

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                                    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES                                                                                                                                                                                                                                                                  |
| 1b      | Three-digit plan number (PN) ▶ 005                                                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>09/01/1986                                                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NACCO NATURAL RESOURCES CORPORATION<br><br>5340 LEGACY DR.<br>BUILDING 1, SUITE 300<br>PLANO, TX 75024-3141 |
| 2b      | Employer Identification Number (EIN)<br>34-1554846                                                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>972-448-5400                                                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>212110                                                                                                                                                                                                                                                                                                                         |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2024 | SARAH FRY                                                    |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2024 | SARAH FRY                                                    |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                 |
| <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:<br><b>a</b> Sponsor's name <b>THE NORTH AMERICAN COAL CORPORATION</b><br><b>c</b> Plan Name <b>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN <b>34-1554846</b><br><b>4d</b> PN <b>005</b>                                                                                                                                                                                                                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> <b>206</b>                                                                                                                                                                                                                                                                                              |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>19</b><br><b>6a(2)</b> <b>0</b><br><b>6b</b> <b>143</b><br><b>6c</b> <b>4</b><br><b>6d</b> <b>147</b><br><b>6e</b> <b>22</b><br><b>6f</b> <b>169</b><br><b>6g(1)</b> .....<br><b>6g(2)</b> .....<br><b>6h</b> <b>0</b> |
| <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:

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

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

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached **0**
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.            |                                                                                                                                                  |
| A Name of plan<br>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES                                | B Three-digit plan number (PN) ▶ 005                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>NACCO NATURAL RESOURCES CORPORATION                           | D Employer Identification Number (EIN)<br>34-1554846                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 34483111                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 34958059                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 160                        | 22699766                  | 22699766                 |
| b      | For terminated vested participants                                                                                                                                                               | 27                         | 1488941                   | 1488941                  |
| c      | For active participants                                                                                                                                                                          | 19                         | 3071044                   | 3085288                  |
| d      | Total                                                                                                                                                                                            | 206                        | 27259751                  | 27273995                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| 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 | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.14 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 102054                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 102054                    |                          |

**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.

|                          |                                                                                                                                                                                                                                                                            |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>BRETT LOGTERMAN</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE<br/>SUITE 1500<br/>CLEVELAND, OH 44114-1172</div> <div>Address of the firm</div> | <div>10/04/2024</div> <div>Date</div> <div>23-07485</div> <div>Most recent enrollment number</div> <div>216-937-4000</div> <div>Telephone number (including area code)</div> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Part II |                                                                                                                                                          | Beginning of Year Carryover and Prefunding Balances |                        |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|         |                                                                                                                                                          | (a) Carryover balance                               | (b) Prefunding balance |
| 7       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                                                   | 0                      |
| 8       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                                                   | 0                      |
| 9       | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                                                   | 0                      |
| 10      | Interest on line 9 using prior year's actual return of <u>-17.03</u> % .....                                                                             | 0                                                   | 0                      |
| 11      | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                                                     |                        |
| a       | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                                                     | 0                      |
| b(1)    | 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>5.31</u> % ..... |                                                     | 0                      |
| b(2)    | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                     | 0                      |
| c       | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                                                     | 0                      |
| d       | Portion of (c) to be added to prefunding balance .....                                                                                                   |                                                     |                        |
| 12      | Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                                                   | 0                      |
| 13      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                                                   | 0                      |

| Part III |                                                                                                                                                                  | Funding Percentages |          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| 14       | Funding target attainment percentage .....                                                                                                                       | 14                  | 128.17 % |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | 15                  | 128.17 % |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16                  | 157.98 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17                  | %        |

| Part IV                                                                           |                                   | Contributions and Liquidity Shortfalls |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                        |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
|                                                                                   |                                   |                                        |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                        | 18(b)                    | 0                                 | 18(c) 0                         |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | 19a 0                                                               |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b 0                                                               |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | 19c 0                                                               |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> 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</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <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 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>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>         | 102054        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 102054        |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <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>          | 0             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <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             |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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                                        |                                                                                    |                |
| <div>A</div> <div>Name of plan</div> <div>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES</div> | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div>                  | <div>005</div> |
|                                                                                                                                   |                                                                                    |                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NACCO NATURAL RESOURCES CORPORATION</div>       | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-1554846</div> |                |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

x

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

WILLIS TOWERS WATSON

23-1159360

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 421201                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CROWE LLP

35-0921680

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 31773                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VANGUARD GROUP, INC.

23-3080210

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 27 64               | NONE                                                                                              | 27318                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | 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          |                                                      |     |
| A Name of plan<br>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES | B Three-digit plan number (PN) ►                     | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NACCO NATURAL RESOURCES CORPORATION       | D Employer Identification Number (EIN)<br>34-1554846 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Asset and Liability Statement |                       |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Assets                        | (a) Beginning of Year | (b) End of Year |
| a Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1a                            | 177980                | 181139          |
| b Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                       |                 |
| (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1b(1)                         |                       |                 |
| (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b(2)                         |                       |                 |
| (3) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b(3)                         |                       |                 |
| c General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(1)                         | 0                     | 81115           |
| (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(2)                         |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(3)(A)                      |                       |                 |
| (B) All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(3)(B)                      |                       |                 |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(4)(A)                      |                       |                 |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(4)(B)                      |                       |                 |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(5)                         |                       |                 |
| (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(6)                         |                       |                 |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(7)                         |                       |                 |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(8)                         |                       |                 |
| (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1c(9)                         |                       |                 |
| (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1c(10)                        |                       |                 |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(11)                        |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1c(12)                        |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(13)                        | 34305131              | 29865461        |
| (14) Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(14)                        |                       |                 |
| (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(15)                        |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) 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>    | 34483111              | 30127715        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 246500          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 246500          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 34483111              | 29881215        |

**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>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) 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>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 66650      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 66650     |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 1086363    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 1086363   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) 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.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1640292   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2793305   |

**Expenses**

|                                                                                      |        |         |         |
|--------------------------------------------------------------------------------------|--------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 6808634 |         |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |         |         |
| (3) Other .....                                                                      | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |         | 6808634 |
| f Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| h Interest expense .....                                                             | 2h     |         |         |
| i Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                    | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                 | 2i(2)  |         |         |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 4244    |         |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 31773   |         |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 17435   |         |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 5639    |         |
| (7) Actuarial fees .....                                                             | 2i(7)  | 507701  |         |
| (8) Legal fees .....                                                                 | 2i(8)  |         |         |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |         |         |
| (11) Other expenses .....                                                            | 2i(11) | 19775   |         |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |         | 586567  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 7395201 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -4601896 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: **CROWE LLP**

(2) EIN: **35-0921680**

**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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <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.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <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? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <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.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <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? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <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 0.

**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) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**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 512573.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                                                 |                                                                  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES</div> | <div>B Three-digit plan number (PN) ▶<br/>005</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>NACCO NATURAL RESOURCES CORPORATION</div>       | <div>D Employer Identification Number (EIN)<br/>34-1554846</div> |

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

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

|                                                                  |                                                                                                                                                                                                                                                    |   |    |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | 1 | 0  |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 23-2186884 |   |    |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                    |   |    |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | 3 | 39 |

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

|                                                      |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                                         |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| 4                                                    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                           |                             |                                         |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                           |                             |                                         |
|                                                      | c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                          | 6c                           |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.        |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                                         |
| 7                                                    | Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

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

|   |                                                                                                                                                                                                                    |                                              |                                   |                               |                             |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2023  
v. 230707

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> 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> |  |

|                                                                                                                                                                                        |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>15</b> 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> |  |

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>16</b> 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..... ☐

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. \_\_\_\_\_

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

**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 \_\_\_\_\_.

**THE COMBINED DEFINED BENEFIT  
PLAN FOR NACCO INDUSTRIES, INC.  
AND ITS SUBSIDIARIES**  
Plano, Texas

**FINANCIAL STATEMENTS**  
December 31, 2023 and 2022

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
Plano, Texas

FINANCIAL STATEMENTS  
December 31, 2023 and 2022

CONTENTS

|                                                                                                                                                                                                                 |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| INDEPENDENT AUDITOR'S REPORT .....                                                                                                                                                                              | 1  |
| FINANCIAL STATEMENTS                                                                                                                                                                                            |    |
| STATEMENT OF NET ASSETS IN LIQUIDATION AS OF DECEMBER 31, 2023 AND<br>STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2022<br>(ONGOING) .....                                                 | 4  |
| STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION FOR THE YEAR ENDED<br>DECEMBER 31, 2023 AND STATEMENT OF CHANGES IN NET ASSETS AVAILABLE<br>FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2022 (ONGOING) ..... | 5  |
| STATEMENT OF ACCUMULATED PLAN BENEFITS AS OF DECEMBER 31, 2022 (ONGOING) ..                                                                                                                                     | 6  |
| STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS FOR THE YEAR ENDED<br>DECEMBER 31, 2022 (ONGOING) .....                                                                                                       | 7  |
| NOTES TO FINANCIAL STATEMENTS .....                                                                                                                                                                             | 8  |
| SUPPLEMENTAL SCHEDULES                                                                                                                                                                                          |    |
| SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF<br>DECEMBER 31, 2023 .....                                                                                                                 | 16 |
| SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS. FOR THE YEAR<br>ENDED DECEMBER 31, 2023.....                                                                                                         | 17 |

## INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of  
The Combined Defined Benefit Plan for NACCO Industries, Inc and Its Subsidiaries  
Plano, Texas

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

We have performed audits of the financial statements of The Combined Defined Benefit Plan for NACCO Industries, Inc. and Its Subsidiaries (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 statement of net assets in liquidation as of December 31, 2023, the statement of net assets available for benefits as of December 31, 2022 (ongoing), and the related statement of changes in net assets in liquidation for the year ended December 31, 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 (ongoing), and the statement of accumulated plan benefits as of December 31, 2022 (ongoing), and the related statement of changes in accumulated plan benefits for the year then ended (ongoing), 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 years then ended, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, 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 accompanying financial statements 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).

---

(Continued)

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 Termination and Liquidation Basis of Accounting***

As further discussed in Note 6 to the financial statements, the Board of Directors of the Plan Sponsor approved a plan of liquidation on April 5, 2023, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2022 financial statements to the liquidation basis of accounting used in presenting the 2023 financial statements. 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.

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

---

(Continued)

- 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.

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.

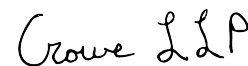
#### ***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

  
Crowe LLP

New York, New York  
October 14, 2024

---

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
STATEMENT OF NET ASSETS IN LIQUIDATION  
As of December 31, 2023 and  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
As of December 31, 2022 (Ongoing)

---

|                                                                     | <u>2023</u><br>(In Liquidation) | <u>2022</u><br>(Ongoing) |
|---------------------------------------------------------------------|---------------------------------|--------------------------|
| <b>ASSETS</b>                                                       |                                 |                          |
| Investments at fair value                                           |                                 |                          |
| Mutual funds                                                        | \$ 29,865,461                   | \$ 34,305,131            |
| Money market fund                                                   | 81,115                          | -                        |
| Cash                                                                | <u>181,139</u>                  | <u>177,980</u>           |
| <b>TOTAL ASSETS</b>                                                 | 30,127,715                      | 34,483,111               |
| Accrued expenses expected to be incurred<br>in liquidation (Note 6) | <u>246,500</u>                  | <u>-</u>                 |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>                            |                                 | <u>\$ 34,483,111</u>     |
| <b>NET ASSETS IN LIQUIDATION</b>                                    | <u>\$ 29,881,215</u>            |                          |

---

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION  
For the year ended December 31, 2023 and  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2022 (Ongoing)

---

|                                                  | 2023<br>(in Liquidation) | 2022<br>(Ongoing)    |
|--------------------------------------------------|--------------------------|----------------------|
| <b>Additions to net assets attributed to:</b>    |                          |                      |
| Net appreciation in fair value of investments    | \$ 1,640,292             | \$ -                 |
| Interest and dividends                           | <u>1,153,013</u>         | <u>808,765</u>       |
| Total additions                                  | 2,793,305                | 808,765              |
| <b>Deductions from net assets attributed to:</b> |                          |                      |
| Net depreciation in fair value of investments    | -                        | 8,090,765            |
| Benefits paid to participants                    | 6,808,634                | 2,118,239            |
| Administrative expenses                          | <u>586,567</u>           | <u>123,966</u>       |
| Total deductions                                 | <u>7,395,201</u>         | <u>10,332,970</u>    |
| <b>Net decrease</b>                              | (4,601,896)              | (9,524,205)          |
| <b>Net assets available for benefits</b>         |                          |                      |
| Beginning of year                                | <u>34,483,111</u>        | <u>44,007,316</u>    |
| End of year                                      |                          | <u>\$ 34,483,111</u> |
| <b>Net assets in liquidation</b>                 |                          |                      |
| End of year                                      | <u>\$ 29,881,215</u>     |                      |

---

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
December 31, 2022 (Ongoing)

---

**Actuarial present value of accumulated plan benefits**

Vested benefits

Participants currently receiving payments

\$ 20,166,273

Other participants

3,823,368

23,989,641

Nonvested benefits

11,297

**Total actuarial present value of accumulated plan benefits**

\$ 24,000,938

---

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
For the year ended December 31, 2022 (Ongoing)

---

|                                                                                  |                                 |
|----------------------------------------------------------------------------------|---------------------------------|
| <b>Actuarial present value of accumulated plan benefits at beginning of year</b> | <b>\$ 24,643,247</b>            |
| Net actuarial (gain)/loss                                                        | (176,213)                       |
| Increase due to decrease in the discount period                                  | 1,652,143                       |
| Benefits paid                                                                    | <u>(2,118,239)</u>              |
|                                                                                  | <u>(642,309)</u>                |
| <br><b>Actuarial present value of accumulated plan benefits at end of year</b>   | <br><b><u>\$ 24,000,938</u></b> |

---

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of The Combined Defined Benefit Plan for NACCO Industries, Inc. and Its Subsidiaries (the “Combined Plan”) provides only general information. Reference should be made to the Combined Plan document for a more complete description of the Combined Plan’s provisions.

General: The Combined Plan, sponsored by NACCO Natural Resources Corporation (formerly known as The North American Coal Corporation) (the “Company”), is a defined benefit pension plan within the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). It was amended and restated effective May 1, 2011, January 1, 2014, and October 1, 2016, and has been subsequently amended.

The Combined Plan document originally contained four parts. Part I provides benefits for employees of NACCO Industries, Inc. (“Parent Company”) and of The North American Coal Corporation and certain Subsidiaries (the “NACC Plan”). Part II provided benefits for employees of Hamilton Beach Brands, Inc. (the “HBB Plan”). Part III provided benefits for employees of NACCO Materials Handling Group, Inc. (the “NMHG Plan”). Hamilton Beach Brands, Inc. (“HBB”) was a subsidiary of the Parent Company until September 29, 2017 when it was spun off from the Parent Company. NACCO Materials Handling Group, Inc. (“NMHG”) was a subsidiary of the Parent Company until September 28, 2012 when it was spun off from the Parent Company. Part IV of the Combined Plan contains general provisions, which apply to all participants covered under the Combined Plan. The Combined Plan is a single pension plan for purposes of ERISA and the Internal Revenue Code (“IRC”).

Various benefits under the Plan were frozen between 1993 and 2010 and, effective December 31, 2013, all benefits under the Plan for all remaining Participants were permanently frozen.

As further discussed in Note 6, on April 5, 2023, the Board of Directors of the Plan Sponsor voted to terminate the Plan effective October 31, 2023. As a result, Plan management determined that liquidation of the Plan was imminent and unlikely not to occur.

Plan Spin-Offs

2012 NMHG Spin-Off: Effective as of October 1, 2012, the assets and obligations associated with Part III of the Plan were spun off to form the NACCO Materials Handling Group, Inc. Pension Plan for Non-Union Employees (the “NMHG Non-Union Plan”). All participants and beneficiaries of Part III of the Plan became participants and beneficiaries of the NMHG Non-Union Plan. This plan is not sponsored by any member of the Parent Company’s controlled group.

2013 HBB Spin-Off: Effective January 1, 2013, the assets and obligations associated with Part II of the Plan were spun off to form the Hamilton Beach Brands, Inc. Pension Plan (the “HBB Pension Plan”). All participants and beneficiaries of Part II of the Plan became participants and beneficiaries of the HBB Pension Plan. This plan is not sponsored by any member of the Parent Company’s controlled group.

2014 Sabine Mining Company Pension Plan Spin-Off: Effective January 1, 2014, the assets and obligations attributable to The Sabine Mining Company (Sabine) portion of Part I of the Plan were spun off to form The Sabine Mining Company Pension Plan (the “Sabine Pension Plan”). All participants and beneficiaries who provided services to Sabine became participants and beneficiaries of the Sabine Pension Plan. The Sabine Pension Plan participants were a subset of participants in Part I.

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 1 - DESCRIPTION OF THE PLAN** (Continued)

2015 Coteau Properties Company Pension Plan Spin-Off: Effective January 1, 2015, the assets and obligations attributable to The Coteau Properties Company (Coteau) portion of Part I of the Plan were spun off to form The Coteau Properties Company Pension Plan (the “Coteau Pension Plan”). All participants and beneficiaries who provided services to Coteau became participants and beneficiaries of the Coteau Pension Plan. The Coteau Pension Plan participants were a subset of participants in Part I.

2016 Falkirk Mining Company Pension Plan Spin-Off: Effective January 1, 2016, the assets and obligations attributable to The Falkirk Mining Company (Falkirk) portion of Part I of the Plan were spun off to form The Falkirk Mining Company Pension Plan (the “Falkirk Pension Plan”). All participants and beneficiaries who provided services to Falkirk became participants and beneficiaries of the Falkirk Pension Plan. The Falkirk Pension Plan participants were a subset of participants in Part I.

Plan Administration: The Company is the Combined Plan sponsor and the Combined Plan administrator. Vanguard Fiduciary Trust Company (“Trustee”) is the trustee of the Combined Plan. Investment decisions are made by the NACCO Industries, Inc. Retirement Funds Investment Committee.

Eligibility: Effective December 31, 2013, all pension benefits were frozen for all employees and no employees are eligible to accrue any pension benefits under the Plan.

Vesting: All NACC Plan participants and Parent Company employees became fully vested on December 31, 2013, regardless of their years of service.

Contributions: The Combined Plan provides for the participating employers to make contributions to the Combined Plan in amounts sufficient to satisfy or exceed the minimum funding standards. No Company contributions were required for the plan years ended December 31, 2023 and 2022 to meet the ERISA minimum funding requirements.

Benefits: In general, the NACC Plan pension benefits at normal retirement are equal to (a) 1.1% of final average earnings up to covered compensation, plus (b) 1.6% of final average earnings in excess of covered compensation times benefit service up to 30 years, plus (c) 0.5% of final average earnings times benefit service in excess of 30 years, as defined in the NACC Plan. Various offsets and minimum benefits also apply. The NACC Plan permits early retirement with reduced benefits at age 55 with ten or more years of vesting services as a salaried employee, as defined and unreduced benefits at age 62 for certain participants with ten or more years of vesting services as a salaried employee. The same formula applied to the Sabine Pension Plan, the Coteau Pension Plan and the Falkirk Pension Plan prior to their spin-offs.

Various pre-retirement and post-retirement death benefits are payable under all parts of the Combined Plan. In the event of a participant’s death prior to distribution of such benefits, such benefits are distributed, as provided by the Combined Plan, to the participant’s beneficiary. In general, benefits are paid in the form of monthly payments, or in limited circumstances, a lump-sum distribution, as defined by the Combined Plan.

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: As a result of the decision to terminate the Plan in 2023, management determined that liquidation of the Plan was imminent, and as such the accompanying financial statements as of and for the year ended December 31, 2023 have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Other than the Plan Sponsor's estimate of costs associated with the Plan's termination, the Plan's adoption of the liquidation basis in 2023 had no effect on the Plan's net assets as of December 31, 2023 and changes in net assets for the year ended December 31, 2023, as the fair value of the Plan's investments have been determined to approximate liquidation values. As further discussed in Note 9, accumulated plan benefits increased by approximately \$4.4 million (unaudited) as a result of the adoption of the liquidation basis of accounting. As of and for the year ended December 31, 2022, the accompanying financial statements were prepared on the accrual basis of accounting for an ongoing plan (going concern basis) in accordance with GAAP.

Expenses: Certain expenses of administering the Combined Plan, principally actuarial fees, accounting fees and some investment management fees, are paid by the Combined Plan. These costs are reflected on the accompanying financial statements. Other administrative expenses, such as legal fees and miscellaneous costs, are paid by the employers and are not reflected in the accompanying financial statements. Investment management fees are charged to the Combined Plan as a reduction of investment return and included in the investment income (loss) reported by the Combined Plan.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Benefit Payments: Benefits are recorded when paid.

Risk and Uncertainties: The Combined Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Market risks include risks associated with ongoing global events. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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 at least 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.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value is defined as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs.

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

*Mutual Funds:* The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

*Money Market Fund:* The fair value of the money market fund investment is based on the value per unit as published daily by the investment manager and represent the net asset value of units held by the Plan at year end (Level 1 inputs).

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. Investments measured at fair value on a recurring basis as of December 31, 2023 and 2022 are summarized below.

|                               | Fair Value Measurements<br>at December 31, 2023 Using<br>Quoted Prices in Active<br>Markets for Identical Assets<br>(Level 1) | Fair Value Measurements<br>at December 31, 2022 Using<br>Quoted Prices in Active<br>Markets for Identical Assets<br>(Level 1) |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Investments                   |                                                                                                                               |                                                                                                                               |
| Mutual Funds                  | \$ 29,865,461                                                                                                                 | \$ 34,305,131                                                                                                                 |
| Money market fund             | <u>81,115</u>                                                                                                                 | <u>-</u>                                                                                                                      |
| Total investments, fair value | <u>\$ 29,946,576</u>                                                                                                          | <u>\$ 34,305,131</u>                                                                                                          |

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Combined Plan's provisions to the service employees have rendered. 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 eligible employees or their beneficiaries. Benefits under the Combined Plan for participants are based on an employee's highest average compensation over five consecutive years of credited service out of the last ten years (or prior to the date of benefit freeze, if earlier, for the frozen Part I participants).

The accumulated plan benefits for active employees who accrued benefits prior to December 31, 2013 are based on the compensation history ending on the date of the benefit freeze, or the termination date, if it is before the date of the benefit freeze. Benefits payable under all circumstances (retirement, death, full and permanent disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by actuaries from Willis Towers Watson, the Plan's actuary, and is that 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, full and permanent disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions used by the Combined Plan's actuaries to arrive at the valuations of the Combined Plan as of December 31, 2022 are as follows:

|                        |                                                               |
|------------------------|---------------------------------------------------------------|
| Assumed rate of return | 7.00%                                                         |
| Mortality basis        | Pri-2012/MP-2021                                              |
| Retirement age         | Rates vary by age, ranging from 3% (age 55) to 100% (age 65+) |

The foregoing actuarial assumptions are based on the presumption that the Combined Plan will continue. Were the Combined Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. As further discussed in Note 6, on April 5, 2023, the Board of Directors of the Plan Sponsor voted to terminate the Plan effective October 31, 2023.

**NOTE 4 – CERTIFIED INFORMATION**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held as of December 31, 2023 and 2022, net appreciation (depreciation) in fair value of investments, and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Vanguard Fiduciary Trust Company (the Trustee of the Plan).

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 5 - INCOME TAX STATUS**

The Combined Plan has received a determination letter from the Internal Revenue Service dated November 8, 2017, stating that the Combined Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to application for the determination letter, the Plan was amended. Once qualified, the Combined Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Combined Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Combined Plan as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to federal income tax examinations for years prior to 2020.

**NOTE 6 - PLAN TERMINATION**

The Company has the right to terminate the Combined Plan at any time within the constraints of ERISA and its related regulations. In the event the Combined Plan terminates, the net assets of the Combined Plan will be allocated, as prescribed in the Plan document and by ERISA and its related regulations. Certain benefits under the Combined Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Combined Plan terminates. However, benefit improvements attributable to plan amendments may not be fully guaranteed by the PBGC. Whether all participants receive their benefits should the Combined Plan terminate at some future time will depend on the sufficiency, at that time, of the Combined Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

On April 5, 2023, the Board of Directors of the Plan Sponsor voted to terminate the Plan effective October 31, 2023. On August 26, 2023, the Plan Sponsor applied for a favorable determination letter from the IRS with respect to the Plan's tax qualified status at termination and has not received a response as the report date. Upon receipt of a favorable determination letter from the IRS in connection the termination, the Plan will commence liquidation procedures as soon as administratively feasible. The Plan Sponsor believes liquidation should be completed within 12 months of the date of receipt of the favorable determination letter from the IRS. As of the termination date, all participants were 100% vested in their accrued benefits.

The Plan Sponsor's plan of termination includes locating and notifying participants of their vested accrued benefits under the Plan and liquidating the Plan's investments in order to pay benefits within the required statutory time frame. Vested accrued benefits are generally expected to be paid, as elected by participants, either in the form of a lump sum paid directly to them, a qualified rollover, or an annuity contract purchased on their behalf from an insurance company selected by a Plan fiduciary. Participants who do not elect a form of payment will have an annuity contract purchased on their behalf from an insurance company chosen by the Plan fiduciary. Participants who cannot be located will have their benefit transferred to the Pension Benefit Guaranty Corporation missing participants program or will have an annuity contract purchased on their behalf from an insurance company selected by a Plan fiduciary. The Plan Sponsor estimated costs associated with the plan termination to be \$246,500 as of December 31, 2023.

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Certain investments held by the Plan are shares of mutual funds managed by Vanguard Group, Inc. Vanguard Fiduciary Trust Company is a wholly-owned subsidiary of the Vanguard Group, Inc. Vanguard Fiduciary Trust Company is the Trustee, as defined by the Combined Plan; therefore, these investments and investment transactions qualify as party-in-interest transactions. Amounts paid by the Plan to parties-in-interest included fees for investment management, actuarial, audit and trustee services. However, these investments and transactions are not considered prohibited transactions.

**NOTE 8 - SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2024 which is the date the financial statements were available to be issued.

**NOTE 9 - DECEMBER 31, 2023 ACTUARIAL VALUATION (UNAUDITED)**

The December 31, 2023 actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accounts, is provided below for informational purposes. Due to the termination of the Plan, the Plan was measured on a liquidation basis as of and for the year ended December 31, 2023.

The actuarial present value of accumulated plan benefits in liquidation as of December 31, 2023 is as follows:

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits in liquidation       |                      |
| Vested benefits                                                           |                      |
| Participants currently receiving payments                                 | \$ 24,557,501        |
| Other participants                                                        | 137,510              |
|                                                                           | <u>24,695,011</u>    |
| Nonvested benefits                                                        | <u>-</u>             |
| Total actuarial present value of accumulated plan benefits in liquidation | <u>\$ 24,695,011</u> |

The change in actuarial present value of accumulated plan benefits in liquidation for the year ended December 31, 2023 consists of the following:

|                                                                                        |                      |
|----------------------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year (ongoing)    | \$ 24,000,938        |
| Net actuarial (gain)/loss                                                              | 1,695,400            |
| Increase due to decrease in the discount period                                        | 1,445,793            |
| Benefits paid                                                                          | (6,808,634)          |
| Change in actuarial assumptions                                                        | <u>4,361,514</u>     |
|                                                                                        | 694,073              |
| Actuarial present value of accumulated plan benefits in liquidation at end of the year | <u>\$ 24,695,011</u> |

---

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2023 and 2022

---

**NOTE 9 - DECEMBER 31, 2023 ACTUARIAL VALUATION (UNAUDITED)** (Continued)

The \$4,361,514 increase due to the change in actuarial assumptions was attributed to the change from the ongoing rate of return of 7.00% to the settlement rate of 5.00% as a result of the adoption of the liquidation basis of accounting.

## **SUPPLEMENTAL SCHEDULES**

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data for Frozen Plans 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   | 2     | 2     | 0     | 0     | 0     | 0     | 0         | 4     |
| 50-54        | 0                                               | 0   | 0   | 0     | 1     | 0     | 0     | 0     | 0     | 0         | 1     |
| 55-59        | 0                                               | 0   | 0   | 0     | 3     | 2     | 1     | 0     | 0     | 0         | 6     |
| 60-64        | 0                                               | 0   | 0   | 0     | 0     | 3     | 3     | 1     | 0     | 0         | 7     |
| 65-69        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 1     | 0     | 0         | 1     |
| 70 & over    | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| Total        | 0                                               | 0   | 0   | 2     | 6     | 5     | 4     | 2     | 0     | 0         | 19    |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
 EIN / PN: 34-1554846/005  
 Plan Sponsor: The North American Coal Corporation  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

Expected return on plan assets 7.00%

#### Interest rate basis:

Applicable month October 2022

Interest rate basis Segment rates

| Interest rates: | Reflecting Stabilization | Not Reflecting Stabilization |
|-----------------|--------------------------|------------------------------|
|-----------------|--------------------------|------------------------------|

|                    |       |       |
|--------------------|-------|-------|
| First segment rate | 4.75% | 1.57% |
|--------------------|-------|-------|

|                     |       |       |
|---------------------|-------|-------|
| Second segment rate | 5.00% | 3.21% |
|---------------------|-------|-------|

|                    |       |       |
|--------------------|-------|-------|
| Third segment rate | 5.74% | 3.66% |
|--------------------|-------|-------|

|                         |       |       |
|-------------------------|-------|-------|
| Effective interest rate | 5.14% | 3.21% |
|-------------------------|-------|-------|

**Plan-related expenses** \$102,054; the prior year administrative expenses paid from the plan; return on asset assumption is net of expenses paid by the trust.

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## 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** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

**Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

**Termination** Rates varying by age and gender.

#### Representative rates for males

| Age | Percentage |
|-----|------------|
| 40  | 4.73%      |
| 50  | 2.93%      |
| 60  | 0.00%      |

**Disability** None assumed.

**Retirement** Rates varying by age. Average retirement age is 62.

#### Representative Rates

| Age   | Percentage |
|-------|------------|
| 55-59 | 3%         |
| 60    | 6%         |
| 61    | 10%        |
| 62    | 30%        |
| 63    | 25%        |
| 64    | 35%        |
| 65 +  | 100%       |

**Plan Name:** The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries

**EIN / PN:** 34-1554846/005

**Plan Sponsor:** The North American Coal Corporation

**Valuation Date:** January 1, 2023

## SCHEDULE SB ATTACHMENTS

### Benefit commencement date:

|                             |                                                                                                         |
|-----------------------------|---------------------------------------------------------------------------------------------------------|
| Preretirement death benefit | The later of the death of the active participant or the date the participant would have attained age 55 |
| Deferred vested benefit     | The later of age 65 or termination of employment                                                        |
| Disability benefit          | N/A                                                                                                     |
| Retirement benefit          | Upon termination of employment                                                                          |

### Form of payment

Life Annuity for single participants and all terminated participants  
  
50% J&S for married participants

### Percent married

85% of males; 50% of females

### Spouse age

Wife three years younger than husband

### Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month

## Methods

### Valuation date

First day of plan year.

### Funding target

Present value of accrued benefits as required by regulations under IRC §430

### 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 (based on actual expenses paid in previous year; \$102,054 for the 2023 plan year).

### Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements:

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

the age is generally the participant's rounded age at the middle of the year.

### **Actuarial value of assets**

Average of the fair market value of assets on the valuation date and the five immediately preceding months, adjusted for contributions, benefits/expense payments and expected investment returns (with such expected earnings limited as described in IRS Notice 2009-22), including contributions receivable. The average asset value must be within 10% of fair value on valuation date, including discounted contributions receivable (discounted using the effective interest rate for the prior 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 except for disability benefits which are determined to be immaterial. WTW has reviewed the plan provisions with NACCO and based on that review, is not aware of any significant benefits required to be valued that were not.

## **Sources of Data and Other Information**

The plan sponsor furnished participant data as of the valuation date. Information on contributions and plan provisions was supplied by the plan sponsor. Information on assets was supplied by the trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. No data adjustments were made and we are unaware of any data adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Economic Assumptions

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                      | 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.                                                                                                                                                                                                                                                                                    |
| <b>Plan-related expenses</b>              | Administrative expenses are estimated as the actual expenses paid from the trust the preceding year.                                                                                                                                                                                                                                                                                                                                                    |
| <b>Assumed return for asset smoothing</b> | The assumed return of 7.00% used for asset smoothing is the expected return on assets assumption chosen by NACCO with the help of their investment advisers for fiscal 2023 under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is NACCO's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation. |

## Assumptions Rationale - Significant Demographic Assumptions

|                           |                                                                                                                                                                                       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h). Assumptions for ASC 960 were selected by the plan sponsor and represent a best estimate of future experience. |
| <b>Disabled mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h). Assumptions for ASC 960 were selected by the plan sponsor and represent a best estimate of future experience. |
| <b>Retirement</b>         | Assumed retirement rates differ by age because of expected differences in retirement rates by age.                                                                                    |

## Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                        |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described herein, 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. |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| Plan Name:      | The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries |
| EIN / PN:       | 34-1554846/005                                                                    |
| Plan Sponsor:   | The North American Coal Corporation                                               |
| Valuation Date: | January 1, 2023                                                                   |

## SCHEDULE SB ATTACHMENTS

---

### Changes in Assumptions and Methods

#### Changes in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.
- The mortality projection scale used to calculate the funding target was updated from Scale MP-2020 to Scale MP-2021 as specified in the regulations under §1.430(h)(3)-1.
- Assumed plan-related expenses of \$102,054 were added to the target normal cost (as compared to \$96,472 for plan year 2022).

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

|                          |                                                                                   |
|--------------------------|-----------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | The North American Coal Corporation                                               |
| <b>EIN/PN</b>            | 34-1554846/005                                                                    |
| <b>Plan Name</b>         | The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries |
| <b>Valuation Date</b>    | January 1, 2023                                                                   |
| <b>Enrolled Actuary</b>  | Brett J. Logterman                                                                |
| <b>Enrollment Number</b> | 23-07485                                                                          |

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.

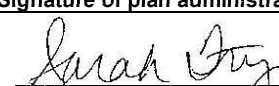
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023               |                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                    |
|                                                                                                          | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. .... ▶                                | <input type="checkbox"/>                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                 |
|                                                                                                          | <input type="checkbox"/> special extension (enter description)                                                                                                                                                       |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ | <input type="checkbox"/>                                                                                                                                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                  | <b>Basic Plan Information—enter all requested information</b> |
| <b>1a</b> Name of plan<br>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ 005                  |
|                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c</b> Effective date of plan 09/01/1986                   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>NACCO NATURAL RESOURCES CORPORATION<br><br>5340 Legacy Dr.<br>Building 1, Suite 300<br>Plano TX 75024-3141 | <b>2b</b> Employer Identification Number (EIN)<br>34-1554846  |
|                                                                                                                                                                                                                                                                                                                                                                                 | <b>2c</b> Plan Sponsor's telephone number<br>972-448-5400     |
|                                                                                                                                                                                                                                                                                                                                                                                 | <b>2d</b> Business code (see instructions)<br>212110          |

**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> |  | 10/14/2024 | SARAH FRY                                                    |
|                  | Signature of plan administrator                                                     | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 10/14/2024 | SARAH FRY                                                    |
|                  | 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                      |

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

Form 5500 (2023)  
v. 2300728

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                |
| <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:<br><b>a</b> Sponsor's name THE NORTH AMERICAN COAL CORPORATION<br><b>c</b> Plan Name THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4b</b> EIN 34-1554846<br><b>4d</b> PN 005                                                                                                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 206                                                                                                                                                                                                                                    |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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).....<br><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).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 19<br><b>6a(2)</b> 0<br><b>6b</b> 143<br><b>6c</b> 4<br><b>6d</b> 147<br><b>6e</b> 22<br><b>6f</b> 169<br><b>6g(1)</b><br><b>6g(2)</b><br><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>                                                                                                                                                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2023

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| Name of Plan Sponsor:           | <u>NACCO Natural Resources Corporation</u> |
| Employer Identification Number: | <u>34-1554846</u>                          |
| Three-Digit Plan Number:        | <u>005</u>                                 |

| (a)<br>Identify of<br>Party Involved                                                                                        | (b)<br>Description<br>of Asset                      | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Assets on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|-------------------------------------------------------------|------------------------------|
| <b>Category (i): A single transaction in excess of 5% of the current value of Plan assets:</b>                              |                                                     |                          |                         |                        |                                                |                         |                                                             |                              |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Total Bond Market Index Fund Inst.         | \$ -                     | \$ 8,582,320            | \$ -                   | \$ -                                           | \$ 9,507,229            | \$ 8,582,320                                                | \$ (924,909)                 |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Total Stock Market Inst Plus Shares        | -                        | 16,317,072              | -                      | -                                              | 9,090,080               | 16,317,072                                                  | 7,226,992                    |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Total International Stock Index Inst       | -                        | 7,398,023               | -                      | -                                              | 6,424,617               | 7,398,023                                                   | 963,406                      |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Long-Term Investment Grade Fund Admiral    | 7,398,023                | -                       | -                      | -                                              | 7,398,023               | 7,398,023                                                   | -                            |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Intermediate-Term Investment Grade Admiral | 8,582,320                | -                       | -                      | -                                              | 8,582,320               | 8,582,320                                                   | -                            |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Intermediate-Term Treasury Fund Admiral    | 12,074,124               | -                       | -                      | -                                              | 12,704,124              | 12,704,124                                                  | -                            |
| <b>Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets:</b> |                                                     |                          |                         |                        |                                                |                         |                                                             |                              |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Total Bond Market Index Fund Inst.         | \$ 61,168                | \$ -                    | \$ -                   | \$ -                                           | \$ 61,168               | \$ 61,168                                                   | \$ -                         |
|                                                                                                                             |                                                     | -                        | 8,589,401               | -                      | -                                              | 9,515,109               | 8,589,401                                                   | (925,708)                    |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Intermediate-Term Treasury Fund Admiral    | 12,606,512               | -                       | -                      | -                                              | 12,606,512              | 12,606,512                                                  | -                            |
|                                                                                                                             |                                                     | -                        | 2,054,677               | -                      | -                                              | 2,138,361               | 2,054,677                                                   | (83,684)                     |
| The Vanguard Group, Inc.                                                                                                    | Vanguard Long-Term Investment Grade Fund Admiral    | 8,785,693                | -                       | -                      | -                                              | 8,785,693               | 8,785,693                                                   | -                            |
|                                                                                                                             |                                                     | -                        | 2,777,329               | -                      | -                                              | 2,502,918               | 2,777,329                                                   | 274,411                      |

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended December 31, 2023

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| Name of Plan Sponsor:           | <u>NACCO Natural Resources Corporation</u> |
| Employer Identification Number: | <u>34-1554846</u>                          |
| Three-Digit Plan Number:        | <u>005</u>                                 |

| (a)<br>Identify of<br>Party Involved                                                                                                    | (b)<br>Description<br>of Asset                      | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred with<br>Transaction | (g)<br>Cost of<br>Asset | (h)<br>Current Value<br>of Assets on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|-------------------------------------------------------------|------------------------------|
| <b>Category (iii): A series of transactions with the same security in excess of 5% of the current value of Plan assets (continued):</b> |                                                     |                          |                         |                        |                                                |                         |                                                             |                              |
| The Vanguard Group, Inc.                                                                                                                | Vanguard Total International Stock Index Inst.      | 15,936<br>-              | -<br>7,398,023          | -<br>-                 | -<br>-                                         | 15,936<br>6,645,952     | 15,936<br>7,398,023                                         | -<br>752,071                 |
| The Vanguard Group, Inc.                                                                                                                | Vanguard Long-Term Treasury Fund Admiral            | 1,811,553<br>-           | -<br>369,069            | -<br>-                 | -<br>-                                         | 1,811,553<br>396,779    | 1,811,553<br>369,069                                        | -<br>(27,710)                |
| The Vanguard Group, Inc.                                                                                                                | Vanguard Total Stock Market Inst Plus Shares        | 62,828<br>-              | -<br>16,637,316         | -<br>-                 | -<br>-                                         | 62,828<br>9,270,242     | 62,828<br>16,637,316                                        | -<br>7,367,074               |
| The Vanguard Group, Inc.                                                                                                                | Vanguard Intermediate-Term Investment Grade Admiral | 10,280,748<br>-          | -<br>3,592,534          | -<br>-                 | -<br>-                                         | 10,280,748<br>3,846,565 | 10,280,748<br>3,592,534                                     | -<br>(254,031)               |
| The Vanguard Group, Inc.                                                                                                                | Vanguard Short-Term Investment Grade Fund Inst.     | 1,727,152<br>-           | -<br>141,670            | -<br>-                 | -<br>-                                         | 1,727,152<br>142,409    | 1,727,152<br>141,670                                        | -<br>(739)                   |

See Independent Auditor's Report

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/31/2023

▶ **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<br>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES                                | <b>B</b> Three-digit plan number (PN) ▶ 005                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE NORTH AMERICAN COAL CORPORATION                           | <b>D</b> Employer Identification Number (EIN)<br>34-1554846                                                                                             |
| <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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                    |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 34,483,111                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 34,958,059                |                          |
| <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 .....                                                                                                                                     | 160                        | 22,699,766                | 22,699,766               |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 27                         | 1,488,941                 | 1,488,941                |
| <b>c</b> For active participants.....                                                                                                                                                                           | 19                         | 3,071,044                 | 3,085,288                |
| <b>d</b> Total .....                                                                                                                                                                                            | 206                        | 27,259,751                | 27,273,995               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <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>                   | 5.14 %                    |                          |
| <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>                  | 102,054                   |                          |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b>                  | 102,054                   |                          |

**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>                                              | <b>Brett J. Logterman</b><br><br>Signature of actuary | <b>10/04/2024</b><br>Date                              |
| BRETT J. LOGTERMAN                                            | Type or print name of actuary                                                                                                            | 2307485<br>Most recent enrollment number               |
| WILLIS TOWERS WATSON US LLC                                   | Firm name                                                                                                                                | 216-937-4000<br>Telephone number (including area code) |
| 1001 Lakeside Avenue<br>Suite 1500<br>Cleveland OH 44114-1172 | 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 ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2023**  
**v. 230728**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <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) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-17.03</u> % .....                                                                              | 0                     | 0                      |
| <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>5.31</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).....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 128.17 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 128.17 % |
| <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> | 157.98 % |
| <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<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>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 a "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

**c** If line 20a is a "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:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input 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 type="checkbox"/> Yes            | <input checked="" 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 type="checkbox"/> Yes            | <input checked="" 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>          | 102,054            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 102,054            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <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>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SCHEDULE SB ATTACHMENTS

---

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

| <b>Assumed Retirement Age Schedule</b> |                  |                    |                      |                          |
|----------------------------------------|------------------|--------------------|----------------------|--------------------------|
| <b>All Active Participants</b>         |                  |                    |                      |                          |
|                                        | (i)              | (ii)               | (iii)                | (iv)                     |
| Age                                    | Retirement Rates | Expected Survivors | Expected Retirements | Age Weighted Retirements |
| 55                                     | 0.03             | 1,000,000          | 30,000               | 1,650,000                |
| 56                                     | 0.03             | 970,000            | 29,100               | 1,629,600                |
| 57                                     | 0.03             | 940,900            | 28,227               | 1,608,939                |
| 58                                     | 0.03             | 912,673            | 27,380               | 1,588,040                |
| 59                                     | 0.03             | 885,293            | 26,559               | 1,566,981                |
| 60                                     | 0.06             | 858,734            | 51,524               | 3,091,440                |
| 61                                     | 0.10             | 807,210            | 80,721               | 4,923,981                |
| 62                                     | 0.30             | 726,489            | 217,947              | 13,512,714               |
| 63                                     | 0.25             | 508,542            | 127,136              | 8,009,568                |
| 64                                     | 0.35             | 381,406            | 133,492              | 8,543,488                |
| 65                                     | 1.00             | 247,914            | 247,914              | 16,114,410               |
| Totals                                 |                  |                    | 1,000,000            | 62,239,161               |

Assumed Retirement Age = [Total (iv) / Total (iii)] = 62

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

NACCO Industries, Inc.

### Plan Provisions

The plan was amended and restated effective January 1, 2014, adopted November 26, 2013. The last amendment reflected in this report is Amendment Two which allowed a one-time, voluntary lump sum window to certain terminated vested participants, effective December 31, 2019.

**Covered employees** All salaried employees hired prior to January 1, 1994

**Participation date** Date of becoming a covered employee

### Definitions

**Participant** An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan

**Vesting service** All years of Benefit Service accrued after age 18, plus any service that would have been considered Benefit Service except that the employee did not accrue it in a salaried capacity

**Benefit service** All full and fractional years of service as a salaried employee from last date of hire to date of termination of employment, but not after December 31, 1993, including any service reinstated prior to any break in service. For employees terminating after December 31, 1984, Benefit Service includes all periods of service that end after December 31, 1975.

**Final average earnings** The average of the five highest consecutive calendar years' W-2 earnings, plus any deferred compensation, during the ten-year period ending on the earlier of the Participant's termination date, retirement date, or December 31, 2004

**Social Security benefit** The amount of the Primary Social Security benefit payable at age 65 according to the law in effect at termination of employment, computed assuming continuation to age 65 of earnings equal to the employee's salary rate at termination of employment, or final average pay if greater

**Normal retirement date (NRD)** The first of month coincident with or next following age 65

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

### **Accrued benefit**

1.7% of Final Average Earnings times Benefit Service up to 30 years plus 0.5% of Final Average Earnings times Benefit Service over 30 years, less 1.7% of Social Security benefit times Benefit Service up to a maximum of 30 years. The accrued benefit was frozen as of December 31, 1993. The frozen benefit will increase 4% per year of service after December 31, 1993, for those participants working at corporate headquarters in Cleveland and earning less than \$100,000 in 1993.

Effective January 1, 2008, the indexation was ceased under this plan for two employees.

Effective December 31, 2009, the indexation was ceased for all employees.

### **Early commencement of benefits**

For vested terminated Participants who had completed ten years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions

### **Monthly preretirement death benefit**

- (i) If death occurs at or after age 55 and after completion of at least ten years of Vesting Service as a salaried employee, an immediate pension equal to the surviving benefit payable had the Participant retired when he or she died with a joint and 50% spouse option in effect
- (ii) If death occurs before age 55 or completion of ten years of Vesting Service as a salaried employee, a pension starting when the Participant would have reached age 55, calculated as the survivor benefit payable had the Participant retired under Early Commencement of Benefits with a joint and 50% spouse option in effect

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

### Reductions

The benefit from any other pension or government plan toward which NACCO has directly contributed (excluding OASDI, unemployment benefits and NACCO's Profit Sharing Plan). For a Participant in NACCO Industries, Inc. Plan on November 30, 1986, or NACCO Pension Plan for Salaried Employees on December 31, 1989, this includes the actuarial equivalent of his or her vested accrued benefit under the relevant plan which terminated on that date.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD

#### Early retirement

Completion of ten or more years of Vesting Service as a salaried employee and attainment of age 55

#### Postponed retirement

Retirement after NRD

#### Vested termination

Termination for reasons other than death or retirement after completing five years of Vesting Service

#### Disability

Totally disabled prior to age 65 with one or more years of vesting service as a salaried employee and not eligible for early retirement

#### Surviving spouse

Participants who have been married at least one year, completed ten or more years of Vesting Service as a salaried employee and die while a salaried employee and after attainment of age 52 but before normal retirement date

#### Preretirement death benefit

Participants who have been married at least one year, completed five or more years of Vesting Service (part of which accrued after August 22, 1984) and die before a pension is in payment and not under conditions satisfying the requirements specified in Surviving Spouse eligibility

### Benefits Paid Upon the Following Events

#### Normal retirement

Monthly Accrued Benefit at retirement less any Reductions

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

|                             |                                                                                                                                                                                                                                                                                           |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Early retirement</b>     | Monthly Accrued Benefit at date of Early Retirement, reduced by 4% for each year that early commencement of benefits precedes Normal Retirement Date, less any Reductions                                                                                                                 |
| <b>Postponed retirement</b> | Monthly pension benefit determined as of actual retirement date                                                                                                                                                                                                                           |
| <b>Vested termination</b>   | Monthly Accrued Benefit at date of termination, less any Reductions, payable at Normal Retirement Date or if Participant had completed ten or more years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions       |
| <b>Disablement</b>          | Monthly Accrued Benefit computed with service credited for all years of total disability until age 65 and using Social Security based on the law as in effect on the date of disability and assuming zero compensation from that date until age 65                                        |
| <b>Surviving spouse</b>     | 50% of the Participant's Monthly Accrued Benefit at date of death less any death or survivor's benefit from any governmental plan to which NACCO contributes which covers an occupational disease of the coal mining industry. Paid for remainder of the lifetime of the surviving spouse |
| <b>Preretirement death</b>  | Monthly Preretirement Spouse Benefit                                                                                                                                                                                                                                                      |

### Other Plan Provisions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b> | <p>(i) Normal Form: Actuarial equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single</p> <p>(ii) Optional Forms:</p> <ul style="list-style-type: none"><li>a. 50%, 66-2/3%, 75% or 100% Contingent Annuity Option</li><li>b. Ten-year Certain and Continuous Option</li><li>c. Social Security Level Income Option</li><li>d. Life Income (for married participants)</li></ul> |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

**Conversion factors for optional forms of payment**

8.00% and the 1971 TPF&C Mortality Table, 80% male, 20% female

**Maximum limits 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 IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Plan status for PBGC reporting purposes**

Benefits frozen

### Future Plan Changes

No future plan changes were recognized in this valuation. WTW is not aware of any future plan changes that are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no other changes in benefits valued since the prior year.

### Significant Events

NACCO has initiated the process to start a standard plan termination with a proposed October 31, 2023 Date of Plan Termination. This is not a significant event from a plan year 2023 valuation perspective; however, it does mean the plan ceases to require PPA valuations hereafter. To the best of our knowledge there have been no other significant events during the year.

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## North American Coal Corporation

### Plan Provisions

The plan was amended and restated effective January 1, 2014, adopted November 26, 2013. The last amendment reflected in this report is Amendment Two which allowed a one-time, voluntary lump sum window to certain terminated vested participants, effective December 31, 2019.

**Covered employees** All salaried employees hired prior to January 1, 2000

**Participation date** Date of becoming a covered employee

### Definitions

**Participant** An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan

**Vesting service** All years of Benefit Service accrued after age 18, plus any service that would have been considered Benefit Service except that the employee did not accrue it in a salaried capacity

**Benefit service** All full and fractional years of service as a salaried employee from last date of hire to date of termination of employment, including any service reinstated prior to any break in service. For employees terminating after December 31, 1984, Benefit Service includes all periods of service that end after December 31, 1975 until December 31, 2013.

**Final average earnings** The average of the five highest consecutive calendar years' W-2 earnings, plus any deferred compensation, during the ten-year period ending on the earlier of the Participant's termination date, retirement date, or December 31, 2013

**Covered compensation** The average of the Social Security taxable wage bases during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

**Normal retirement date (NRD)**

The first of month coincident with or next following age 65

**Accrued benefit**

1.1% of Final Average Earnings up to Covered Compensation plus 1.6% of Final Average Earnings in excess of Covered Compensation, times Benefit Service up to 30 years, plus 0.5% of Final Average Earnings times Benefit Service in excess of 30 years. This benefit will not be less than the accrued benefit determined under the old plan formula as of December 31, 1998.

Effective December 31, 2004, the Combined Plan was amended to freeze the accrued benefit and cease all future benefit accruals for all non-project mine participants and those project mine participants in salary grades E-14 and above. A participant's frozen benefit will be increased each year based on the inflation rate specified in the Consumer Price Index-Urban (minimum 2%) until that participant terminates employment for any reason. However, the indexation was ceased under this plan for 12 employees effective January 1, 2008.

Effective December 31, 2010, the Combined Plan was amended to eliminate the 2% minimum indexation and the indexation was ceased under this plan for 15 employees with salary grade E-14 and above.

Effective December 31, 2013, the Combined Plan was amended to cease future accruals and future indexation for all participants.

**Early commencement of benefits**

For vested terminated Participants who had completed ten years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions

**Reductions**

The benefit from any other pension or government plan toward which NACCO has directly contributed (excluding OASDI, unemployment benefits and NACCO's Profit Sharing Plan). For a Participant in NACCO Industries, Inc. Plan on November 30, 1986, or NACCO Pension Plan for Salaried Employees on December 31, 1989, this includes the actuarial equivalent of his or her vested accrued benefit under the relevant plan which terminated on that date.

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

### Monthly preretirement death benefit

- (i) If death occurs at or after age 55 and after completion of at least ten years of Vesting Service as a salaried employee, an immediate pension equal to the surviving benefit payable had the Participant retired when he or she died with a joint and 50% spouse option in effect.
- (ii) If death occurs before age 55 or completion of ten years of Vesting Service as a salaried employee, a pension starting when the Participant would have reached age 55, calculated as the survivor benefit payable had the Participant retired under Early Commencement of Benefit with a joint and 50% spouse option in effect.

### Eligibility for Benefits

#### Normal retirement

Retirement on NRD

#### Early retirement

Completion of ten or more years of Vesting Service as a salaried employee and attainment of age 55

#### Postponed retirement

Retirement after NRD

#### Vested termination

Termination for reasons other than death or retirement after completing five years of Vesting Service

#### Disability

Totally disabled prior to age 65 with one or more years of vesting service as a salaried employee and not eligible for early retirement

#### Surviving spouse

Participants who have been married at least one year, completed ten or more years of Vesting Service as a salaried employee and die while a salaried employee and after attainment of age 52 but before normal retirement date

#### Preretirement death benefit

Participants who have been married at least one year, completed five or more years of Vesting Service (part of which accrued after August 22, 1984) and die before a pension is in payment and not under conditions satisfying the requirements specified in Surviving Spouse eligibility

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Monthly Accrued Benefit at retirement less any Reductions                                                                                                                                                                                                                                  |
| <b>Early retirement</b>     | Monthly Accrued Benefit at date of Early Retirement, reduced by 4% for each year that early commencement of benefits precedes Normal Retirement Date, less any Reductions                                                                                                                  |
| <b>Postponed retirement</b> | Monthly pension benefit determined as of actual retirement date                                                                                                                                                                                                                            |
| <b>Vested termination</b>   | Monthly Accrued Benefit at date of termination, less any Reductions, payable at Normal Retirement Date or if Participant had completed ten or more years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions        |
| <b>Disablement</b>          | Monthly Accrued Benefit computed with service credited for all years of total disability until age 65                                                                                                                                                                                      |
| <b>Surviving spouse</b>     | 50% of the Participant's Monthly Accrued Benefit at date of death less any death or survivor's benefit from any governmental plan to which NACCO contributes which covers an occupational disease of the coal mining industry (paid for remainder of the lifetime of the surviving spouse) |
| <b>Preretirement death</b>  | Monthly Preretirement Spouse Benefit                                                                                                                                                                                                                                                       |

### Other Plan Provisions

|                         |                                                                                                                                   |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b> | (i) Normal Form: Actuarial equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single |
|                         | (ii) Optional Forms:                                                                                                              |
|                         | a) 50%, 66-2/3%, 75% or 100% Contingent Annuity Option                                                                            |
|                         | b) Ten-year Certain and Continuous Option                                                                                         |
|                         | c) Social Security Level Income Option                                                                                            |

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

d) Life Income (for married participants)

**Conversion factors for optional forms of payment**

8.00% and the 1971 TPF&C Mortality Table, 80% male, 20% female

**Maximum limits 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 IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Plan status for PBGC reporting purposes**

Benefits frozen

### Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

### Changes in Benefits Valued Since Prior Year

There have been no other changes in benefits valued since the prior year.

### Significant Events

NACCO has initiated the process to start a standard plan termination with a proposed October 31, 2023 Date of Plan Termination. This is not a significant event from a plan year 2023 valuation perspective; however, it does mean the plan ceases to require PPA valuations hereafter. To the best of our knowledge there have been no other significant events during the year.

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## United Mine Workers Indian Head Mine Pension Plan

### Plan Provisions

The plan was amended and restated effective January 1, 2014, adopted November 26, 2013. The last amendment reflected in this report is Amendment Two which allowed a one-time, voluntary lump sum window to certain terminated vested participants, effective December 31, 2019.

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b> | All employees of NACCO located at the Indian Head Mine who are members of the United Mine Workers of America. On or after December 6, 1977, employees must also complete one 12-month period of employment of 1,000 hours of service or one year of Vesting Service, whichever occurs first, and shall become participants on the first day of the month coinciding with or next following completion of this 12-month period. |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Definitions

|                                     |                                                                                                                                                                                                                                                                                                       |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Participant</b>                  | An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan                                                                                                                                                                        |
| <b>Vesting service</b>              | For valuation purposes, service has been calculated from date of hire                                                                                                                                                                                                                                 |
| <b>Credited service</b>             | For valuation purposes, service has been calculated from date of hire for all participants ignoring the possible effects of Reciprocal Service and Non-Signatory Past Service which has been earned in addition to this calculated amount                                                             |
| <b>Normal retirement date (NRD)</b> | Attainment of age 62 and completion of five years of Vesting Service or 20 years of Credited Service; or attainment of age 65 and completion of five years of participation                                                                                                                           |
| <b>Monthly accrued benefit</b>      | \$21.00 per month for each of the first ten years of Credited Service plus \$21.50 per month for each of the second ten years of Credited Service plus \$22.00 per month for each of the third ten years of Credited Service plus \$22.50 per month for each year of Credited Service in excess of 30 |

|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| Plan Name:      | The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries |
| EIN / PN:       | 34-1554846/005                                                                    |
| Plan Sponsor:   | The North American Coal Corporation                                               |
| Valuation Date: | January 1, 2023                                                                   |

## SCHEDULE SB ATTACHMENTS

---

### Eligibility for Benefits

|                                    |                                                                                                                                                                                                         |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD                                                                                                                                                                                       |
| <b>Early retirement</b>            | Completion of ten years of Vesting Service or 20 years of Credited Service and attainment of age 55                                                                                                     |
| <b>Vested termination</b>          | Completion of five years of Vesting Service or 20 years of Credited Service                                                                                                                             |
| <b>Preretirement death benefit</b> | Spouses of participants, who die after having completed five years of Vesting Service, provided they had been married at least nine months at time of death, and who die before a pension is in payment |
| <b>Special widow benefit</b>       | Spouses of participants who die after having retired under the provisions of the United Mine Workers of America 1980 Pension Plan as in effect on December 5, 1977                                      |

### Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                        |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Monthly pension benefit determined as of NRD                                                                                                                                                           |
| <b>Early retirement</b>     | Monthly accrued benefit determined at date of early retirement, reduced by 0.25% for each full month by which the date on which pension payments are to commence precedes the employee's 62nd birthday |
| <b>Postponed retirement</b> | Monthly pension benefit determined as of actual retirement date                                                                                                                                        |
| <b>Vested termination</b>   | The monthly accrued benefit payable at NRD. If the employee is eligible for early retirement, the benefit is reduced actuarially for early commencement.                                               |

Plan Name: The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries  
EIN / PN: 34-1554846/005  
Plan Sponsor: The North American Coal Corporation  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

|                                                         |                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b>                                 | (i) Normal Form: Actuarial equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single<br><br>(ii) Optional Forms:<br>(a) 50%, 66-2/3%, 75% or 100% Contingent Annuity Option<br>(b) Ten-year Certain and Continuous Option<br>(c) Social Security Level Income Option<br>(d) Life Income (for married participants) |
| <b>Conversion factors for optional forms of payment</b> | 8.00% and the 1971 TPF&C Mortality Table; 80% male, 20% female                                                                                                                                                                                                                                                                                                  |
| <b>Maximum limits on benefits and pay</b>               | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.                                                                                                                                       |
| <b>Plan status for PBGC reporting purposes</b>          | Inactive participants only                                                                                                                                                                                                                                                                                                                                      |

## Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no other changes in benefits valued since the prior year.

## Significant Events

NACCO has initiated the process to start a standard plan termination with a proposed October 31, 2023 Date of Plan Termination. This is not a significant event from a plan year 2023 valuation perspective; however, it does mean the plan ceases to require PPA valuations hereafter. To the best of our knowledge there have been no other significant events during the year.

|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| Plan Name:      | The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries |
| EIN / PN:       | 34-1554846/005                                                                    |
| Plan Sponsor:   | The North American Coal Corporation                                               |
| Valuation Date: | January 1, 2023                                                                   |

THE COMBINED DEFINED BENEFIT PLAN FOR  
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
As of December 31, 2023

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| Name of Plan Sponsor:           | <u>NACCO Natural Resources Corporation</u> |
| Employer Identification Number: | <u>34-1554846</u>                          |
| Three-Digit Plan Number:        | <u>005</u>                                 |

| <u>(a)</u>                      | <u>(b)</u><br>Identity of Issue,<br>Borrower or<br>Similar Party | <u>(c)</u><br>Description<br>of Investment          | <u>(d)</u><br>Cost | <u>(e)</u><br>Fair<br>Value |
|---------------------------------|------------------------------------------------------------------|-----------------------------------------------------|--------------------|-----------------------------|
| <b><u>Mutual Funds</u></b>      |                                                                  |                                                     |                    |                             |
| *                               | The Vanguard Group Inc.                                          | Vanguard Intermediate-Term Treasury Fund Admiral    | \$ 10,468,152      | \$ 10,340,373               |
| *                               | The Vanguard Group Inc.                                          | Vanguard Intermediate-Term Investment Grade Admiral | 10,498,022         | 10,241,744                  |
| *                               | The Vanguard Group Inc.                                          | Vanguard Long-Term Investment Grade Admiral         | 6,282,775          | 6,309,316                   |
| *                               | The Vanguard Group Inc.                                          | Vanguard Short-Term Investment Grade Institutional  | 1,584,743          | 1,621,129                   |
| *                               | The Vanguard Group Inc.                                          | Vanguard Long-Term Treasury Fund Admiral            | 1,414,774          | <u>1,352,899</u>            |
|                                 |                                                                  |                                                     |                    | 29,865,461                  |
| <b><u>Money Market Fund</u></b> |                                                                  |                                                     |                    |                             |
| *                               | The Vanguard Group Inc.                                          | Vanguard Federal Money Market                       | \$ 81,115          | <u>81,115</u>               |
| Total Investments               |                                                                  |                                                     |                    | <u>\$ 29,946,576</u>        |

\* = Party-in-interest investment

See Independent Auditor's Report