred to Alpha Legacy Company Pension Plan. Our opinion is not modified with respect to this matter.

## **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. Management's election of the ERISA Section 103(a)(3)(C) Audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan'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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) Audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

*Brown, Edwards & Company, L.L.P.*

CERTIFIED PUBLIC ACCOUNTANTS

Charleston, West Virginia  
October 10, 2024



# Financial Statements



**Retirement Plan for  
Certain Hourly Employees  
of Foundation Coal**

**Statements of Net Assets Available for Benefits  
December 31, 2023 and 2022**

	<b>2023</b>	<b>2022</b>
<b>ASSETS</b>		
Investments at fair value (Notes 6 and 7)		
Interest in Foundation Coal Defined Benefit Plans Master Trust	\$ -	\$ 77,141,455
Total assets	-	77,141,455
<b>LIABILITIES</b>		
Administrative expenses payable	-	124,614
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ -</b>	<b>\$ 77,016,841</b>

**Retirement Plan for  
Certain Hourly Employees  
of Foundation Coal**

**Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2023**

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Plan interest in Foundation Coal Defined Benefit Plans Master Trust investment income (Note 6)	<u>\$ 7,516,990</u>
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Total additions	<u>7,516,990</u>
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**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO**

Benefits paid to participants	7,535,350
Administrative expenses (Note 10)	<u>1,691,410</u>

Total deductions	<u>9,226,760</u>
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Net decrease in net assets available for benefits before transfer	(1,709,770)
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Transfer to Alpha Legacy Company Pension Plan	<u>(75,307,071)</u>
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Net decrease in net assets available for benefits	(77,016,841)
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**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning	<u>77,016,841</u>
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Ending	<u><u>\$ -</u></u>
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# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

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### Note 1 – Plan Description

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The following brief description of the Retirement Plan for Certain Hourly Employees of Foundation Coal (the “Plan”) provides only general information. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a noncontributory defined benefit pension plan sponsored by Alpha Natural Resources, LLC (the “Company”) covering eligible hourly employees, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On October 12, 2010, the Plan was amended to freeze each participant’s accrued benefit under the Plan effective December 31, 2010, so that no new or additional benefits shall accrue for any participant after such date under any provision of the Plan.

On August 3, 2015, Alpha Natural Resources, Inc. and certain of its wholly-owned subsidiaries filed a voluntary petition for relief under Chapter 11 of the U.S. Bankruptcy Code (the “Bankruptcy Filing”). The Bankruptcy Filing did not amend the Plan’s current provisions or impact the Plan’s investment assets. Effective July 26, 2016, as a result of a corporate restructuring in connection with the emergence from Chapter 11 proceedings, Alpha Natural Resources, LLC (the “Post-Bankruptcy Plan Sponsor”) became a wholly-owned subsidiary of ANR, Inc., which in turn is a wholly-owned subsidiary of Alpha Natural Resources Holdings, Inc.

By unanimous written consents effective as of July 26, 2016, the chief executive officer of Alpha Natural Resources Holdings, Inc., pursuant to authority granted to him by the Board of Managers of Alpha Natural Resources Holdings, Inc. and the Board of Managers of the Post-Bankruptcy Plan Sponsor, acted to transfer sponsorship of the Plan from Alpha Natural Resources, Inc. to the Post-Bankruptcy Plan Sponsor, and to authorize the amending restatement of the Plan to reflect such change in sponsorship.

On April 29, 2018, Alpha Natural Resources, Inc. and Alpha Natural Resources Holding, Inc. (together the “Alpha Companies”), along with Contura Energy, Inc. (the “Parent Company”), entered into a definitive merger agreement, which was amended and restated on September 26, 2018. The merger became effective on November 9, 2018.

On February 1, 2021, the Parent Company changed its name from Contura Energy, Inc. to Alpha Metallurgical Resources, Inc.

#### *Plan Merger*

During 2023, the Board of Directors of ANR, Inc. approved the merger of the Plan into the Alpha Legacy Company Pension Plan effective December 31, 2023. At that date, all investments remained with the custodians, however were consolidated with two additional plans overseen by the Parent Company, to create the Alpha Legacy Company Pension Plan on December 31, 2023. The following net assets were transferred into the Alpha Legacy Company Pension Plan:

Investments at fair value	\$ 75,423,725
Administrative expenses payable	(116,654)
Net assets transferred	<u>\$ 75,307,071</u>

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

The Plan's accumulated benefit obligations transferred to the Alpha Legacy Company Pension Plan amounted to approximately \$85,482,551. This merger will not affect the participant's pension benefits because the benefits provisions of the merged plan will be incorporated into the new Alpha Legacy Company Pension Plan.

### *Pension Benefits*

Employees are entitled to annual pension benefits, as defined in the Plan document, beginning at the normal retirement age as defined in the Plan document, or, if later, the fifth anniversary of the employee's commencement of participation in the Plan. Generally, participants can receive their pension benefits in the form of a joint and survivor annuity or a single life annuity. If employees terminate before completing five years of service, they forfeit the right to receive the portion of their accumulated plan benefits. Generally, the monthly benefit upon normal retirement age is based upon a rate multiplied by the years of credited service, as defined within the provisions of the Plan.

In no event shall the combined annual benefit payable with respect to a participant on a single life basis exceed the lesser of \$265,000 and \$245,000 for 2023 and 2022, respectively [or other such dollar limitation as in effect for the applicable limitation year under 415 (b)(1)(A) of the *Internal Revenue Code (IRC)*], or 100% of the participant's average compensation during the three consecutive calendar years as an active participant in which such compensation is the highest.

### *Death Benefits*

Generally, if a vested participant dies with at least 10 years of vesting service before normal retirement benefits begin or during the payment of disability retirement benefits, the surviving spouse, if any, will be paid, commencing as of the first day of the month following the participant's death (or, if later, what would have been the participant's earliest retirement date under the Plan), the survivor retirement benefit that would have been payable if the participant had retired the day before his death and elected to commence benefits in the form of a qualified joint and survivor annuity. If the vested participant has less than 10 years vesting service, the surviving spouse will receive payment on the first day of the month in which the normal retirement benefits would commence for the participant.

### *Disability Benefits*

Generally, a participant is eligible for a disability retirement benefit if the participant has completed a period of vesting service of at least 10 years, terminates employment because of total and permanent disability, and has applied for disability retirement benefits prior to the date he or she terminates employment.

The monthly benefit payable to a participant who is eligible for a disability retirement benefit would be equal to the greater of (a) the amount of retirement benefit determined in accordance with normal retirement accrued as of the date eighteen months after his disability date and without actuarial reduction to reflect commencement of payment before normal retirement age or (b) \$500. Any disability retirement benefit shall be paid solely in the form of a single life annuity generally ending at normal retirement age when an optional form of payment is chosen. Payment of a disability retirement benefit will begin as of the participant's disability retirement date, as defined in the Plan.

### *Plan Administration*

The Plan is administered by the Benefits Committee (the "Plan Administrator"), a committee appointed by the Parent Company's Board of Directors. Internal costs of the Company to administer the Plan were paid by the Company. Certain administrative expenses for actuary, accounting, legal and trustee fees, and fees paid to the Pension Benefit Guaranty Corporation ("PBGC") were paid by the Plan.

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

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### Note 2 – Summary of Significant Accounting Policies

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#### *Basis of Accounting*

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

#### *Use of Estimates*

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from these estimates.

#### *Investment Valuation and Income Recognition*

The fair value of the Plan's interest in the Foundation Coal Defined Benefit Plans Master Trust (the "Master Trust") is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and investment income (net realized and unrealized appreciation/depreciation), less actual distributions and administrative expenses.

Assets of the Plan are held in trust and are invested in accordance with investment guidelines that had been established by the Benefits Committee in consultation with the outside investment advisors. Asset allocation targets are set with the expectation that the Plan's assets will fund the expected liabilities within an appropriate level of risk. In determining asset allocations, the Benefit Committee considered the demographics of the Plan's participants, the funding status of each plan, the Company's contribution philosophy, the Company's business and financial profile, and other associated risk factors.

#### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services rendered by the employees as of the date for which the benefit information is presented (the valuation date). Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are generally based on the employee's length of service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

#### *Payment of Benefits*

Benefit payments to participants are recorded when paid.

#### *Fair Value Measurements*

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides the 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

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

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 as follows:

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; and
- 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used.

### Common/collective trusts

The Master Trust's investments in fixed income securities and equity funds are held in common/collective trusts. These investments are valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The funds consist of individual security positions that are mostly securities easily traded on recognized market exchanges. These securities are priced and traded daily, and therefore these funds are valued daily. Due to the significant observable inputs, the common/collective trusts are included in Level 2 of the fair value hierarchy.

### Private equity funds

These investments are valued using the NAV or its equivalent provided by the manager of the fund. The NAV or its equivalent is based on the value of the underlying assets owned by the fund, minus its liabilities. The NAV or its equivalent is used as a practical expedient to estimate fair value and the funds are, therefore, excluded from classification in the fair value hierarchy.

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.

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

### Note 3 – Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan’s actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, 2023 and 2022, there would be no material differences.

Significant assumptions underlying the actuarial computations for December 31, 2023, and 2022 are summarized as follows:

Discount Rate	5.00% for 2023; 5.32% for 2022	
Rate of Return	5.70% for 2023; 6.20% for 2022	
Mortality	A custom mortality table based on plan experience that was approved under <i>IRC</i> §430(h)(3)(C).	
Termination	Age 25 – 29	10%
	Age 30 – 44	15%
	Age 45 – 49	10%
	Age 50 – 54	15%
	Age 55+	10%
Retirement Age Assumption	10% of participants retire from age 55 through age 57 20% of participants retire from age 58 through age 59 25% of participants retire at age 60 15% of participants retire at age 61 25% of participants retire at age 62 20% of participants retire from age 63 through age 64 40% of participants retire from age 65 through age 69 100% of participants are assumed to be retired by age 70	
Disability Rates	Age 25	0.15%
	Age 40	0.30%
	Age 55	1.25%
Age of Spouse and Marriage <sup>1)</sup>	Male participants are assumed to be 3 years older than their spouses, female participants are assumed to be 3 years younger than their spouses, and 80% of participants are assumed to be married.	

The actuarial present value of accumulated plan benefits as determined by the Plan’s actuary is as follows:

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

	<u>December 31, 2022</u>
Vested:	
Participants currently receiving payments	\$ 80,649,934
Active participants and participants with deferred benefits	<u>6,150,692</u>
	86,800,626
Non-vested benefits	-
Actuarial present value of accumulated plan benefits	<u><u>\$ 86,800,626</u></u>

Changes in the actuarial present value of accumulated plan benefits of the Plan for the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 86,800,626
Increase/decrease during the year attributable to:	
Actuarial gains	(471,878)
Interest due to the decrease in the discount period	4,419,950
Benefits paid	(7,535,350)
Change in actuarial assumptions	2,269,203
Transfer to Alpha Legacy Company Pension Plan	<u>(85,482,551)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ -</u></u>

### Note 4 – Funding Policy

The funding target liability method is used for purposes of establishing current annual contribution requirements. Amounts are actuarially determined to meet the minimum funding requirements and to avoid participant notification under ERISA Section 101(d). The Company may, at its discretion, increase its contribution above the minimum if it is advantageous to its tax and cash positions and the Plan's funded status. The Company met the minimum funding requirements of ERISA for 2023 and 2022.

The Plan adopted provisions under the American Rescue Plan Act (ARPA) signed into law on March 11, 2021, which provided certain funding relief items to defined benefit pension plans that were eligible to be applied retroactively. ARPA replaces the Pension Protection Act of 2006 (PPA) 7-year shortfall amortization installments with a "fresh start" 15-year amortization beginning with any plan year from 2019 to 2022. The Plan elected to adopt ARPA's 15-year amortization provisions effective with the 2019 plan year. ARPA also revises PPA's interest rate stabilization provisions for funding purposes under IRC Section 430 and for benefit restriction purposes under IRC Section 436 in a manner that will increase interest rates used in near-term funding valuations and Adjusted Funding Target Attainment Percentage (AFTAP) measurements beginning with any plan year from 2020 to 2022. The Plan elected to adopt ARPA's interest rate stabilization provisions for both IRC Section 430 and 436 purposes effective with the 2020 plan year.

### Note 5 – Plan Termination

The Company has the right under the Plan to terminate the Plan at any time subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and the related regulations to provide the following benefits in the order indicated:

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the PBGC, up to the applicable limitations (discussed below).
- All other vested benefits, that is, vested benefits not insured by the PBGC.
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC in the event the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring in 2023, that ceiling was \$6,750 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the later of retirement or Plan termination. For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend upon the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

As discussed in Note 1, as of December 31, 2023, the Plan transferred its accumulated benefit obligations to the Alpha Legacy Company Pension Plan in connection with the merger of multiple defined benefit plans of the Plan Sponsor. This is not considered a plan termination.

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### Note 6 – Certified Investment Information

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The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Russell Investments Trust Company (the "Trustee"), except for comparing such information certified by them to information included in the Plan's financial statements and supplemental schedule.

The Plan's only investment was its interest in the Master Trust, which was established for the investment of assets of the Plan and the Retirement Plan for Salaried Employees of Foundation Coal, another defined benefit plan sponsored by the Company. Each participating retirement plan had a divided interest in the Master Trust with each retirement plan's interest in the Master Trust held in a separate account within the Master Trust.

The investment information disclosed in the accompanying financial statements, including investments held as of December 31, 2023, prior to the transfer to the merged plan, and December 31, 2022, and net realized and unrealized appreciation in fair value of investments, interest, dividends, and investment expenses for the year ended December 31, 2023, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee.

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

The following table presents the fair value of assets of the Master Trust as of December 31, 2023, prior to the transfer to the merged plan, and December 31, 2022:

	<u>2023</u>	<u>2022</u>
Investments at fair value:		
Common/collective trust:		
Fixed income securities	\$ 49,815,052	\$ 47,783,236
Equity funds	55,334,919	52,741,344
Private equity funds	655,504	751,158
	<u>105,805,475</u>	<u>101,275,738</u>
Receivables for securities sold	849,289	1,145,318
	<u><u>\$ 106,654,764</u></u>	<u><u>\$ 102,421,056</u></u>

The following table presents the Plan's interest in the fair value of assets of the Master Trust as of December 31, 2023, prior to the transfer to the merged plan, and December 31, 2022:

	<u>2023</u>	<u>2022</u>
Investments at fair value:		
Common/collective trust:		
Fixed income securities	\$ 37,044,511	\$ 37,867,023
Equity funds	37,112,122	37,867,024
Private equity funds	655,504	751,158
	<u>74,812,137</u>	<u>76,485,205</u>
Receivables for securities sold	611,588	656,250
	<u><u>\$ 75,423,725</u></u>	<u><u>\$ 77,141,455</u></u>

The following table presents the net investment income for the Master Trust and the Plan's portion of the net investment gain for the year ended December 31, 2023:

	<u>Master Trust</u>	<u>Plan's Portion</u>
Net investment income:		
Net appreciation in fair value of investments	\$ 10,490,310	\$ 7,409,958
Interest, dividends, and other income	107,032	107,032
	<u><u>\$ 10,597,342</u></u>	<u><u>\$ 7,516,990</u></u>

### Note 7 – Fair Value of Financial Investments

See fair value measurements in Note 2 above for discussions of the methodology and assumptions used to determine the fair value of the Plan's investments.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of:

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Common/collective trusts:				
Fixed income securities	\$ -	\$ 47,783,236	\$ -	\$ 47,783,236
Equity funds	-	52,741,344	-	52,741,344
	<u>\$ -</u>	<u>\$ 100,524,580</u>	<u>\$ -</u>	<u>100,524,580</u>
Private equity funds measured at NAV <sup>(a)</sup>				751,158
Total assets in fair value				<u>\$ 101,275,738</u>

- <sup>(a)</sup> In accordance with U.S. GAAP, certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The following table summarizes the investments held by the Master trust, which are measured at fair value based on NAV per share:

	December 31, 2022			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity funds <sup>1</sup>	<u>\$ 751,158</u>	<u>\$ 348,242</u>	N/A	N/A

- <sup>1</sup> The private equity funds include investments in funds that seek to achieve long-term capital appreciation by investing in a diversified portfolio of private equity investment partnerships operating primarily in the United States and Europe. These funds return capital to the limited partners as the investment time horizon winds down and as the funds exit the investments they have made.

## Note 8 – Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

## Note 9 – Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated July 28, 2014, stating that the Plan is qualified under Section 401(a) of the IRC and therefore the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan was designed and was being operated in compliance with applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that, there are no uncertain positions

# Retirement Plan for Certain Hourly Employees of Foundation Coal

## Notes to Financial Statements

December 31, 2023

taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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### **Note 10 – Party-in-Interest Transactions**

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Certain Master Trust investments were held in funds managed by the Trustee, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the Trustee services for the Master Trust were \$299,259 and \$338,721 for the years ended December 31, 2023 and 2022, respectively.

Additionally, certain administrative functions were performed by employees of the Plan Sponsor at no cost to the Plan.

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### **Note 11 – Subsequent Events**

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Plan management reviewed all subsequent events through October 10, 2024, the date the financial statements were issued, to determine whether any events required either recognition or disclosure in the financial statements.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through October 1, 2019 are included in this valuation.

**Plan amendments excluded** None

**IRC Section 436 benefit restrictions:**

- Unpredictable contingent event benefits: This valuation excludes any restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
- Plan amendments: See above.
- Prohibited payments: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- Benefit accruals: The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

**Scheduled benefit increases:**

Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

**Late retirement increases:**

- Active Participants: The plan applies late retirement actuarial increase for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
- Deferred vested participants: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- Unpredictable contingent event benefits: The plan does not have any unpredictable contingent event benefits.
- IRC Section 415(b) benefit limitations: The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

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- IRC Section 416 rules for top-heavy plans: We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

## Plan Provisions

The most recent amendment reflected in the following plan provisions was effective October 1, 2019.

### Covered Employees

Hourly classified employees of the legacy Foundation Coal Company employed at the Belle Ayr Mine or the Eagle Butte Mine.

All benefits under the plan were frozen as of December 31, 2010.

### Participation Date

First day of the month coincident with or next following the first day of employment after completion of a 12-month period of eligibility service. Effective December 31, 2008 the eligibility provisions of the plan were frozen and no employee commencing or recommencing employment after such date shall be eligible to become participants in the plan.

## Definitions

### Vesting service

From date of hire to the date the period of severance commences (as of 1/1/2001, uses elapsed time method).

If employed on 1/1/2001, vesting service prior to 1/1/2001 is greater of years under counting hours method or elapsed time method.

### Pension service

From date of plan participation to the date the period of severance commences. One year is credited for each calendar year in which 1,000 hours or more are worked. For years in which less than 1,000 hours are worked, partial credit is awarded (250 to 499 hours = 0.25 years; 500 to 749 hours = .50 years; 750 to 999 hours = 0.75 years). Receives credit for one year eligibility period and for time receiving LTD benefit (up to 18 months). All benefit service is frozen as of December 31, 2010

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## Monthly pension benefit

For participants terminating employment on or after 1/1/1993 but before January 1, 2009, the sum of (i) through (iii) below, payable monthly for life from Normal Retirement Date:

- (i) \$51.50 per month per year of Credited Service for the first 10 years of Credited Service;
- (ii) \$60.00 per month per year of Credited Service for the next 10 years of Credited Service;
- (iii) \$68.50 per month per year of Credited Service for years of Credited Service in excess of 20 years.

Benefit accrued on or after 1/1/1998 is offset for workers' compensation and similar benefits

Effective January 1, 2009, the accrued benefit of a participant who terminates employment on or after January 1, 2009 shall be determined as follows:

- (i) \$55.00 per month per year of Credited Service for the first 10 years of Credited Service; plus
- (ii) \$64.00 per month per year of Credited Service for the next 10 years of Credited Service; plus
- (iii) \$73.00 per month per year of Credited Service for years of Credited Service in excess of 20 years.

Effective December 31, 2010, the plan is frozen (i.e., no benefit accruals).

## Normal Retirement Date

First of month coinciding with or next following the later of the attainment of age 65 or 5th anniversary of date Plan participation commenced.

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## Benefits Paid Upon the Following Events

### Benefit

**Normal retirement benefit:** Monthly pension benefit determined as of NRD.  
(later of age and service)

	Age	Service
if hired on or after 1/1/93	62	5th anniversary of plan participation
if hired before 1/1/93	62	1 year Eligibility Service

Must be an employee on date relevant age is attained and on date relevant service is attained

**Postponed retirement benefit** Monthly pension benefit determined using all service through date of termination

**Early retirement benefit:** Monthly pension benefit determined as of ERD reduced  $\frac{1}{4}$  of 1% for  
(later of age and service) each month prior to NRD.

	Age	Service
if hired on or after 1/1/95	55	10 years Vesting Service
if hired on or after 1/1/93, but before 1/1/195	55	5 years Vesting Service
If hired before 1/1/93	55	1 year Vesting Service

Must be an employee on date relevant age is attained and on date relevant service is attained

**Vested deferred benefit:** Unreduced accrued benefit based on service through termination date, payable upon attainment of age 62.

If requisite number of years of vesting service completed for ERA benefit (based on date of hire), participant is able to commence payment of accrued benefit as early as age 55. However, accrued benefit will be the actuarially reduced for early commencement.

	Age	Service
if hired on or after 1/1/93	N/A	5 years Vesting Service
if hired before 1/1/93	N/A	1 year Vesting Service

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**Disability retirement benefit** The larger of (i) the monthly pension benefit accrued as of the date 18 months after Disability Date without actuarial reduction and (ii) \$500 per month. Benefit is payable 18 months after start of LTD or workers compensation. Paid in a single life annuity and paid until, among other things, the date the participant's ERA or NRD benefit would commence.

A participant is disabled if

- a. due to mine accident while employed, he is eligible for social security disability benefits or
- b. due to any other reason, (i) the Participant has been totally disabled by unavoidable bodily injury or disease so as to be prevented from performing any type of work for the Company regardless of whether such a position is currently available, and (ii) after a qualified physician designated by the Committee determines that such total disability will be continuous during the remainder of the Participant's life. Disability will not be deemed to be unavoidable if (A) the disability was contracted, suffered or incurred while the Participant was engaged in or resulted from his having engaged in a criminal enterprise in connection with which the Participant is convicted of a felony, (B) the disability results from the use of drugs or alcohol contrary to law, (C) the disability results from an intentionally self-inflicted injury, (D) the disability resulted from injury or disease incurred during service in the Armed Forces of the United States for which the Participant is entitled to receive a military pension, or (E) the Participant has not been treated by a licensed physician.

**Pre-retirement death benefit:**

If dies before (i) age 55 or (ii) attained age 55 but have less than 10 years of credited service or (iii) have not attained NRA or ERA, spouse receives 50% of vested accrued benefit that would be payable under the 50% joint and survivor annuity. Payable on what would have been participant's NRD.

If dies after (i) 1 year of vesting service (if hired before 1/1/93), (ii) 5 years vesting service (if hired on or after 1/1/93 but before 1/1/95), or (iii) 10 years vesting service (if hired on or after 1/1/95), spouse receives 50% of single life annuity that would have been payable to participant. Spouse can elect to commence payment as early as age 55, but actuarially reduced.

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If dies after ERA, eligible for disability retirement benefit or attained age 55 with 10 years credited service. Can commence as early as age 55, but benefit will be reduced for longer pay-out.

If dies after NRA, spouse receives 50% of single life annuity that would have been payable to participant. Payable first of month following participant's death.

## Other Plan Provisions

### Forms of payment

Normal form of benefit payment is a single-life annuity with 50% of the benefit continuing to a surviving spouse if married at the date of retirement.

Optional forms of benefit payment include 100%, 75% or 50% joint and survivor annuity.

### Pension Increases

None

### Plan participants' contributions

None

### Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

## Future Plan Changes

None

## Changes in Benefits Valued Since Prior Year

There have been no changes to the benefits valued since the prior valuation.

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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2023

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	1	0	0	0	0	0	0	0	1
Total	0	0	1	0	0	0	0	0	0	0	1

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

**Interest rate basis:**

- Applicable month                      September 2022
- Yield curve basis                        Segment rates

<b>Interest rates:</b>	<b>Reflecting Stabilization</b>	<b>Not Reflecting Stabilization</b>
------------------------	---------------------------------	-------------------------------------

### Demographic Assumptions

**Inclusion date**                              The valuation date coincident with or next following the date on which the employee becomes a participant

**New or rehired employees**              It was assumed there will be no new or rehired employees.

**Mortality**

- Healthy                                        A custom mortality table based on plan experience that was approved under IRC §430(h)(3)(C).
- Disabled                                        Same as healthy

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## Termination

Rates varying by age

Representative rates:

Percentage leaving during the year	
Attained Age	Rate
25	10.0%
30	15.0%
35	15.0%
40	15.0%
45	10.0%
50	15.0%
55	10.0%

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## Disability

Rates varying by age:

Representative rates:

Percentage becoming disabled during the year	
Age	Rate
25	0.15%
40	0.30%
55	1.25%

---

## Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below and average age 60

Percentage retiring during the year	
Age	Rate
55-57	10.0%
58-59	20.0%
60	25.0%
61	15.0%
62	25.0%
63-64	20.0%
65-69	40.0%
70+	100.0%

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## Benefit commencement date:

- Preretirement death benefit For non-early retirement eligible participants, the date the participant would have attained normal retirement age. For early retirement eligible participants, the date of death of the active participant.
- Deferred vested benefit Age 62
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

**Form of payment** 40% assumed to elect a life annuity and 60% joint and survivor annuity

**Percent married** 80%

**Spouse age** Wife three years younger than husband.

**Administrative expenses** Estimated based on actual administrative expenses during the prior year (\$1,050,000 in 2022 and \$1,200,000 in 2023).

**Timing of benefit payments** Benefit payments are assumed to be made uniformly throughout the year and on average at mid-year.

## Methods

**Valuation date** First day of plan year

**Funding target** Present value of accrued benefits

**Target normal cost** Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year

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**Actuarial value of assets** Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2020 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

**Benefits not valued** All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Alpha Metallurgical Resources, Inc.'s and, based on that review, is not aware of any significant benefits required to be valued that were not.

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## Assumptions Rationale - Significant Economic Assumptions

**Interest rates** The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

## Assumptions Rationale - Significant Demographic Assumptions

**Healthy Mortality** Assumptions used for funding purposes are selected by the plan sponsor from among the options prescribed by IRC §430(h).

**Termination** Assumption based on an experience study conducted in 2022 represents the sponsor's best estimate of future experience.

**Retirement** Assumption based on an experience study conducted in 2022 represents the plan sponsor's best estimate of future experience.

### **Benefit commencement date for deferred benefits:**

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start immediately unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.
- Deferred vested benefit Assumption based on an experience study conducted in 2022 represents the plan sponsor's best estimate of future experience. Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement.

### **Marital Assumptions**

- Percent married Assumption represents the plan sponsor's best estimate of future experience.
- Spouse age The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age and represents the plan sponsor's best estimate of future experience.

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## Source of Prescribed Methods

### Funding methods

The methods used for funding purposes including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

## Changes in Assumptions and Methods

### Changes in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The value of assumed plan related administrative expenses was updated from \$1,050,000 to \$1,200,000 to reflect the most recent trust experience.
- An experience study was performed in 2022. As a result of that study, the assumed rates of retirement and termination, the assumed percentage married, and form of payment assumption were updated to better reflect recent experience and the plan sponsor’s future expectations for these assumptions.

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2023**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2023	5,083,587	15.00000	5,083,587	465,559
Total				5,083,587	465,559

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## Schedule SB, Line 24 Change in Actuarial Assumptions

The value of assumed plan related administrative expenses was updated from \$1,050,000 to \$1,200,000 to reflect the most recent trust experience.

An experience study was performed in 2022. As a result of that study, the assumed rates of retirement and termination, the assumed percentage married, and the form of payment assumption were updated to better reflect recent experience and the plan sponsor's future expectations of these assumptions.

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## Schedule SB, Line 23

### Information on Use of Substitute Mortality Tables

The IRS approved the use of the plan-specific mortality table in a letter dated November 15, 2018 for the 10 year period beginning with the 2019 plan year.

**Mortality table**

**Population**

Single blended table of rates based on plan specific mortality for annuitants and non-annuitants with generational projection using scale MP-2018.

1,521

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## Schedule SB – Statement by Enrolled Actuary

**Plan Sponsor** Alpha Natural Resources, LLC

**EIN/PN** 56-2298262 / 003

**Plan Name** Retirement Plan for Certain Hourly Employees of Foundation Coal

**Valuation Date** January 1, 2023

**Enrolled Actuary** Mark Dungan

**Enrollment Number** 23-04980

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The Plan's weighted average retirement age of 60 is the arithmetic average of the expected retirement ages of all such participants on January 1, 2023.

Retirement rates varying by age are listed below:

x	$q_x^r$	$l_x$	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	10%	1,000	1.000000	0.100000	5.500000
56	10%	900	0.900000	0.090000	5.040000
57	10%	810	0.810000	0.081000	4.617000
58	20%	729	0.729000	0.145800	8.456400
59	20%	583	0.583200	0.116640	6.881760
60	25%	467	0.466560	0.116640	6.998400
61	15%	350	0.349920	0.052488	3.201768
62	25%	297	0.297432	0.074358	4.610196
63	20%	223	0.223074	0.044615	2.810732
64	20%	178	0.178459	0.035692	2.284278
65	40%	143	0.142767	0.057107	3.711951
66	40%	86	0.085660	0.034264	2.261435
67	40%	51	0.051396	0.020558	1.377419
68	40%	31	0.030838	0.012335	0.838787
69	40%	19	0.018503	0.007401	0.510673
70	100%	11	0.011102	0.011102	0.777111

Average age at retirement 60

Rounded for Schedule SB item 22 60

Plan Name: Retirement Plan for Certain Hourly Employees of Foundation Coal  
 EIN / PN: 56-2298262 / 003  
 Plan Sponsor: Alpha Natural Resources, LLC  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	9,870	117,030	7,478,874	7,605,774
2024	19,342	252,945	7,353,081	7,625,368
2025	18,774	279,180	7,207,546	7,505,500
2026	18,165	292,283	7,051,238	7,361,686
2027	17,511	301,182	6,884,080	7,202,773
2028	16,810	303,325	6,706,018	7,026,153
2029	16,062	306,704	6,517,026	6,839,792
2030	15,265	314,946	6,317,101	6,647,312
2031	14,420	328,869	6,106,293	6,449,582
2032	13,529	345,907	5,884,737	6,244,173
2033	12,594	357,627	5,652,662	6,022,883
2034	11,620	377,078	5,410,412	5,799,110
2035	10,614	407,419	5,158,478	5,576,511
2036	9,587	428,081	4,897,509	5,335,177
2037	8,552	438,546	4,628,342	5,075,440
2038	7,525	450,387	4,352,044	4,809,956
2039	6,525	463,179	4,069,946	4,539,650
2040	5,574	469,484	3,783,680	4,258,738
2041	4,688	467,366	3,495,188	3,967,242
2042	3,881	467,231	3,206,694	3,677,806
2043	3,161	466,206	2,920,626	3,389,993
2044	2,530	461,493	2,639,547	3,103,570
2045	1,989	458,482	2,366,080	2,826,551
2046	1,535	453,459	2,102,824	2,557,818
2047	1,163	444,578	1,852,249	2,297,990
2048	863	432,305	1,616,579	2,049,747
2049	628	416,883	1,397,648	1,815,159
2050	448	402,913	1,196,811	1,600,172
2051	312	388,694	1,014,897	1,403,903
2052	213	370,729	852,205	1,223,147
2053	143	352,783	708,564	1,061,490
2054	93	334,964	583,378	918,435
2055	59	317,358	475,676	793,093
2056	37	300,029	384,198	684,264

Plan Name: Retirement Plan for Certain Hourly Employees of Foundation Coal  
EIN / PN: 56-2298262 / 003  
Plan Sponsor: Alpha Natural Resources, LLC  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	23	283,019	307,468	590,510
2058	13	266,348	243,893	510,254
2059	8	250,020	191,847	441,875
2060	4	234,036	149,727	383,767
2061	2	218,395	116,017	334,414
2062	1	203,100	89,315	292,416
2063	1	188,163	68,365	256,529
2064	0	173,604	52,072	225,676
2065	0	159,454	39,500	198,954
2066	0	145,753	29,864	175,617
2067	0	132,544	22,519	155,063
2068	0	119,870	16,945	136,815
2069	0	107,780	12,731	120,511
2070	0	96,314	9,551	105,865
2071	0	85,519	7,156	92,675
2072	0	75,429	5,353	80,782

Plan Name: Retirement Plan for Certain Hourly Employees of Foundation Coal  
EIN / PN: 56-2298262 / 003  
Plan Sponsor: Alpha Natural Resources, LLC  
Valuation Date: January 1, 2023

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

- 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.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 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><b>1a</b> Name of plan  <b>RETIREMENT PLAN FOR CERTAIN HOURLY EMPLOYEES OF FOUNDATION COAL</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>003</b></p>
<p><b>2a</b> 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)  <b>ALPHA NATURAL RESOURCES, LLC.</b>   <b>340 MARTIN LUTHER KING JR BLVD.</b>   <b>BRISTOL TN 37620-0000</b></p>	<p><b>1c</b> Effective date of plan  <b>10/09/1979</b></p> <p><b>2b</b> Employer Identification Number (EIN)  <b>56-2298262</b></p> <p><b>2c</b> Plan Sponsor's telephone number  <b>423-573-0300</b></p> <p><b>2d</b> Business code (see instructions)  <b>212110</b></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		10/11/2024	KRISTIE KESTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE		Date	Enter name of individual signing as DFE
	Signature of DFE		

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

Form 5500 (2023)  
v. 230728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,492
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	0
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	0
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**1B 3F 3H**

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <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)

<p><b>a Pension Schedules</b></p> <p><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p><b>(4)</b> <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____</p> <p><b>(5)</b> <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)</p> <p><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____</p> <p><b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Retirement Plan for Certain Hourly Employees of Foundation Coal	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Alpha Natural Resources, LLC	<b>D</b> Employer Identification Number (EIN) 56-2298262	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2023

<b>2</b> Assets:		
<b>a</b> Market value.....	<b>2a</b>	77,141,455
<b>b</b> Actuarial value.....	<b>2b</b>	84,855,601

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	1,335	81,918,562	81,918,562
<b>b</b> For terminated vested participants.....	185	5,917,910	5,917,910
<b>c</b> For active participants.....	1	172,644	172,644
<b>d</b> Total.....	1,521	88,009,116	88,009,116

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).....

<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	

**5** Effective interest rate..... **5** 5.16%

<b>6</b> Target normal cost		
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	1,200,000
<b>c</b> Target normal cost.....	<b>6c</b>	1,200,000

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Mark Dungan <small>Signature of actuary</small>	<u>9/27/2024</u> Date 2304980 <small>Most recent enrollment number</small> 215-246-7204 <small>Telephone number (including area code)</small>
	Mark Dungan <small>Type or print name of actuary</small>	
	Willis Towers Watson US LLC <small>Firm name</small>	
	1900 Market Street Floor 8 Philadelphia PA 19103-3527 <small>Address of the firm</small>	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	38	2,406,836
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	38	2,406,836
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-19.81</u> %.....	-8	-476,794
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	30	1,930,042

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	94.22 %
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	94.22 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	111.43 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input checked="" type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1,200,000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	5,083,587	465,559	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	1,665,559	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	30	1,665,529	1,665,559
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--