

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UNITED MINE WORKERS OF AMERICA COMBINED BENEFIT FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, UMWA COMBINED BENEFIT FUND</u></p> <p><u>2121 K STREET N.W. SUITE 350</u> <u>WASHINGTON, DC 20037-1801</u></p>	<p>1c Effective date of plan <u>02/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>52-1805433</u></p> <p>2c Plan Sponsor's telephone number <u>202-521-2200</u></p> <p>2d Business code (see instructions) <u>212110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2025	MICHAEL O. MCKOWN, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/01/2025	MICHAEL BUCKNER, TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2982
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	
	6a(2)	
	6b	2547
	6c	
	6d	2547
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	33

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan UNITED MINE WORKERS OF AMERICA COMBINED BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UMWA COMBINED BENEFIT FUND	D Employer Identification Number (EIN) 52-1805433	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

KEYSTONE PEER REVIEW ORGANIZATION

23-2348176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1397554	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)

HEALTH SMART BENEFIT SOLUTIONS

36-4099199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	1375394	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)

TRUSTEE STAFF

52-1805433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	UMWA FUND EMPLOYEES	297115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WITHUMSMITH+BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	197062	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)

1974 PENSION TRUST

52-6150908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 28 29 49 50	EMPLOYER	168236	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)

PRICE WATERHOUSE COOPER

13-5326270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	51419	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CCRC ACTUARIES, LLC

52-2261050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	47593	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)

MORGAN, LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	46359	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)

POWERS, PYLES, SUTTER & VERVILLE

52-1620214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	44900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	33449	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)

PENSION BENEFIT INFORMATION

94-2856521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	31045	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)

ARTHUR DIAMOND, INC

52-0937528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	29795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARSH USA

36-1436000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	28931	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)

VERIZON

47-0751768

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23930	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)

INTERIM HEALTHCARE OF SE OHIO, INC

47-0947907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	21386	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 65 72 99	NONE	20252	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)

BIG SANDY AREA DEVELOPMENT

61-0671002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	19577	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)

MICROSOFT CORPORATION

91-1144442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UNITED ACTUARIAL SERVICES

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	18000	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)

INSIGHT DIRECT USA

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14440	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)

JONES, NANCY C.

2121 K STREET NW
SUITE 350
WASHINGTON, DC 20037-1801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	11682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	6979	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)

CHUBB & SON

13-1963496

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	6689	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)

COMMUNITY NURSING SERVICE

74-2534122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	6412	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STOVER, DALE R

2121 K STREET NW
SUITE 350
WASHINGTON, DC 20037-1801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70	NONE	5887	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)

RAPID7 LLC

74-3111935

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan UNITED MINE WORKERS OF AMERICA COMBINED BENEFIT FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UMWA COMBINED BENEFIT FUND	D Employer Identification Number (EIN) 52-1805433

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3269001	2924673
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	93478623	76717000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	96747624	79641673
Liabilities			
g Benefit claims payable	1g	4466608	4989145
h Operating payables	1h	50898571	27995974
i Acquisition indebtedness	1i		
j Other liabilities	1j	20747783	20736714
k Total liabilities (add all amounts in lines 1g through 1j)	1k	76112962	53721833
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	20634662	25919840

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4707900	
(B) Participants	2a(1)(B)	12090	
(C) Others (including rollovers)	2a(1)(C)	29167830	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		33887820
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4627627	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		4627627
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		657553
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		39173000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29738872	
(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)		29738872
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)	2772948	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	83300	
(5) Investment advisory and investment management fees	2i(5)	7990	
(6) Bank or trust company trustee/custodial fees	2i(6)	9849	
(7) Actuarial fees	2i(7)	72572	
(8) Legal fees	2i(8)	91258	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	297115	
(11) Other expenses	2i(11)	813918	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4148950
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33887822

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5285178
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN

(2) EIN: 22-2027092

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		555556
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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

**UNITED MINE WORKERS OF AMERICA
COMBINED BENEFIT FUND
Financial Statements
September 30, 2024 and 2023
With Independent Auditor's Report**

United Mine Workers of America Combined Benefit Fund
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September 30, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
United Mine Workers of America Combined Benefit Fund:

Report on the Financial Statements

We have audited the financial statements of the United Mine Workers of America Combined Benefit Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for fund benefits and fund benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for fund benefits and of changes in fund benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the United Mine Workers of America Combined Benefit Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events considered in the aggregate, that raise substantial doubt about the United Mine Workers of America Combined Benefit Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Withum Smith & Brown, PC

May 29, 2025

United Mine Workers of America Combined Benefit Fund
Statements of Net Assets Available for Fund Benefits
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and cash equivalents - net of outstanding checks - Note 2	\$ 9,263,108	\$ 12,456,996
Investments - at fair value - Note 4	<u>67,453,892</u>	<u>81,021,627</u>
Receivables		
Due from Medicare		
Pharmacy - Retiree Drug Subsidy - Note 8	468,980	101,443
Accrued investment income	135,731	267,238
Employer premiums receivable	248,042	975,973
Rebates receivable	<u>2,071,920</u>	<u>1,924,347</u>
Total receivables	<u>2,924,673</u>	<u>3,269,001</u>
 Total assets	 <u>79,641,673</u>	 <u>96,747,624</u>
Liabilities		
Deferred shortfall premiums - Note 1	20,698,439	20,698,439
Due to other plans - Note 5	23,696,889	23,619,952
Accrued administrative expenses	825,436	652,480
Accrued administrative employees' pension benefit liability - Note 7	38,275	49,344
Due for securities purchased	92,290	204,804
Deferred employer premiums	208,426	277,807
Due to the Office of Surface Mining - Note 1	<u>3,172,933</u>	<u>26,143,528</u>
Total liabilities	<u>48,732,688</u>	<u>71,646,354</u>
 Net assets available for fund benefits	 <u>\$ 30,908,985</u>	 <u>\$ 25,101,270</u>
 Determination of net assets per Form 5500 - Note 9		
Net assets available for fund benefits as reported herein	\$ 30,908,985	\$ 25,101,270
Accrued postretirement health benefits	(4,815,812)	(4,262,608)
Accrued postretirement death benefits	<u>(173,333)</u>	<u>(204,000)</u>
 Net assets per Form 5500	 <u>\$ 25,919,840</u>	 <u>\$ 20,634,662</u>

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

United Mine Workers of America Combined Benefit Fund
Statements of Fund Benefit Obligations
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Transfers, premiums and contributions - Note 1		
Legislated transfer from the Office of Surface Mining	\$ 29,167,830	\$ 27,222,157
Employer premiums	4,707,900	6,493,161
COBRA refunds	<u>12,090</u>	<u>11,550</u>
	<u>33,887,820</u>	<u>33,726,868</u>
Investment income		
Interest and dividends	4,627,627	3,579,743
Net appreciation in fair value of investments	<u>657,553</u>	<u>1,180,561</u>
Net investment income	<u>5,285,180</u>	<u>4,760,304</u>
Total additions	<u>39,173,000</u>	<u>38,487,172</u>
Deductions		
Benefits		
Health benefits	40,144,619	43,104,644
Medicare receipts - Note 8		
Part B	(8,691,341)	(12,188,270)
Pharmacy - Retiree Drug Subsidy	<u>(2,628,062)</u>	<u>(2,335,112)</u>
	28,825,216	28,581,262
Death benefits	<u>391,119</u>	<u>433,920</u>
Total benefits	<u>29,216,335</u>	<u>29,015,182</u>
Administrative expenses - Note 2		
Administrative expenses - gross	6,290,259	6,595,969
Net periodic pension cost - service cost - Note 7	172,292	148,065
Net periodic postretirement cost - service cost - Note 7	47,715	49,691
Medicare capitation receipts - Note 8	<u>(2,211,238)</u>	<u>(1,094,849)</u>
	<u>4,299,028</u>	<u>5,698,876</u>
Total deductions	<u>33,515,363</u>	<u>34,714,058</u>
Net increase before benefits adjustments	5,657,637	3,773,114
Employees' pension-related changes other than net periodic pension cost - Note 7	226,206	(11,344)
Employees' postretirement benefit-related changes other than net periodic postretirement benefit cost - Note 7	(240,386)	236,347
Other components of net periodic pension and postretirement costs	<u>164,258</u>	<u>183,934</u>
Changes in net assets available for fund benefits	5,807,715	4,182,051
Net assets available for fund benefits		
Beginning of year	<u>25,101,270</u>	<u>20,919,219</u>
End of year	<u>\$ 30,908,985</u>	<u>\$ 25,101,270</u>

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

United Mine Workers of America Combined Benefit Fund
Statements of Fund Benefit Obligations
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Fund benefit obligation		
Postretirement benefit obligations - Note 3	<u>\$ 267,105,543</u>	<u>\$ 270,736,701</u>

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

United Mine Workers of America Combined Benefit Fund

Notes to Financial Statements

September 30, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

The following description of the United Mine Workers of America Combined Benefit Fund (the “Combined Fund”) is provided for general information purposes only. Participants should refer to the Plan and Trust documents for more complete information.

Establishment of the Fund

The Combined Fund was established on February 1, 1993, pursuant to the Coal Industry Retiree Health Benefit Act of 1992 (the “Coal Act”). The Combined Fund is the result of the merger of the UMWA 1950 and 1974 Benefit Plans (the “UMWA Plans”). The Combined Fund covers beneficiaries eligible to receive and receiving benefits from the UMWA Plans as of July 20, 1992.

Provision for Health Benefits

In accordance with the Coal Act, the health benefits provided by the Combined Fund (including hospital, physician, drug, vision and other medical benefit services) are to be, to the maximum extent feasible, substantially the same as those that were provided under the UMWA Plans as of January 1, 1992.

The Combined Fund's Board of Trustees, as sponsor, has the authority under the Coal Act and the Combined Fund's documents to modify the benefits provided to beneficiaries. The Trustees have authority to amend the Plan documents or terminate the Plan, subject to the provisions set forth in the Coal Act and ERISA.

Provision of Death Benefits

In accordance with the Coal Act, the death benefits provided by the Combined Fund are in general, \$5,000 for pensioners with dependents and \$4,000 for pensioners without dependents.

Tax Status

Sections 9702(a)(3) and (4) of the Coal Act provide that the Combined Fund is a multi-employer employee welfare benefit plan under ERISA. A determination letter from the Internal Revenue Service, dated March 10, 1995, recognized that the Trust established under the Combined Fund was exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (the “Code”) as a voluntary employees' beneficiary association described in Section 501(c)(9) of the Code. The Combined Fund has been amended since obtaining the determination letter; however, the Combined Fund's administrator believes that the Combined Fund is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Trust is exempt from taxation as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Combined Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Combined Fund, and has concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Combined Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

Funding

Pursuant to the terms of the Coal Act, as amended, and of the Surface Mining Control Reclamation Act of 1977 (“SMCRA”), as amended, contributions to the Combined Fund may consist of annual premiums from assigned operators and from transfers from the Abandoned Mine Reclamation Fund (the “AML Fund”), a trust fund established pursuant to SMCRA, and from the U.S. Treasury (the “Treasury”).

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

Assigned operators (as defined in Section 9701(c)(5) of the Coal Act) are required to pay annual premiums having three components:

- (1) Health benefit premiums, based on a per beneficiary rate, determined by the Commissioner of Social Security, multiplied by the number of eligible beneficiaries assigned to each operator by the Commissioner;
- (2) Death benefit premiums, actuarially-determined amounts; and,
- (3) Only in certain limited circumstances, unassigned beneficiaries' premiums, payable pro-ratably by each assigned operator, in aggregate amounts that might be needed to make up any difference between amounts transferred as described below and the amounts needed to meet annual expenses.

The Tax Relief and Health Care Act of 2006 amended the Coal Act and SMCRA. Beginning with the plan year ended September 30, 2007, this legislation provides for annual transfers covering the difference between the Combined Fund's total expenses and the sum of operator premiums and payments from federal programs such as Medicare. Prior to the amendments, the Combined Fund received transfers from the AML Fund based upon unassigned beneficiary expenses.

In lieu of health benefit premiums from operators that did not sign the 1988 National Bituminous Coal Wage Agreement, the Combined Fund receives transfers from the Treasury that are netted against the Combined Fund's annual expenses for calculation of the annual transfer.

The amendments also provide transfers from the AML Fund to the UMWA 1992 Benefit Plan and the UMWA 1993 Benefit Plan. The transfers to all three health plans to cover the plans' expenses net of premiums and federal payments come initially each year from interest earned by the AML Fund administered by the Office of Surface Mining of the Department of Interior, and supplemental transfers, as needed, come from the Treasury.

AML Fund interest earned but not transferred to the Combined Fund prior to the enactment of the Tax Relief and Health Care Act of 2006 is to be held by the Secretary of the Interior in a reserve fund to be added to the transfers from the Treasury if Treasury funds are insufficient to make the transfers to the three health plans. The annual transfers from the Treasury for all purposes, including transfers to the health plans and transfers of the "state share" amounts to states and tribes where AML Fund mining fees are collected, are limited to \$750 million per year.

For the years ended September 30, 2024 and 2023, the Combined Fund billed the Office of Surface Mining \$25,833,651 and \$34,050,702, respectively, to cover an estimate of the total annual expenses net of operator premiums and federal payments in connection with benefits. Additionally, there was a true up of the 2022 annual transfer of \$19,636,416 recorded in the year ended September 30, 2024 and a true up of the 2021 annual transfer of \$14,324,466 recorded in the year ended September 30, 2023. The amounts were based on the difference between the net of estimated expenses and premiums and the amounts reported in the audited financial statements of the Combined Fund. The total amount due to the Office of Surface Mining at September 30, 2024 is \$3,172,933, comprised of \$3,334,179 for 2024 and amount due from the Office of Surface Mining of \$6,507,112 for 2023. The total amount due to the Office of Surface Mining at September 30, 2023 is \$26,143,528, comprised of \$6,828,544 for 2023 and \$19,314,984 for 2022.

United Mine Workers of America Combined Benefit Fund

Notes to Financial Statements

September 30, 2024 and 2023

In November 2008, the Combined Fund signed a Memorandum of Understanding (“MOU”) with the Office of Surface Mining (“OSM”) regarding the administration of the program of transfers from the AML Fund and the Treasury to the Combined Fund under the 2006 amendment. The MOU establishes procedures for the Combined Fund's annual submissions of estimates to support the annual transfer, the timing of the initial transfer and the procedure for trueing up based on actual amounts of expenses, premiums and Federal payments taken from the Combined Fund's audited financial statements. As part of the agreement reflected in the MOU, the Combined Fund and OSM agreed that, at true up, the annual transfers to the Combined Fund would be reduced by the amount of interest earned on the cash attributable to the transfer. The Fund signed a MOU with OSM effective October 1, 2020, which extends the agreement through September 30, 2021. The Fund signed a new MOU with OSM effective October 1, 2021, which does not reduce the annual transfers by the amount of interest earned on the cash attributable to the transfer. This new MOU extends the agreement through September 30, 2026.

The Consolidated Appropriation Act of 1999, which incorporated the Interior Department Appropriations Act for fiscal year 2000, directed the Secretary of Interior to transfer \$68,000,000 from interest earned by the AML Fund during fiscal years 1993 through 1995, to the Combined Fund. The transfer was "to cover any shortfall in any premium account in any plan year under the Combined Benefit Fund". A shortfall in a premium account occurs when assigned operators are delinquent in paying premiums and collection efforts are unsuccessful. The Combined Fund received the transfer on December 16, 1999. The amount of the transfer used, net of subsequent adjustments for unanticipated collections, through September 30, 2024 and 2023 was \$47,301,561 and \$47,301,561, respectively. The remaining amounts of \$20,698,439 and \$20,698,439 are shown on the statements of net assets available for fund benefits as deferred shortfall premiums as of September 30, 2024 and 2023, respectively.

The Combined Fund also received certain payments pursuant to arrangements with the Federal Medicare program described in Note 8.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Cash and Cash Equivalents

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

Investment Valuation and Income Recognition

The Combined Fund's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales are recorded on a trade date basis. Realized and unrealized gains and losses are recognized in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for fund benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Registered investment companies are valued based on quoted market prices and are included in Level 1 in the fair value table.

United Mine Workers of America Combined Benefit Fund

Notes to Financial Statements

September 30, 2024 and 2023

Due to/from Other Plans

The Combined Fund engages in certain transactions with the other plans of the UMWA Health and Retirement Funds (the "Funds") for administrative convenience. Such transactions include reimbursing administrative expenses paid by another plan that are allocable to the Combined Fund (discussed below), and income items received by one plan in error and redirected to other plans. These amounts are netted and shown on the statements of net assets available for fund benefits as due to or due from other plans.

Administrative Expenses

Expenditures for administrative expenses are made by the UMWA 1974 Pension Plan. The Combined Fund is charged for direct expenses and an allocated share of other administrative expenses.

Accounting 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 reported amounts of assets, liabilities and benefit obligations including IBNR (claims incurred but not yet received by the Combined Fund), and disclosure of contingent assets and liabilities, at the date of the financial statements as well as changes therein during the reporting period. Actual results could differ from those estimates.

Accrued Postretirement Health and Death Benefits

Participant health and death benefits are recognized when paid. To state the relationship between the Combined Fund's current assets and its current benefit obligations, including those accrued obligations not yet paid, the financial statements also present, as an integral part of the statements, a determination of net assets per Form 5500. This determination is made by reducing the amount of net assets available for fund benefits by the amount of accrued health and death benefits. The Form 5500 treats this determination as the appropriate statement of net assets for a health care plan such as the Combined Fund. On two occasions, Congress has enacted special appropriations of funds from the AML Fund to cover the net asset deficit of the Combined Fund. On both of these occasions, the Combined Fund and the Office of Surface Mining, the agency that administers the AML Fund, have looked to the net assets available for benefits less accrued health and death benefits as the appropriate measure of such a deficit. Accrued postretirement health and death benefits are benefit obligations due but not yet paid.

Employer Premiums Receivable

Employer premiums receivable are stated at the amount expected to be collected from outstanding balances. Management concluded that an allowance for credit losses was not necessary at September 30, 2024 and 2023.

Accounting Principles Adopted

Credit Losses

In June 2016, the FASB issued an ASU Update 2016-13, Financial Instruments – Credit Losses (Topic 326) amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective July 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative effect adjustment to the opening balance of net assets.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

Subsequent Events

In preparing these financial statements, management of the Combined Fund has evaluated events and transactions that occurred after September 30, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through May 29, 2025, the date the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. BENEFITS OBLIGATION

Benefit obligations represent the total actuarial present value of those estimated future benefits that are attributable to the closed group of current participants and their dependents. The actuarial present value of the expected benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death or disability) between the valuation date and the expected dates of payment.

The Plan's benefit obligation as of September 30, 2024 and 2023 are summarized as follows:

	<u>2024</u>	<u>2023</u>
Participants and spouses	\$ 222,681,762	\$ 225,392,216
Disabled retirees	34,569,884	35,371,594
Children	<u>4,864,752</u>	<u>5,506,283</u>
Plan's benefit obligation excluding benefits currently payable	262,116,398	266,270,093
Current accrued health benefits	<u>4,989,145</u>	<u>4,466,608</u>
Plan's total benefit obligation	<u>\$ 267,105,543</u>	<u>\$ 270,736,701</u>

The assumptions are based on the presumption that the Combined Fund will continue. Were the Combined Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the benefit obligations. The following were significant assumptions used in the valuations as of September 30, 2024 and 2023:

Discount Rate

Discount rates for interest of 4.50% and 5.25% were used for 2024 and 2023, respectively.

Administrative Expenses

15% addition to claim costs for 2024 and 2023.

Funding Method (FASB ASC 965)

Projected Unit Credit Service Prorate for 2024 and 2023.

Census Data

The total covered lives generating the benefit obligation as of September 30, 2024 and 2023 are 2,855 and 3,347, respectively. Projections of the beneficiary population were made using actuarial assumptions relative to rates of mortality.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

The change due to census experience amount shown on the statements of changes in fund benefit obligations reflects adjustments due to actual experience differing from original actuarial projections.

Mortality Rates

Assumed Plan Mortality: For 2024, 110% for males and 125% for females of the PRI-2012 Blue Collar Mortality Tables for healthy annuitants projected forward using the MP-2021 projection scale. For 2023, 110% for males and 125% for females of the PRI-2012 Blue Collar Mortality Tables for healthy annuitants projected forward using the MP-2021 projection scale.

Post-Disablement Mortality: For 2024, 110% for males and 125% for females of the PRI-2012 Blue Collar Mortality Tables for disabled annuitants projected forward using the MP-2021 projection scale. For 2023, 110% for males and 125% for females of the PRI-2012 Blue Collar Mortality Tables for disabled annuitants projected forward using the MP-2021 projection scale.

Annual Starting Per Capita Costs

Expected future costs were projected assuming continuation of the current plan.

For 2024 and 2023, the per capita medical and drug claims cost were developed using three years of history. An average eligible count was calculated from beginning and end of year census reports. The total incurred claims were allocated between Medicare and non-Medicare participants and then divided by the average eligibles to arrive at a per capita medical and drug cost. All amounts were projected to the valuation date using the medical and/or drug trend assumptions.

Trend

The claims costs are projected to subsequent years using trend rate assumptions.

For 2024, a health care cost trend rate of 7.5% for pre-65 and post-65, gradually decreasing to 4.0% for pre-65 and post-65 in 2040, was used. A trend rate of 7.5% beginning in fiscal year 2024, gradually decreasing to 4.0% in 2040, was used for the assumption for the subsidy for prescription drugs. For 2023, a health care cost trend rate of 8.5% for pre 65 and post 65, gradually decreasing to 4.0% for pre 65 and post 65 in 2039, was used. A trend rate of 8.5% beginning in fiscal year 2023, gradually decreasing to 4.0% in 2039, was used for the assumption for the subsidy for prescription drugs.

A 1% increase in the assumed health care cost trend rates would increase the benefit obligations as of September 30, 2024 and 2023 by \$18,021,108 or 6.9% and \$17,548,217 or 6.6%, respectively.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

Aging

Annual age 65 per capita costs are increased or decreased for each participant's projected age using the following aging rates:

<u>Age</u>	<u>Aging Factor</u>
20 - 25	0.50%
26 - 35	1.00%
36 - 45	1.50%
46 - 55	2.50%
56 - 64	3.50%
65 - 69	2.50%
70 - 74	2.00%
75 - 79	1.50%
80 - 84	1.00%
85 - 89	0.50%
90 and older	0.00%

Death Benefits

A death benefit of \$5,000 is payable to a surviving beneficiary and a benefit of \$4,000 is payable to the estate if there is no survivor. Surviving spouse cardholders are not eligible for life insurance coverage.

4. FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establish a fair value reporting hierarchy and define three broad levels of inputs (the assumptions that market participants would use in pricing the asset or liability) as noted below:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Valuation is based on unobservable inputs for the asset or liability. Level 3 assets may include financial instruments whose value is determined using pricing models with internally developed assumptions, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. A detailed description of the valuation methodology for investments is included in Note 2. There was no change in methodologies for the periods presented.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

As of September 30, 2024 and 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			Total Fair Value
	Level 1	Level 2	Level 3	
Registered investment companies	<u>\$ 67,453,892</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 67,453,892</u>
	2023			
	Level 1	Level 2	Level 3	Total Fair Value
Registered investment companies	<u>\$ 81,021,627</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 81,021,627</u>

5. DUE TO OTHER PLANS

As of September 30, 2024 and 2023, due to other plans included the following:

	2024	2023
Administrative expenses - 1974 Pension Plan	\$ 357,253	\$ 562,304
Allocated employees' pension expenses - 1974 Pension Plan	8,614,886	8,567,017
Allocated employees' post retirement health benefit expenses - 1974 Pension Plan	<u>14,724,750</u>	<u>14,490,631</u>
	<u>\$ 23,696,889</u>	<u>\$ 23,619,952</u>

6. PARTY-IN-INTEREST TRANSACTIONS

The Combined Fund invests certain assets in investment funds operated by the Combined Fund custodian, which is a party-in-interest under ERISA. These transactions qualify for exemption from the prohibited transaction rules of ERISA.

7. EMPLOYEES' PENSION PLAN AND OTHER POSTRETIREMENT BENEFITS

The UMWA 1974 Pension Trust Employees' Pension Plan (the "Employees' Pension Plan") is a multiple employer defined benefit pension plan that covers employees of participating employers, including the Combined Benefit Fund's employees. The Employees' Pension Plan's benefits are based on the employee's years of service and the employee's four years of highest earnings. The Employees' Pension Plan's funding policy is to contribute annually at least the minimum required by ERISA. Contributions are intended to provide for benefits that are attributed to service to date, and for those expected to be earned in the future. Net periodic pension cost and the funded status of the Employees' Pension Plan are determined with the assistance of the Employees' Pension Plan's actuaries.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

The net periodic pension cost for employees of the Fund which is included on the statements of changes in net assets available for fund benefits was computed as follows:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 9,535	\$ 14,481
Interest cost	14,771	13,456
Expected return on plan assets	(16,208)	(11,705)
Amortization of net loss	<u>100,247</u>	<u>108,297</u>
Net periodic pension cost	<u>\$ 108,345</u>	<u>\$ 124,529</u>

For 2024 and 2023, \$9,535 and \$14,481, respectively, is included in net periodic pension cost - service cost and \$98,810 and \$110,048, respectively, is included in other components of net periodic pension and postretirement costs on the statements of changes in net assets available for plan benefits.

The following is a summary of significant actuarial assumptions used to determine net periodic pension costs for the years ended September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Discount rate	5.60%	5.10%
Rate of compensation increase	0.00%	0.00%
Expected return on plan assets	7.00%	6.00%

Mortality Rates

Healthy: For 2024 and 2023, Pri-2012 Total Dataset Employee and Retiree Amount-Weighted mortality tables with generational projection using Scale MP-2021 for males and females.

Disabled: For 2024 and 2023, Pri-2012 Disabled Amount-Weighted mortality tables with generational projection using Scale MP-2021 for males and females.

Lump sum: For 2024 and 2023, Unisex Pension 1984 Mortality Table set back two years.

As of September 30, 2024 and 2023, actuarial amounts that have not yet been recognized as components of net periodic benefit cost were net losses of \$89,017 and \$190,707, respectively. The amount expected to be recognized as a component of net periodic benefit cost during the year ending September 30, 2025 for the amortization of net losses is \$68,333. The computation of accrued pension liability which is reflected on the statements of net assets available for fund benefits as of September 30, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Projected benefit obligation	\$ (306,988)	\$ (283,264)
Fair value of plan assets	<u>268,713</u>	<u>233,920</u>
Accrued pension liability	<u>\$ (38,275)</u>	<u>\$ (49,344)</u>

As of September 30, 2024 and 2023, the accumulated benefit obligation was \$306,988 and \$283,264, respectively.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

The following is a summary of significant actuarial assumptions used to determine benefit obligations at September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Discount rate	5.60%	5.10%
Rate of compensation increase	0.00%	0.00%
Expected return on plan assets	7.00%	6.00%

Retirement Assumption

For 2024 and 2023, once eligible for retirement, active participants are assumed to retire at the following rates:

<u>Age</u>	<u>2024 Rate</u>	<u>Age</u>	<u>2023 Rate</u>
Under 55	0%	Under 55	0%
55	10%	55	10%
56 - 57	5%	56 - 58	5%
58 - 59	10%	59	10%
60	30%	60	30%
61	10%	61	10%
62 - 63	15%	62	15%
64	10%	63 - 64	10%
65	30%	65	30%
66 - 69	10%	66 - 69	10%
70	100%	70	100%

The Employees' Pension Plan's assets are invested with the objective of being able to meet current and future benefit payment needs, while controlling pension expense volatility and future contributions. Employees' Pension Plan assets are diversified among U.S. large cap equities, U.S. small cap equities, international equities, U.S. fixed income investments, commodities, and cash. The "strategic target" allocation is 35%-55% equities, 38%-48% fixed income, 5-15% commodities, and 0%-5% cash equivalents. All assets of the Employees' Pension Plan are valued using Net Asset Value as the practical expedient.

The Employees' Pension Plan's asset allocation as of September 30, 2024 and 2023, by asset category, is as follows:

	<u>2024</u>	<u>2023</u>
Equities	41.1%	42.0%
Fixed income funds	47.2%	46.3%
Commodities	8.8%	10.8%
Other (including cash equivalents)	2.9%	0.9%
	<u>100.0%</u>	<u>100.0%</u>

No Employees' Pension Plan assets are expected to be returned to the Combined Fund during fiscal year 2025.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

The Combined Fund contributed \$17,724 and \$46,651 to the Employees' Pension Plan during the years ended September 30, 2024 and 2023, respectively. Management of the Combined Fund expects to contribute \$8,644 to the pension plan during fiscal year 2025.

The Employees' Pension Plan paid benefits of \$37,587 and \$40,461 during the years ended September 30, 2024 and 2023, respectively. As of September 30, 2024, expected benefit payments for each of the next five years and the following five year period in aggregate are as follows:

2025	\$	36,000
2026		65,000
2027		41,000
2028		29,000
2029		27,000
2030 - 2034		<u>112,000</u>
	<u>\$</u>	<u>310,000</u>

The 1974 Pension Plan is another sponsor of the Employees' Pension Plan. The 1974 Pension Plan is required to recognize an unfunded obligation and other amounts pursuant to guidelines under accounting principles generally accepted in the United States of America. The employees of the 1974 Pension Plan, who are generally participants of the Employees' Pension Plan, also provide services to the Combined Fund. Accordingly, a portion of the unfunded obligation, net periodic cost and other adjustments recognized by the 1974 Pension Plan have been allocated to the Combined Fund. For the years ended September 30, 2024 and 2023, the allocated amounts that result in changes in net assets consist of two components, net periodic pension cost and the employees' pension-related changes other than periodic pension cost. The allocated net periodic pension cost is reflected on the statements of changes in net assets available for fund benefits. The related liability to the 1974 Pension Plan is included in due to other plans on the statements of net assets available for fund benefits. Refer to the audited financial statements of the 1974 Pension Plan for more information.

For the years ended September 30, 2024 and 2023, total net periodic pension cost which is included on the statements of changes in net assets available for fund benefits was determined as follows:

	<u>2024</u>	<u>2023</u>
1974 Pension Plan allocated - service cost	\$ 162,757	\$ 133,584
1974 Pension Plan allocated - other components	9,628	12,017
Combined Fund direct employees - service cost	9,535	14,481
Combined Fund direct employees - other components	<u>98,810</u>	<u>110,048</u>
	<u>\$ 280,730</u>	<u>\$ 270,130</u>

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

Net gain or loss not yet recognized as a component of net periodic benefit cost is recognized in the computation of net unfunded pension liability and, consequently, annual changes in these amounts are recognized as adjustments to net assets available for fund benefits. Changes in these amounts, to the extent not recognized as current period expenses are reflected as pension-related changes other than periodic pension cost on the statements of changes in net assets available for fund benefits. For the years ended September 30, 2024 and 2023, an increase in net assets of \$226,206 and an decrease in net assets of \$11,344, respectively, were recognized for these changes, determined as follows:

	<u>2024</u>	<u>2023</u>
1974 Pension Plan allocated for shared employees	\$ 124,516	\$ (120,321)
The Combined Fund direct employees	<u>101,690</u>	<u>108,977</u>
	<u>\$ 226,206</u>	<u>\$ (11,344)</u>

The 1974 Pension Plan also sponsors a health benefit plan covering its administrative employees. The 1974 Pension Plan is required to recognize the accumulated postretirement benefit obligation in excess of the health benefit plan's assets pursuant to guidelines under accounting principles generally accepted in the United States of America. The employees of the 1974 Pension Plan, who are generally participants of the health benefit plan, also provide services to the Combined Fund. A portion of the accrued postretirement benefit obligation and related amounts for the postretirement benefit plan were allocated to the Combined Fund. During 2024 and 2023, the allocated amounts were the net periodic postretirement benefit cost and the employees' postretirement-related changes other than periodic postretirement benefit cost. The allocated net periodic postretirement benefit cost that is reflected on the statements of changes in net assets available for fund benefits is included in administrative expenses. The allocated liability to the 1974 Pension Plan is included in due to other plans on the statements of net assets available for fund benefits. The computation of the postretirement benefit obligation was made for the 1974 Pension Plan's fiscal year ended June 30, 2024. Had the valuation been performed for the year ended September 30, 2024, there would be no material differences. Refer to the audited financial statements of the 1974 Pension Plan for more information.

For the years ended September 30, 2024 and 2023, net periodic postretirement benefit cost was determined as follows:

	<u>2024</u>	<u>2023</u>
1974 Pension Plan allocated for shared employees	\$ <u>97,534</u>	\$ <u>111,560</u>

For the years ended September 30, 2024 and 2023, total net periodic postretirement pension cost which is included on the statements of changes in net assets available for fund benefits was determined as follows:

	<u>2024</u>	<u>2023</u>
1974 Pension Plan allocated - service cost	\$ 41,715	\$ 49,691
1974 Pension Plan allocated - other components	<u>55,819</u>	<u>61,869</u>
	<u>\$ 97,534</u>	<u>\$ 111,560</u>

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

For the years ended September 30, 2024 and 2023, an increase and (decrease) in net assets available for fund benefits for employees' postretirement-related changes other than periodic postretirement benefit cost was determined as follows:

	<u>2024</u>	<u>2023</u>
1974 Pension Plan allocated for shared employees	\$ (240,386)	\$ 236,347

8. MEDICARE PART B AND PRESCRIPTION DRUG ARRANGEMENTS

Medicare Medical Insurance (Part B)

Beginning October 1, 2007, the Combined Fund, along with the 1992 Benefit Plan and 1993 Benefit Plan, entered into a contract with the Centers for Medicare & Medicaid Services ("CMS") as a Health Care Prepayment Plan ("HCPP") under which it continues to pay the costs of Part B covered services and receives reimbursement from CMS for these costs. This reimbursement includes separate amounts for administrative costs (reflected as Medicare capitation receipts) and medical costs. For each federal fiscal year, the Combined Fund and the plans receive interim funds in advance, and these amounts are adjusted to actual reimbursable costs.

Medicare Retiree Drug Subsidy

On December 8, 2003, the Medicare Prescription Drug Improvement and Modernization Act of 2003 ("MMA") was enacted. Among the various changes the MMA brought about, this legislation most notably created Medicare prescription drug coverage beginning January 1, 2006. The MMA allowed the Combined Fund to receive a tax-free federal subsidy. The Medicare Retiree Drug Subsidy ("RDS") is equal to 28% of prescription drug claims between \$545 and \$11,200 for 2024, and \$505 and \$10,350 for 2023 for each plan participant; these amounts are indexed in subsequent years based on cost increases of the Medicare Prescription Drug Program.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of health and death benefits per the financial statements to benefit payments per Form 5500, for the year ended September 30, 2024:

Health and death benefits per the financial statements	\$ 29,216,335
Accrued benefits at September 30, 2024	4,989,145
Accrued benefits at September 30, 2023	<u>(4,466,608)</u>
Benefit payments per Form 5500	<u>\$ 29,738,872</u>

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

10. LITIGATION

Walter Energy, Inc. and 22 of its subsidiaries (“Walter”) filed Chapter 11 bankruptcy petitions on July 15, 2015, in the US Bankruptcy Court for the Northern District of Alabama. The Debtors paid premiums of \$144,084 to the Combined Benefit Fund for the plan year ending September 30, 2015. On December 28, 2015, the Bankruptcy Court granted Walter’s motion to cease its Coal Act obligations under section 1114 of the Bankruptcy Code, and on January 10, 2016, it ordered the sale of all of Walter’s Alabama coal mining assets, “free and clear” of Coal Act obligations, to Coal Acquisition LLC, a Delaware limited liability company formed by members of Walter’s senior lender group. The Combined Benefit Fund, together with the 1992 Benefit Plan, appealed these Bankruptcy Court orders to the U.S. District Court for the Northern District of Alabama. After having denied a stay of the sale order, the sale of assets proceeded. The Coal Act Plans’ appeal from the grant of permission to terminate Coal Act obligations was denied by the Eleventh Circuit Court of Appeals on December 27, 2018. The Coal Act plans filed a Petition for Writ of Certiorari to the Supreme Court seeking review of the Eleventh Circuit’s decision. The petition was denied on June 24, 2019.

As a result of the Walter sale of assets, Walter ceased meeting its Coal Act obligations, which included payment of premiums to the Combined Benefit Fund for the beneficiaries of one of its subsidiaries, Jim Walter Resources.

The Office of General Counsel identified four business corporations, other than the bankrupt Walter subsidiaries, that were members of the Walter control group on July 20, 1992, and that continue to be in business. These entities are “related persons” to Walter within the meaning of the Coal Act and have joint and several liabilities for Walter’s Coal Act obligations. The Coal Act Plans filed a civil action against three of the companies that are within the jurisdiction of the U.S. District Courts. The fourth company is an offshore company, and the Coal Act Plans entered into a tolling agreement on February 25, 2022, to preserve their legal right to pursue this company. The three companies that were sued as related companies reopened Walter’s 1989 Florida proceeding claiming that their Coal Act related person obligations were discharged in the earlier bankruptcy. On April 18, 2019, the Florida Bankruptcy Court entered final judgments in favor of the Coal Act Plans, dismissing all three of the companies’ adversary actions. The Bankruptcy Court found that the Coal Act liabilities were not discharged in the 1989 proceeding. The three companies filed notices of appeal.

On September 28, 2020, the U.S. District Court for the Middle District of Florida, affirmed the judgments of the bankruptcy court that Coal Act premiums were not discharged in the 1989 bankruptcy proceedings. All three companies filed a Notice of Appeal with the 11th Circuit. Oral argument before the 11th Circuit was heard on December 14, 2021, and on May 3, 2022, the Court ruled against the Coal Act Plans, reversing the District Court’s judgment. The Court of Appeals held that all of the Walter related persons’ Coal Act liabilities arose before the bankruptcy court entered its order confirming Walter’s plan of reorganization in 1995, and thus those liabilities were “claims” discharged at that time.

The Coal Act Plans’ petition for a writ of certiorari was filed with the Supreme Court on August 1, 2022. On August 29, 2022, the respondents filed a waiver of their opposition to the certiorari petition. However, the Supreme Court requested that they file a response, which they filed on November 7, 2022. The Coal Act Plans filed a reply brief on November 21, 2022. The Supreme Court referred the certiorari petition to the Solicitor General for review and counsel for the Coal Act Plans met with the Solicitor General. On June 26, 2023, the Supreme Court denied the Coal Act Plans’ certiorari petition.

On June 29, 2022, JW Window and the Coal Act Plans reached a global settlement resolving all the Coal Act Plans’ claims for a lump sum of \$2.5 million, which has been paid in full. As part of the settlement, the Coal Act Plans dismissed JW Window from the District of Columbia litigation and JW Window withdrew its adversarial proceeding from the Florida bankruptcy court.

United Mine Workers of America Combined Benefit Fund
Notes to Financial Statements
September 30, 2024 and 2023

In November 2023, the Coal Act Plans and Cardem, the offshore related person, reached a global settlement resolving all claims. The Combined Benefit Fund received \$9,900 as its share of the settlement and agreed to release Cardem from any potential Coal Act liabilities.

In August 2024, the Combined Benefit Fund beneficiaries assigned to Jim Walter Resources were referred to the Abandoned Mine Land Reclamation Fund.

11. RISKS AND UNCERTAINTIES

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

The Combined Fund contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, 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.

12. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Combined Fund in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Combined Fund is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy the obligations of the Combined Fund. Any remaining assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Combined Fund. Termination shall not permit any part of the Combined Fund to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

SUPPLEMENTARY INFORMATION

United Mine Workers of America Combined Benefit Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 52-1805433, Plan Number: 501
September 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Registered Investment Companies</u>			
	DFA Investment Dimensional Group Fixed Income Portfolio	Mutual Funds - Corporate Bond	\$ 24,990,526	\$ 25,101,942
	Vanguard Fixed Income Secs Fund Ultrashort Term Bond Fund	Mutual Funds - Corporate Bond	22,102,909	22,270,619
	iShares Floating Rate Index ETF	Mutual Funds - Fixed Income ETF	19,999,944	20,081,331
	MFB NI Treasury Money Market Fund	Mutual Funds - Short Term Investment	<u>9,264,315</u>	<u>9,264,315</u>
			<u>\$ 76,357,694</u>	<u>\$ 76,718,207</u>

See Independent Auditor's Report.

**United Mine Workers of America Combined Benefit Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 52-1805433, Plan Number: 501
Year Ended September 30, 2024**

See attached.

See Independent Auditor's Report.

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
United States - USD									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,963,373.320	4 Mar 24	1.0000			0.00	5,963,373.32	5,963,373.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	10,727,424.600	5 Aug 24	1.0000			0.00	10,727,424.60	10,727,424.60	0.00
MFO DFA INVT DIMENSIONS GROUP INC FXD INCOME PORTFOLIO CUSIP: 233203603	-683,593.750	1 Mar 24		10.2400		0.00	7,034,179.68	7,000,000.00	-34,179.68
MFO DFA INVT DIMENSIONS GROUP INC FXD INCOME PORTFOLIO CUSIP: 233203603	-976,562.500	1 Aug 24		10.2400		0.00	10,048,828.12	10,000,000.00	-48,828.12

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 93,551,526.95

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 93,551,526.95

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	Total acquisitions	108	50,829,502.18		0.00	50,829,502.18	50,829,502.18
	Total dispositions	121		55,007,727.40	0.00	55,007,727.40	55,007,727.40
MFO DFA INVT DIMENSIONS GROUP INC FXD INCOME PORTFOLIO CUSIP: 233203603	Total acquisitions	12	1,739,241.89		0.00	1,739,241.89	1,739,241.89
	Total dispositions	2		17,000,000.00	0.00	17,083,007.80	17,000,000.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 93,551,526.95

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 93,551,526.95

United Mine Workers of America Combined Benefit Fund

EIN 52-1805433

Plan No. 501

Plan Year Ended September 30, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

United Mine Workers of America Combined Benefit Fund

EIN 52-1805433

Plan No. 501

Plan Year Ended September 30, 2024

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

See attachment to the Audit Report attached at Accountant's Opinion titled Schedule of Assets (Held at End of Year).

United Mine Workers of America Combined Benefit Fund

EIN 52-1805433

Plan No. 501

Plan Year Ended September 30, 2024

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

See attachment to the Audit Report attached at Accountant's Opinion titled Schedule of Reportable Transactions.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan United Mine Workers of America Combined Benefit Fund	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 02/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Board of Trustees, UMWA Combined Benefit Fund 2121 K Street N.W. Suite 350 Washington DC 20037-1801	2b Employer Identification Number (EIN) 52-1805433
	2c Plan Sponsor's telephone number (202) 521-2200
	2d Business code (see instructions) 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	<i>Michael O. McKown</i>	7/9/25	Michael O. McKown, Trustee
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michael Buckner</i>	7/2/25	Michael Buckner, Trustee
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">2,982</td> </tr> </table>	5	2,982																		
5	2,982																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="text-align: right;">2,547</td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="text-align: right;">2,547</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)		6b	2,547	6c		6d	2,547	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b	2,547																				
6c																					
6d	2,547																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">33</td> </tr> </table>	7	33																		
7	33																				

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____
