

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>UMWA-BCOA TRAINING AND EDUCATION FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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-BCOA TRAINING AND EDUCATION FUND</u> <u>18354 QUANTICO GATEWAY DRIVE</u> <u>TRIANGLE, VA 22172-1779</u>	1c Effective date of plan <u>02/01/1988</u> 2b Employer Identification Number (EIN) <u>52-1599698</u> 2c Plan Sponsor's telephone number <u>703-445-9630</u> 2d Business code (see instructions) <u>212110</u>

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.	08/05/2025	THOMAS C. MEANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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	64
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)	64
	6a(2)	75
	6b	0
	6c	0
	6d	75
	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	13

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:
4J

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan UMWA-BCOA TRAINING AND EDUCATION 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-BCOA TRAINING AND EDUCATION FUND	D Employer Identification Number (EIN) 52-1599698	

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)

CROWELL MORING LLP

52-1150358

(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	78142	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)

SUBMITTABLE HOLDINGS, INC.

111 N HIGGINS AVE
STE 300
MISSOULA, MT 59802

(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?
50 99	NONE	63528	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)

COMPREHENSIVE HEALTH PLAN SYSTEMS I

47-4496373

(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?
50 99	NONE	63000	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)

ANN SMITH COMMUNICATIONS

20-6508364

(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	56362	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)

MOONEY, GREEN & SAINDON, P.C.

52-1599698

(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	54671	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)

REMOTE VISION, LLC

20-3430237

(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	29136	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, P.C.

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	28000	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)

THOMAS MEANS

52-1599698

(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	TRUSTEE	25000	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)

JERRY JONES

52-1599698

(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	TRUSTEE	25000	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)

AON RISK SERVICES

200 E RANDOLPH ST
CHICAGO, IL 60601

(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	10671	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VANGUARD

23-1945930

(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?
28 50 51	NONE	6097	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CANOPY THE WHARF

7930 JONES BRANCH DRIVE
MCLEAN, VA 22102

(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	5522	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"/>

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
A Name of plan UMWA-BCOA TRAINING AND EDUCATION 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-BCOA TRAINING AND EDUCATION FUND	D Employer Identification Number (EIN) 52-1599698

Part I	Asset and Liability Statement
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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	45829
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	59347
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(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)	5669788
(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	6113042	5774964
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	79261	25338
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9741	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	89002	25338
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6024040	5749626

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		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)	162773	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		162773
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		617775
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		780548

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	600606	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		600606
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)	0	
(2) Contract administrator fees	2i(2)	68633	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	28000	
(5) Investment advisory and investment management fees	2i(5)	13523	
(6) Bank or trust company trustee/custodial fees	2i(6)	8435	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	129316	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	50000	
(11) Other expenses	2i(11)	156449	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		454356
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1054962

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-274414
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 PC

(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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

UMWA-BCOA TRAINING AND EDUCATION FUND
Financial Statements
January 31, 2025 and 2024
With Independent Auditor's Reports

UMWA-BCOA Training and Education Fund
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January 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
UMWA-BCOA Training and Education Fund:

Opinion

We have audited the financial statements of the UMWA-BCOA Training and Education Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits 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 financial status of the Fund as of January 31, 2025 and 2024, and the changes in its financial status 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 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 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 fund instrument, including all fund 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 would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- 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 supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of January 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 supplementary schedule, we evaluated whether the supplementary schedule, including its 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith & Brown, PC

August 13, 2025

UMWA-BCOA Training and Education Fund
Statements of Net Assets Available for Benefits
January 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	\$ 5,669,788	\$ 6,111,837
Other assets		
Cash and cash equivalents	45,829	-
Prepaid expenses	<u>59,347</u>	<u>1,205</u>
Total other assets	<u>105,176</u>	<u>1,205</u>
 Total assets	 <u>5,774,964</u>	 <u>6,113,042</u>
 Liabilities		
Accounts payable and accrued expenses	25,338	79,261
Cash overdraft	<u>-</u>	<u>9,741</u>
Total liabilities	<u>25,338</u>	<u>89,002</u>
 Net assets	 <u>\$ 5,749,626</u>	 <u>\$ 6,024,040</u>

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

UMWA-BCOA Training and Education Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended January 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions (Reductions)		
Investment income		
Net appreciation in fair value of investments	\$ 617,775	\$ 373,394
Dividend income	<u>162,773</u>	<u>159,638</u>
	780,548	533,032
Investment expenses	<u>(13,523)</u>	<u>(29,903)</u>
Net investment income	<u>767,025</u>	<u>503,129</u>
Total additions	<u>767,025</u>	<u>503,129</u>
Deductions		
Benefits paid to participants and beneficiaries	<u>600,606</u>	<u>240,616</u>
Administrative expenses		
Audit and accounting fees	28,000	34,043
Bank charges	8,435	6,274
Consulting - administration	68,633	67,000
Consulting - information technology	83,554	19,329
Insurance	175	24,475
Legal fees	129,316	15,398
Meetings and travel	12,811	7,954
Office expenses	5,173	4,224
Stationery, printing and mailings	4,996	4,170
Taxes on benefits paid	49,740	13,952
Trustee expenses	<u>50,000</u>	<u>50,000</u>
Total administrative expenses	<u>440,833</u>	<u>246,819</u>
Total deductions	<u>1,041,439</u>	<u>487,435</u>
Net change in net assets available for benefits	(274,414)	15,694
Net assets available for benefits		
Beginning of year	<u>6,024,040</u>	<u>6,008,346</u>
End of year	<u>\$ 5,749,626</u>	<u>\$ 6,024,040</u>

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

UMWA-BCOA Training and Education Fund

Notes to Financial Statements

January 31, 2025 and 2024

1. PLAN DESCRIPTION AND FUNDING

The following description of the UMWA-BCOA Training and Education Fund (the “Fund”) provides only general information. Participants should refer to the Agreement and Declaration of Trust and Plan of Benefits for a more complete description of the Fund’s provisions.

General

The Fund was formed effective February 1, 1988, under an agreement between the United Mine Workers of America (“UMWA”) and the Bituminous Coal Operators’ Association, Inc. (“BCOA”) (collectively, the “Settlers”). The Fund was established to provide financial assistance for training or education for unemployed workers in the bituminous coal industry represented by the UMWA who have performed classified work under the National Bituminous Coal Wage Agreement of 1988 (1988 NBCWA or 1988 Wage Agreement), or any predecessor thereto, and their beneficiaries, as set forth in Article II, Part E, of the 1988 NBCWA. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Fund is administered by a board of two trustees, one of whom is appointed by the UMWA and the other who is appointed by the BCOA. The Trustee designated by the UMWA is Chairman of the Board of Trustees (the “Trustees”). The Fund’s Agreement and Declaration of Trust and the Plan of Benefits (the “Plan”) were accepted by the UMWA, the BCOA, and the Trustees of the Fund on May 31, 1989.

Fund and Plan Amendments

The 1988 NBCWA expired on February 1, 1993, and was subsequently extended through May 3, 1993. The Fund operated in the absence of a formal wage agreement between the Settlers during the period from May 4, 1993, until the National Bituminous Coal Wage Agreement of 1993 (1993 NBCWA or 1993 Wage Agreement) was ratified in December 1993. For the interim period, the terms and conditions of the 1988 NBCWA continued to be in effect for ongoing operations to the extent required by law or agreement.

The Fund’s provisions were modified by the 1993 NBCWA. The significant modifications were to (1) expand eligibility for benefits to family dependents of active employees; (2) increase employer contribution rates; and (3) change the definition of Wage Agreement to mean the 1993 NBCWA and any other collective bargaining contract language identical to Article II, Part E, of the 1993 NBCWA, obligating the employer to contribute to the Fund in accordance with its requirements.

The Settlers have amended the Agreement and Declaration of Trust and the Plan of Benefits so that they encompass the changes contained in the 1993 NBCWA and other procedural and administrative changes. These amendments and changes were adopted by the Trustees on October 4, 1994.

The 1996 Wage Reopener and corresponding 1993 Wage Agreement were superseded prior to their termination on August 1, 1998, by the adoption of the National Bituminous Coal Wage Agreement of 1998 (1998 NBCWA or 1998 Wage Agreement) on January 1, 1998. Except for the change in employer contribution rate, there were no significant changes in the 1998 Wage Agreement.

The 1998 NBCWA contained a termination date of December 31, 2002. Prior to the termination of the 1998 NBCWA, the UMWA and BCOA negotiated a successor agreement, the 2002 NBCWA, which became effective on January 1, 2002. The 2002 NBCWA contained a termination date of December 31, 2006. Prior to the termination of the 2002 NBCWA, the UMWA and the BCOA negotiated a successor agreement, the 2007 NBCWA, which became effective on January 1, 2007. The 2007 NBCWA contained an original termination date of December 31, 2011; however, prior to the termination of the 2007 NBCWA, the UMWA and BCOA negotiated a successor agreement, the 2011 NBCWA, which became effective on July 1, 2011. The 2011 NBCWA contained a termination date of December 31, 2016.

UMWA-BCOA Training and Education Fund
Notes to Financial Statements
January 31, 2025 and 2024

Prior to the termination of the 2011 NBCWA, the UMWA and the BCOA negotiated a successor agreement, the 2016 NBCWA, which became effective on August 15, 2016. The 2016 NBCWA contains a termination date of December 31, 2021. Prior to the termination of the 2016 NBCWA, the UMWA and BCOA negotiated a successor agreement, the 2020 NBCWA. The 2020 NBCWA has a termination date of July 31, 2025.

The Fund's Plan of Benefits provisions were modified subsequent to the effective date of the 2002 NBCWA. There were two substantive modifications. The first addresses the eligibility of dependents of deceased miners. Previously, such dependents were usually ineligible because the Participant could not meet the "available for work" requirement. The amended language permits benefits for dependents of deceased miners under certain circumstances (refer to the Fund's Plan of Benefits for eligibility requirements). Second, the Settlers addressed the issue of eligibility of dependents who had been covered by a court order of child support, but whose court orders expired when they reached age 18 and/or graduated from high school. The Plan of Benefits now permits benefits to such dependents, provided that the Participant continues to provide support to the child that was covered under the order.

Employer Contributions

Article II, Part E, of the 1988 NBCWA required each signatory employer to contribute, on a monthly basis, four cents per hour actually worked by each participant who performed classified work as defined under the 1988 NBCWA until February 1, 1990. Subsequently, the rate increased to five cents per hour worked until the expiration of the 1988 NBCWA on February 1, 1993. From that date until the adoption of the 1993 NBCWA in December 1993, the rate of five cents per hour worked was extended pending the results of the negotiations between the Settlers that culminated into the 1993 NBCWA. Upon approval of the December 1993 Wage Agreement, signatory companies made contributions at a rate of eight cents per hour worked as defined under the 1993 NBCWA until December 15, 1995, when the rate increased to nine cents per hour worked until the expiration of the 1993 NBCWA. Effective December 16, 1996, the UMWA and the BCOA amended Article II, Part E, of the 1993 NBCWA to increase signatory companies' contributions from nine cents to ten cents per hour worked until the expiration of the agreement. Effective January 1, 1998, the UMWA and the BCOA entered into a new agreement, known as the 1998 NBCWA. Under the 1998 NBCWA, signatory companies were required to make contributions at a rate of \$.13 per hour worked for the first two years of the agreement, and at a rate of \$.14 per hour worked for the remainder of the agreement. In addition, under certain "me-too" agreements, the increase in the contribution rate was permitted to become effective no later than January 1, 1998, provided such increases became effective on or before August 1, 1998. Under the 2002 NBCWA and 2007 NBCWA, signatory companies are required to make contributions at a rate of \$.14 per hour worked through the term of the agreement. In accordance with Article II.E. and Article XX (10)(e)(5) of the NBCWA of 2007, and the Memorandum of Understanding on the UMWA-BCOA ROD Trust dated January 1, 2007, BCOA has exercised its authority to establish a contribution rate of \$.12 per hour for hours worked beginning on February 1, 2007, to be paid to the UMWA-BCOA Training and Education Fund, and a contribution rate of \$.02 per hour for hours worked beginning on February 1, 2007, to be paid to the UMWA-BCOA ROD Trust. Beginning on January 1, 2009, the reallocation of \$.02 per hour for hours worked to be paid to the UMWA-BCOA ROD Trust stopped and \$.14 per hour for hours worked beginning on January 1, 2009, are paid to the UMWA-BCOA Training and Education Fund.

The foregoing rates are applicable to all Employers that are or become signatory to the NBCWA of 2007 or to other Wage Agreements that include the obligation to pay the expenses of the Formulary Review Program, including the Pharmacy Expert. Otherwise, all other signatory Employers are expected to continue to comply with the \$.14 per hour contribution obligation to the UMWA-BCOA Training and Education Fund set forth in their Wage Agreement. Under the 2011 NBCWA agreement, each signatory Employer will continue to comply with the \$.14 per hour contribution through December 31, 2011. Effective January 1, 2012, the contribution decreased to \$.06 per hour continuing through the term of the agreement, expiring December 31, 2016.

UMWA-BCOA Training and Education Fund

Notes to Financial Statements

January 31, 2025 and 2024

At any time during the term of the 2011 NBCWA and with a 30 day notice, the BCOA may, following consultation with the UMWA, reallocate some or all of the \$.06 per hour contribution received by the Fund to the United Mine Workers of America 2012 Retiree Bonus Account Trust. The reallocation of contributions (\$.06 to the UMWA 2012 Retiree Bonus Account Trust) took place beginning with the hours worked for February 2013 and continued through August 15, 2016. Effective with the 2016 NBCWA, no contributions from signatory Employers were due to the Fund.

Eligibility for Benefits

An individual is considered an Unemployed Participant if he/she meets the following conditions:

- He/she is not and has not been (subsequent to the termination of his/her employment) employed in any position in the bituminous coal industry;
- He/she is not receiving wages at a rate that is equal to or exceeds 85% of the current wage rate for the position from which he/she was terminated;
- He/she has five years of service in classified employment under the 2002 Wage Agreement or a predecessor Wage Agreement within the ten-year period preceding the involuntary termination of his/her employment. In addition, he/she must have worked in classified employment under the 2002 Wage Agreement or a predecessor Wage Agreement within the ten-year period ending with the year in which a benefit application is filed;
- His/her employment under the 2002 Wage Agreement or predecessor Wage Agreement was involuntarily terminated without cause; and
- He/she establishes, to the satisfaction of the Trustees, that he/she is available for work under a Wage Agreement.

An individual will cease to be eligible for participation in the Plan upon reemployment in the bituminous coal industry. Prior to its amendment on October 4, 1994, the Plan provided that the Trustees may disqualify otherwise eligible individuals who are involuntarily terminated on or after February 1, 1988, from employers that have failed to make contributions to the Fund owed for any period between February 1, 1988, and the date of involuntary termination of employment. The October 4, 1994, amendment provides that employees and dependents of employees of delinquent employers that continue to operate are not eligible until the delinquency is cured.

An individual will be considered an Active Participant for purposes of entitling his/her beneficiaries to benefits, if he/she is an active classified employee of a signatory employer.

An individual will be considered a Beneficiary under the Plan if he or she is a spouse, child, or other dependent of an Unemployed or Active Participant (within the definition of the Plan of Benefits).

Form of Benefits

The Plan provides for Fund assets to be used to:

- Prepare Participants or Beneficiaries for career opportunities in vocational/technical areas. The training should be designed to lead to a specific job;
- Provide financial support to Participants and Beneficiaries for two-year or four-year college and/or university programs that offer a high potential for job security; and
- Enhance Participants' and Beneficiaries' basic skills necessary to successfully complete either vocational/technical training or an academic program.

UMWA-BCOA Training and Education Fund
Notes to Financial Statements
January 31, 2025 and 2024

Plan benefits include tuition paid directly to the training institution or school. The Plan provides for coordinating an award for tuition with amounts provided by other sources. The Plan also provides for an annual allowance for books and supplies totaling \$500 per Participant or Beneficiary. The Plan will not pay for other types of expenses, such as room and board or transportation.

Benefits caps for new applicants are as follows:

Unemployed Participants	\$10,000 per year
Beneficiaries of Unemployed Participants	\$7,500 per year
Beneficiaries of Active Participants	\$7,500 per year

Application and Awards of Benefits

The Plan requires an application, written or electronic, to be considered for an award of benefits. A separate application must be filed each year if a Participant or Beneficiary seeks a renewal or continuation of benefits for a particular program.

Upon receipt of a completed application (first-time applicants or renewals with changes in school or course of study) and the determination of eligibility under the Plan, a Participant's or Beneficiary's application is referred to the Panel for further processing. The Panel is composed of UMWA and BCOA appointed representatives and a neutral member selected by the Trustees.

The Panel reviews the applications and awards benefits to Participants and Beneficiaries who appear to be the most deserving candidates. When considering an application for benefits, the Panel takes into consideration the aptitude for a desired program, the trainability, motivation, and status of the applicant, as well as practical considerations.

When considering an application for renewal or continuation of benefits, the benefits administrative approval shall take into account the Participant's or Beneficiary's progress in the program to date and his/her continued eligibility in the Plan.

Although individuals must qualify as Participants or Beneficiaries under the Plan in order for applications for benefits to be considered by the Trustees and the Panel, such qualification does not establish entitlement to benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand, placements with other financial institutions with original maturities of three months or less from the financial position date. These are highly liquid assets that are readily convertible to a known amount of cash and are subject to insignificant risk of change in value due to the movements in market rates. Cash equivalents also include cash overdrafts, which are recorded on the statement of net assets.

Valuation of Investments and Income Recognition

Investments are presented 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. See Note 3 for further information about fair value measurements.

UMWA-BCOA Training and Education Fund

Notes to Financial Statements

January 31, 2025 and 2024

Purchase and sales of securities are reflected on a settlement-date basis, and investment income is recognized when received. Dividends are recorded on the ex-dividend date.

Benefits Payable

The liability for accrued benefits payable reflects awards paid after the fiscal year-end for benefits relating to training and education courses approved by the Panel prior to the fiscal year-end.

Administrative Expenses

Expenses incurred in connection with the general administration of the Fund that are paid by the Fund are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events

In preparing these financial statements, management of the Fund has evaluated events and transactions that occurred after January 31, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through August 13, 2025, the date that the financial statements were available to be issued and no items have come to the attention of management that would require recognition or disclosure.

3. FAIR VALUE MEASUREMENTS

U.S. GAAP defines 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 are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs are unobservable and significant to the fair value measurement.

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.

Registered investment companies are valued based on quoted market prices in active markets. The valuation methodology used at January 31, 2025, was not changed from the methodology used at January 31, 2024.

UMWA-BCOA Training and Education Fund
Notes to Financial Statements
January 31, 2025 and 2024

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.

The following tables set forth by level, within the fair value hierarchy, the Fund's assets at fair value as of January 31, 2025 and 2024:

	2025			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 5,669,788	\$ -	\$ -	\$ 5,669,788

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 6,111,837	\$ -	\$ -	\$ 6,111,837

4. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

During each of the years ended January 31, 2025 and 2024, the Fund paid salaries to two Trustees in the amount of \$50,000 for services rendered. These salaries are included in trustee expenses on the statements of changes in net assets.

Under the provisions of each Wage Agreement, the UMWA provides the use of office facilities to the Fund at no cost to the Fund.

5. TAX STATUS

The Fund received a favorable determination letter from the Internal Revenue Service dated July 26, 1989, stating that the Trust established under the Fund to hold the Fund's assets is qualified as exempt under Section 501(c)(9) of the Internal Revenue Code ("IRC"). Once qualified, the Plan is required to operate in conformity with the IRC to maintain qualification. Although the Fund has been amended since receiving the determination letter, the Board of Trustees believes that the Fund is currently designed and being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Fund's financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Fund and concluded that as of January 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require accrual of a liability in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

UMWA-BCOA Training and Education Fund
Notes to Financial Statements
January 31, 2025 and 2024

6. RISKS AND UNCERTAINTIES

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

7. PLAN TERMINATION

Upon termination of the Trust, the Fund and Trust shall remain in force and in effect for the period necessary to complete the payment of benefits in accordance with the terms of the Fund. Remaining assets shall be used to pay benefits to Participants and Beneficiaries and administrative expenses until such assets have been exhausted.

SUPPLEMENTARY INFORMATION

**REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF
LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
UMWA-BCOA Training and Education Fund:

We have audited the financial statements of UMWA-BCOA Training and Education Fund as of and for the years ended January 31, 2025 and 2024, and our report thereon dated October 16, 2024, which expressed an unmodified opinion on those financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of January 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

WithumSmith+Brown, PC

August 13, 2025

UMWA-BCOA Training and Education Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #52-1599698, Plan #501
Year Ended January 31, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value Description	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies</u>							
	Vanguard	Total Bond Market Index Fund Admiral	N/A	N/A	92,623	\$ 885,470	\$ 880,848
	Vanguard	Short-Term Inv Grade Fund Admiral	N/A	N/A	41,826	431,237	432,063
	Vanguard	Total Stock Mkt Index Fund Admiral	N/A	N/A	16,576	2,277,673	2,409,981
	Vanguard	Intermediate Term Inv Grade Fund Admiral	N/A	N/A	36,755	316,831	315,360
	Vanguard	Long-Term Inv Grade Fund Admiral	N/A	N/A	23,200	179,088	174,930
	Vanguard	Total International Stock Index Admiral	N/A	N/A	44,477	<u>1,478,508</u>	<u>1,456,605</u>
						<u>\$ 5,568,806</u>	<u>\$ 5,669,788</u>

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

UMWA-BCOA Training and Education Fund

EIN 52-1599698

Plan No. 501

Plan Year Ended January 31, 2025

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

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

UMWA-BCOA Training and Education Fund

EIN 52-1599698

Plan No. 501

Plan Year Ended January 31, 2025

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

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025. A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here. [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... 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: UMWA-BCOA Training and Education Fund. 1b Three-digit plan number (PN): 501. 1c Effective date of plan: 02/01/1988. 2a Plan sponsor's name (employer, if for a single-employer plan): Board of Trustees, UMWA-BCOA Training and Education Fund. 2b Employer Identification Number (EIN): 52-1599698. 2c Plan Sponsor's telephone number: (703) 445-9630. 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature of Thomas C. Means and date 8/6/25.

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

Form 5500 (2024) v. 240311

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 64
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 64
a(2) Total number of active participants at the end of the plan year	6a(2) 75
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 75
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 13

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:

4J

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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____
