

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [x] 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. [x]
D Check box if filing under: [x] 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: ALTRIA RETIREMENT PLAN
1b Three-digit plan number (PN): 006
1c Effective date of plan: 09/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): ALTRIA CLIENT SERVICES LLC
2b Employer Identification Number (EIN): 47-2929146
2c Plan Sponsor's telephone number: 804-274-2200
2d Business code (see instructions): 312200

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THOMAS H WATSON PLAN ADMINISTRATOR ALCS BENEFITS 6601 W BROAD ST RICHMOND, VA 23230	3b Administrator's EIN 88-1380953 3c Administrator's telephone number 804-274-2200
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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
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5 Total number of participants at the beginning of the plan year	5	26082
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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)	2132
a(2) Total number of active participants at the end of the plan year	6a(2)	1989
b Retired or separated participants receiving benefits	6b	17411
c Other retired or separated participants entitled to future benefits	6c	4056
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	23456
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2158
f Total. Add lines 6d and 6e	6f	25614
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1B 3H

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

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 checked="" 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 checked="" 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 <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" 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 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>ALTRIA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALTRIA CLIENT SERVICES LLC</u>	D Employer Identification Number (EIN) <u>47-2929146</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>6622333061</u>
	b Actuarial value	2b	<u>7190140105</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>19455</u>	<u>4671749208</u>
	b For terminated vested participants	<u>4495</u>	<u>484450231</u>
	c For active participants	<u>2132</u>	<u>789057942</u>
	d Total	<u>26082</u>	<u>5945257381</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>56904842</u>
	b Expected plan-related expenses	6b	<u>19866999</u>
	c Target normal cost	6c	<u>76771841</u>

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

SIGN HERE			
	Signature of actuary	<u>09/15/2025</u>	Date
	<u>CRAIG MORGAN</u>	<u>23-06864</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>212-309-3400</u>	Telephone number (including area code)
	<u>200 LIBERTY STREET FLOOR 6 NEW YORK, NY 10281</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	939305127
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	939305127
10	Interest on line 9 using prior year's actual return of <u>9.63</u> %	0	90455084
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1029760211

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.00 %
15	Adjusted funding target attainment percentage	15	119.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 56

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	76771841
b Excess assets, if applicable, but not greater than line 31a	31b	76771841

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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 **01/01/2024** and ending **12/31/2024**

A Name of plan ALTRIA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 ALTRIA CLIENT SERVICES LLC	D Employer Identification Number (EIN) 47-2929146	

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)

LOOMIS SAYLES & COMPANY LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	INVESTMENT MANAGER	3871338	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)

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

(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 51 52	INVESTMENT MANAGER	2995834	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMT INSTIT OP CO INC

04-2647786

(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?
15 38 50 64	RECORDKEEPER	1809769	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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(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 51	INVESTMENT MANAGER	1483541	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)

JPMORGAN CHASE BANK NA

13-4994650

(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 21 25 50 62	TRUSTEE	1133204	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PGIM LDI

22-2540245

(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 51	INVESTMENT MANAGER	970947	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)

NISA INVESTMENT ADVISORS LLC

48-1140940

(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 51	INVESTMENT MANAGER	723895	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)

REAMS LDI

43-1925734

(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 51	INVESTMENT MANAGER	632345	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)

FIDELITY FIAM LLC

20-1733361

(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 51	INVESTMENT MANAGER	484568	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)

GOLDMAN SACHS ASSET MANAGEMENT LP

13-3575636

(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 51	INVESTMENT MANAGER	408463	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)

JPMORGAN LDI

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	INVESTMENT MANAGER	345836	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(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	ACTUARIAL	307542	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)

INSIGHT INA LDI

82-0983489

(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 51	INVESTMENT MANAGER	221351	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)

STATE STREET GLOBAL ADVISOR TRUST

81-4017137

(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?
18 19 28 51 52	INVESTMENT MANAGER	155775	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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	AUDITING	119899	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)

EVERSHEDS SUTHERLAND (US) LLP

58-0619407

(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	LEGAL	82963	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)

RAM LDI

13-4006232

(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 51	INVESTMENT MANAGER	80942	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)

EVESTMENT ALLIANCE LLC

58-2540972

(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	DATA SERVICES	66117	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)

BLOOMBERG

13-3417984

(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	DATA SERVICES	52751	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)

MORNINGSTAR INC

36-3297908

(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	DATA SERVICES	51857	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALTRIA RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTRIA CLIENT SERVICES LLC</u>	D Employer Identification Number (EIN) <u>47-2929146</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ALCS MASTER RETIREMENT TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>ALTRIA CLIENT SERVICES LLC</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>13-7160570-001</u>	<u>M</u>		<u>6390125867</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 01/01/2024 and ending 12/31/2024	
A Name of plan ALTRIA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 ALTRIA CLIENT SERVICES LLC	D Employer Identification Number (EIN) 47-2929146

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	10572
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35931476	35983561
(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)	6622333062	6390125867
(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)		
(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	6658264538	6426120000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4220663	3275369
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4220663	3275369
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6654043875	6422844631

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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0
(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)		0

		(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)		219152132
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		219152132

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	432044243	
(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)		432044243
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1652392	
(4) IQPA audit fees	2i(4)	119899	
(5) Investment advisory and investment management fees	2i(5)	12189570	
(6) Bank or trust company trustee/custodial fees	2i(6)	1139655	
(7) Actuarial fees	2i(7)	296970	
(8) Legal fees	2i(8)	76455	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	2832192	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		18307133
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		450351376

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-231199244
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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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		60000000
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 547683.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALTRIA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTRIA CLIENT SERVICES LLC</u>	D Employer Identification Number (EIN) <u>47-2929146</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-2647786

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		1
---	--	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 20.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 72.8 %
 High-Yield Debt: 7.1 % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 0.1 %

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Altria Retirement Plan

**Financial Statements
at December 31, 2024 and 2023**

**Altria Retirement Plan
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of the Altria Retirement Plan:

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

We have performed an audit of the accompanying financial statements of the Altria Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report:

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 US 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 US 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.

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

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule H – Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 (“supplemental schedule”), 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other



additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers LLP

Richmond, Virginia
October 2, 2025

Altria Retirement Plan
Statements of Net Assets Available for Benefits

At December 31,	2024	2023
Assets:		
Interest-bearing cash	\$ 35,983,561	\$ 35,931,476
Plan's interest in Trust	6,390,125,867	6,622,333,062
Due from Plan Sponsor	10,572	—
	<u>6,426,120,000</u>	<u>6,658,264,538</u>
Liabilities:		
Accrued general and administrative expenses	<u>3,275,369</u>	<u>4,220,663</u>
Net assets available for benefits	<u>\$ 6,422,844,631</u>	<u>\$ 6,654,043,875</u>

The accompanying notes are an integral part of these financial statements.

Altria Retirement Plan
Statements of Changes in Net Assets Available for Benefits

For the years ended December 31,	2024	2023
Changes to net assets attributed to:		
Plan's interest in investment income from Trust	\$ 219,152,132	\$ 601,716,717
Deductions from net assets attributed to:		
Benefits paid	(432,044,243)	(432,359,640)
General and administrative expenses	(18,307,133)	(18,307,068)
Total deductions	(450,351,376)	(450,666,708)
Net increase (decrease)	(231,199,244)	151,050,009
Net assets available for benefits:		
Beginning of year	6,654,043,875	6,502,993,866
End of year	<u>\$ 6,422,844,631</u>	<u>\$ 6,654,043,875</u>

The accompanying notes are an integral part of these financial statements.

**Altria Retirement Plan
Notes to Financial Statements**

1. Description of the Plan

The following brief description of the Altria Retirement Plan (the “Plan”) is provided for general information purposes only. The provisions of the Plan are detailed in the official Plan document which legally governs the operations of the Plan. Participants should refer to the Summary Plan Description or the Plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan covers eligible employees, as discussed below in *Plan Participation and Benefits*, of Altria Group, Inc. (the “Company”) and certain of its subsidiaries (individually, a “Participating Company”).

The administration of the Plan has generally been delegated to the Administrator, as defined in the Plan document (the “Plan Administrator”). The Plan is sponsored by Altria Client Services LLC, as defined in the Plan document (the “Plan Sponsor”). The Altria Group Benefits Investment Committee is responsible for the operation and management of the investment of the assets of the Plan.

Plan Participation and Benefits

The Plan is closed to new participants. As a result, no individuals who are employed or re-employed on and after a date specific to their employee group by a Participating Company are eligible to become a participant in the Plan.

Participants in the Plan are 100% vested in their accrued benefit after 5 years of accredited service (“vesting service”) and UST Participants, as defined below, can also be vested upon attaining age 55 (age 50 for those participants who leave employment on or after November 1, 2018) with 1 year of vesting service. As discussed below, eligibility for benefits under the Plan depends on an employee’s Participating Company affiliation, hire date, and, if applicable, union affiliation.

Eligible salaried employees, excluding former participants in the UST LLC Retirement Income Plan for Salaried Employees (the “UST Salaried Plan”) and JMC salaried employees:

- Normal retirement date is defined as the later of the first day of the month following the employee’s 65th birthday or the date the employee completes 5 years of vesting service. Early retirement with an actuarially reduced benefit is available for most of these participants at or after age 55 (age 50 for those participants who leave employment on or after November 1, 2018) after completing 5 years of vesting service, or with a full, unreduced early retirement benefit if they commence receipt of their benefits on or after age 60 or have attained age 55 (age 50 for those participants who leave employment on or after November 1, 2018) and completed 30 or more years of vesting service. Employees who leave employment before early retirement eligibility can commence receipt of a reduced benefit on or after age 55, or a full unreduced benefit on or after age 65.
- The amount of the benefit is based on the employee’s 5-year average compensation, the number of years of service used to compute the amount of their benefit (“benefit service”) and the Social Security Covered Compensation amount, as defined in the Plan document.

Eligible hourly-paid employees of Philip Morris USA Inc. (“PM USA”) represented by the Craft Unions or the Tobacco Workers and Grain Millers Union:

- Normal retirement date is defined as the later of the first day of the month following the employee’s 65th birthday or the date the employee completes 5 years of vesting service. Early retirement is available for eligible participants who have completed 30 or more years of vesting service, or at or after age 55 after completing 5 years of vesting service. Full, unreduced early retirement benefits are provided if they commence receipt of their benefits on or after age 60, or have completed 30 or more

**Altria Retirement Plan
Notes to Financial Statements**

years of vesting service and depending on union affiliation, after meeting certain age requirements. Employees who leave employment before early retirement eligibility can commence receipt of a reduced benefit on or after age 55, or a full unreduced benefit on or after age 65.

- Based on the employee's date of hire and union affiliation, benefits are based on (a) the employee's 5-year average compensation, the number of years of benefit service and the Social Security Integration Level amount, as defined in the Plan document or (b) a flat dollar rate, the number of years of benefit service and an adjustment, as defined by the Plan, to recognize a certain level of overtime earnings.

Eligible JMC salaried employees ("JMC Salaried Participants") and eligible hourly-paid employees of JMC who are not represented by a collective bargaining agreement ("JMC Hourly Participants"):

- Normal retirement date is defined as the later of the first day of the month following the employee's 65th birthday or the date the employee completes 5 years of vesting service. Early retirement with an actuarially reduced benefit is available for participants who leave employment at or after age 62 after completing 10 years of vesting service (age 50 after completing 5 years of vesting service for those participants who leave employment on or after November 1, 2018), or with a full, unreduced retirement benefit if they commence receipt of their benefit at age 65. Employees who leave employment before early retirement eligibility and have at least 10 years of service can commence a reduced benefit on or after age 62, or an unreduced benefit on or after age 65.
- The amount of the benefit is based on the employee's 4-year average compensation, the number of years of benefit service and the Social Security Covered Compensation amount, as defined in the Plan document. Effective December 31, 2009, JMC Salaried Participants ceased being credited with further benefit service, and effective March 27, 2017, JMC Hourly Participants who transfer to the Richmond Manufacturing Facility ceased being credited with further benefit service. Effective December 31, 2021, all JMC Hourly Participants ceased being credited with further benefit service.

Eligible former participants in the UST Salaried Plan ("UST Participants"):

- Normal retirement date is defined as the first day of the month following the employee's 65th birthday. Early retirement is available beginning at age 55 (age 50 for those participants who leave employment on or after November 1, 2018) and is generally subject to an actuarial reduction if the employee elects to commence receiving a benefit before age 65. However, if the sum of the employee's attained age and years of vesting service is 90 or more when his or her employment ends, the employee is eligible for an unreduced early retirement benefit. Employees who leave employment before early retirement eligibility can commence receipt of a reduced benefit on or after age 55, or an unreduced benefit on or after age 65.
- The amount of the benefit is based on a percentage of the employee's 3-year average compensation, number of years of benefit service and applicable Social Security benefit, as defined in the Plan document. Effective December 31, 2009, UST Participants ceased earning additional benefit service.

Although JMC Salaried Participants, JMC Hourly Participants and UST Participants ceased earning additional benefit service, they continue to earn vesting service, and the compensation utilized in the calculation of their benefit will recognize the participant's earnings after they ceased earning additional benefit service.

Benefits under the Plan are generally paid in the form of a monthly annuity, unless subject to the Plan's involuntary cash-out provision for benefit amounts below the threshold defined by the Plan. Payment elections are governed by plan provisions and Internal Revenue Service ("IRS") rules regarding actuarial equivalence and timing.

**Altria Retirement Plan
Notes to Financial Statements**

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements are prepared using the accrual basis of accounting. As part of the preparation of the financial statements, the Plan's management performed an evaluation of subsequent events occurring after the Statement of Net Assets Available for Benefits date of December 31, 2024, through October 2, 2025, the date the financial statements were available to be issued.

Certain prior year amounts have been reclassified to conform with the current year's presentation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Interest in Trust

The Altria Client Services Master Retirement Trust (the "Trust") holds the investments of the Plan and another defined benefit pension plan of a subsidiary of the Company. JPMorgan Chase Bank, N.A. (the "Trustee") serves as the trustee of the Trust.

The Plan's undivided interest in the net assets of the Trust is reflected in the Statements of Net Assets Available for Benefits. The Plan's undivided interest is determined monthly by adding to or deducting from its interest at the beginning of each month the Plan's contributions and benefit payments made during the month and a proportionate share of the other changes in the Trust's net assets (related principally to investment activities), based on the relative interest of the Plan at the beginning of the month.

Interest and dividend income and net appreciation (depreciation) in the fair value of investments reflected in Note 3 - *Trustee Certification* represent the Plan's allocated share of the Trust's investment activities.

Valuation of Trust Investments and Income Recognition

The Trust's investment assets are reported at fair value. See Note 6 - *Fair Value Measurements* for a detailed discussion of fair value measurements.

Investment transactions are accounted for on a trade-date basis. Dividend income is recorded on the ex-dividend date; interest income is recorded as earned on an accrual basis. In accordance with the policy of stating investments at fair value, the net appreciation (depreciation) in the fair value of investments reflects both realized gains or losses and the change in the unrealized appreciation (depreciation) of investments held at year-end.

Risks and Uncertainties

The Trust invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. The financial markets, both domestically and internationally, can experience significant volatility on a daily basis that affects the valuation of investments. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change.

Altria Retirement Plan
Notes to Financial Statements

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 be material to the financial statements.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Investment and Administrative Expenses

Investment and administrative expenses of the Plan are paid by the Plan. Certain other administrative expenses may be paid by the Plan Sponsor on behalf of the Plan and not recorded in the Plan's financial statements.

3. Trustee Certification

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments, investment related receivables and liabilities held as of December 31, 2024 and 2023, and related investment income for the years then ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

The certified information as of December 31, 2024 and 2023 and for the years then ended December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Plan's interest in Trust	<u>\$ 6,390,125,867</u>	<u>\$ 6,622,333,062</u>
Plan's interest in investment income from Trust:		
Interest and dividend income	\$ 279,520,846	\$ 265,958,365
Net appreciation (depreciation) in fair value of investments	<u>(60,368,714)</u>	<u>335,758,352</u>
Total Plan's interest in investment income from Trust	<u>\$ 219,152,132</u>	<u>\$ 601,716,717</u>

**Altria Retirement Plan
Notes to Financial Statements**

4. Trust Investments

As of December 31, 2024 and 2023, the Plan's undivided interest in the Trust's net assets was approximately 99.9%.

At December 31, 2024 and 2023, the net assets of the Trust were as follows:

	<u>2024</u>		<u>2023</u>	
	Master Trust Balances	Plan's interest in Master Trust Balances	Master Trust Balances	Plan's interest in Master Trust Balances
Assets:				
Cash - Interest-bearing	\$ 80,643,825	\$ 80,576,269	\$ 81,900,759	\$ 81,831,930
Investment assets at fair value:				
Collective investment funds	510,673,419	510,245,625	452,484,100	452,103,835
U.S. and foreign government securities or their agencies	627,496,672	626,971,014	1,224,376,475	1,223,347,515
Corporate debt instruments	4,150,299,946	4,146,823,216	3,871,470,046	3,868,216,483
Common stock	758,544,650	757,909,213	682,396,077	681,822,595
Asset backed securities	182,596,839	182,443,877	278,336,417	278,102,504
Cash and cash equivalents	14,838,192	14,825,762	38,724,671	38,692,127
Other, net	11,847,639	11,837,714	104,855,835	104,767,715
Total investment assets at fair value, net	6,256,297,357	6,251,056,421	6,652,643,621	6,647,052,774
Other assets:				
Interest and dividend receivable	63,934,871	63,881,312	59,850,230	59,799,932
Pending securities sold	6,485,626	6,480,193	264,136,976	263,914,997
Total assets	6,407,361,679	6,401,994,195	7,058,531,586	7,052,599,633
Liabilities:				
Pending securities purchased	(11,878,279)	(11,868,328)	(430,628,469)	(430,266,571)
Net assets	\$ 6,395,483,400	\$ 6,390,125,867	\$ 6,627,903,117	\$ 6,622,333,062

**Altria Retirement Plan
Notes to Financial Statements**

The Trust’s investment activities for the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Interest and dividend income	\$ 279,755,022	\$ 266,181,917
Net appreciation (depreciation) in fair value of investments	(60,418,902)	336,041,112
Investment income, net	<u>\$ 219,336,120</u>	<u>\$ 602,223,029</u>

5. Derivative Policy

The Trust’s investment managers invest on behalf of the Plan in certain arrangements classified as derivatives in carrying out the Plan’s investment strategy, principally to protect the Plan’s portfolio against fluctuations in interest rates, reduce volatility and adjust asset exposures within the parameters set forth in the strategy. Under the Plan’s derivative policy, investment managers may not use derivative financial instruments to fundamentally change the risk/return profile of their portfolios relative to their benchmarks. The Trust does not hold or issue derivative financial instruments for trading purposes. The Trust utilizes exchange traded and over-the-counter investment instruments such as futures contracts, interest rate contracts, credit contracts and mortgage to be announced contracts (“mortgage TBAs”), a type of mortgage-backed security. Futures contracts are valued at the last settlement price at the end of each day on the exchange upon which they are traded. Other interest rate and credit contracts (such as interest rate options, swaps and credit default swaps) are traded in over-the-counter markets and are valued at a price based on third-party pricing services or broker quotes. Mortgage TBAs are traded in over-the-counter markets and are valued daily by the investment account manager based on pricing indices.

The value of these derivative investment instruments is subject to certain risks, including: (1) the risk that the value of the derivatives will change due to changes in interest rates, market volatility and credit quality of the underlying security; (2) the risk that there will be no liquid secondary market when the Trust on behalf of the Plan, attempts to enter into a closing position; and (3) counterparty risk. The Plan has established a control environment to manage this exposure which includes policies and procedures for risk assessment and the approval, reporting and monitoring of derivative instrument activities. The Plan does not anticipate nonperformance by counterparties to these contracts, and no material loss would be expected from any such nonperformance.

The fair values of these derivative financial instruments, as presented in *Plan’s interest in Trust* in the Statements of Net Assets Available for Benefits, are immaterial as of December 31, 2024 and 2023. The net loss incurred by the Trust from derivative instruments was \$84,627,520 for the year ended December 31, 2024 and the net gain was immaterial for the year ended December 31, 2023, and were reflected in *Plan’s interest in investment income (loss) from Trust* in the Statements of Changes in Net Assets Available for Benefits. The net loss for the year ended December 31, 2024 was primarily attributable to recognized net losses on futures positions.

6. Fair Value Measurements

Certain assets and liabilities are measured at fair value. Fair value is defined as the exchange price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Plan uses a fair value hierarchy, which gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs used to measure fair value are:

- Level 1 – Unadjusted quoted prices in active markets for identical assets or liabilities.

**Altria Retirement Plan
Notes to Financial Statements**

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

There were no Level 3 holdings or transactions during 2024 and 2023. Following is a description of the valuation methodologies used for investments measured at fair value.

Trust Investments:

U.S. and Foreign Government Securities or Their Agencies

U.S. and foreign government securities or their agencies consist of investments in Treasury Nominal Bonds and Inflation Protected Securities and municipal securities. Government securities are valued at a price that is based on a compilation of primarily observable market information, such as broker quotes. Matrix pricing, yield curves and indices are used when broker quotes are not available.

Corporate Debt Instruments

Corporate debt instruments are valued at a price that is based on a compilation of primarily observable market information, such as broker quotes. Matrix pricing, yield curves and indices are used when broker quotes are not available.

Common Stock

Common stocks are valued based on the price of the security as listed on an open active exchange on last trade date.

Asset Backed Securities

Asset backed securities are fixed income securities such as mortgage backed securities and auto loans that are collateralized by pools of underlying assets that are unable to be sold individually. They are valued at a price which is based on a compilation of primarily observable market information or a broker quote in a non-active over-the-counter market.

Cash & Cash Equivalents

Cash and cash equivalents consist of treasury bills and commercial paper and are valued at cost, which approximates fair value.

Collective Investment Funds

Collective investment funds consist of funds that are intended to mirror indices such as Standard & Poor's 500 Index, and Morgan Stanley Capital International Europe, Australasia and the Far East Index. They are valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of each of the respective collective investment funds, which are valued based on the net asset value ("NAV"), and are provided by the investment account manager as a practical expedient to estimate fair value. These investments are not classified by level but are disclosed to permit reconciliation to the fair value of Trust investment assets.

Other Financial Statement Line Items:

Interest-bearing cash held directly by the Plan is recorded at cost plus accrued interest, which approximates fair value. Although interest-bearing cash is not included in the fair value hierarchy table, this amount is considered a Level 1 measurement.

Altria Retirement Plan
Notes to Financial Statements

The methods described above, with the exception of collective investment funds, are not necessarily indicative of net realizable value or reflective of future fair values, nor is categorization of a security in any particular valuation level necessarily an indication of the risk associated with an investment in that security. Furthermore, while the Plan’s management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The table below reports by level, within the fair value hierarchy, the Trust net investments at fair value as of December 31, 2024:

(in millions)	Level 1	Level 2	Total
U.S. and foreign government securities or their agencies	\$ —	\$ 627	\$ 627
Corporate debt instruments	—	4,150	4,150
Common stock	759	—	759
Asset backed securities	—	183	183
Cash and cash equivalents	—	15	15
Other, net	(15)	26	11
	<u>\$ 744</u>	<u>\$ 5,001</u>	<u>5,745</u>
Investments measured at NAV as a practical expedient for fair value:			
Collective investment funds			511
Total investments at fair value, net			<u>\$ 6,256</u>

The table below reports by level, within the fair value hierarchy, the Trust net investments at fair value as of December 31, 2023:

(in millions)	Level 1	Level 2	Total
U.S. and foreign government securities or their agencies	\$ —	\$ 1,224	\$ 1,224
Corporate debt instruments	—	3,872	3,872
Common stock	683	—	683
Asset backed securities	—	278	278
Cash and cash equivalents	—	39	39
Other, net	47	58	105
	<u>\$ 730</u>	<u>\$ 5,471</u>	<u>6,201</u>
Investments measured at NAV as a practical expedient for fair value:			
Collective investment funds			452
Total investments at fair value, net			<u>\$ 6,653</u>

**Altria Retirement Plan
Notes to Financial Statements**

The following table summarizes additional disclosures related to the Trust investments measured using NAV as a practical expedient to estimate fair value as of December 31, 2024 and 2023.

	Fair Value (in millions)		Redemption Frequency	Notice Period
	2024	2023		
Collective investment funds:				
U.S. large cap	\$ 395	\$ 343	Daily	2 trade days
U.S. small cap	\$ 85	\$ 77	Daily	2 trade days
International developed markets	\$ 31	\$ 32	Thrice-Monthly	2 trade days

7. Funding Policy

The Participating Companies, or the Plan Sponsor on their behalf, make contributions to the Plan in an aggregate amount that is not less than the amount that is required under the minimum funding standards of ERISA and the Internal Revenue Code of 1986, as amended (the “Code”).

Contributions are determined by Willis Towers Watson (the “Actuary”). The required contribution is determined using the funding target approach (as defined by ERISA and the Code), which requires a minimum contribution equal to the Plan’s target normal cost plus an amount necessary to amortize any funding shortfall over a period of 15 years when the Plan’s assets are less than the funding target. The Plan’s target normal cost is the present value of benefit liabilities expected to accrue during the plan year, including increases in past service benefits attributable to current year salary increases. The Plan’s funding shortfall is the excess of the Plan’s funding target over the Plan assets.

As a result of the Plan’s funded status, the Actuary has determined that no contributions were required for the years ended December 31, 2024 and 2023.

8. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable to the provisions of the Plan based on service as of the measurement date. Accumulated plan benefits include benefits payable to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered through the valuation date. The actuarial present value of these accumulated plan benefits, as determined by the Actuary, results from applying actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment between the measurement date and the assumed date of payment.

The more significant assumptions underlying the actuarial computations at January 1, 2024 and 2023 are as follows:

Interest rate	6.1% for 2024 and 2023
Mortality basis	Pri-2012 with Generational Scale MP-2020 for 2024 and 2023
Retirement age	65, with varying retirement rates by age for early retirement

Additionally, the changes in actuarial assumptions during the year were primarily due to updated termination and retirement rate assumptions.

**Altria Retirement Plan
Notes to Financial Statements**

The foregoing assumptions are based on the presumption that the Plan will continue indefinitely. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits at January 1, 2024 and the changes in the actuarial present value of accumulated plan benefits for the year then ended were calculated by the Actuary.

Vested benefits	
Participants currently receiving benefits	\$ 4,328,368,822
Other participants	1,135,513,193
	<u>5,463,882,015</u>
Nonvested benefits	<u>82,680,489</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 5,546,562,504</u></u>
Actuarial present value of accumulated plan benefits at January 1, 2023	<u>\$ 5,592,919,724</u>
Net increase (decrease) attributable to:	
Additional benefits accumulated	46,524,602
Actuarial gains	(7,321,891)
Interest	331,009,784
Benefits paid	(432,359,640)
Assumption changes	15,324,547
Plan amendments	<u>465,378</u>
Actuarial present value of accumulated plan benefits at January 1, 2024 *	<u><u>\$ 5,546,562,504</u></u>

* The difference in the actuarial present value of accumulated plan benefits at December 31, 2023 and January 1, 2024 is immaterial.

9. Termination Priorities

In the event of a termination of the Plan in accordance with the provisions of ERISA, the Plan provides that its net assets shall be allocated among participants and beneficiaries in the order and manner provided for in ERISA. Benefits to be provided via contracts under which certain insurance companies are obligated to pay the benefits would be excluded for allocation purposes. In the event Plan assets are insufficient to discharge all liabilities required to be discharged by ERISA, ERISA requires that such liabilities shall be the responsibility of the Company and its "ERISA affiliates" (as defined in ERISA) up to a designated percentage of their collective net worth. If the Company and its ERISA affiliates are unable to satisfy such liabilities, the satisfaction of such liabilities is the responsibility of the Pension Benefit Guaranty Corporation, up to specified dollar and other limitations.

10. Tax Status

By letter dated June 23, 2017 the IRS determined that the Plan constitutes a qualified plan under Section 401(a) of the Code and the related Trust is, therefore, exempt from federal income taxes under the provisions of Section

**Altria Retirement Plan
Notes to Financial Statements**

501(a) of the Code. The Plan has been amended since the period covered by the determination letter; however, the Plan Administrator believes that the Plan continues to be designed and operated in accordance with the applicable provisions of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The tax provisions of the Plan have been analyzed as of December 31, 2024 and 2023, and there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

11. Related Party and Party-in-Interest Transactions

Fidelity Workplace Services LLC, the recordkeeper, utilizes an interest-bearing cash account for pending disbursement of participant benefits. These investments and transactions in these investments do not constitute prohibited transactions under ERISA.

Altria Retirement Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, 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
*	Fidelity Benefits Administrator Account	Cash Average interest rate for 2024 4.99%	\$ 35,983,561	\$ 35,983,561
*	Altria Client Services Master Retirement Trust	Plan's interest in Trust ⁽¹⁾	\$ 6,280,350,296	\$ 6,390,125,867

* indicates party-in-interest

⁽¹⁾ The Plan's interest in Trust has been derived from information certified as to its completeness and accuracy by the Trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	1	0	2	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	5	3	6	13	0	0	0	0	0	0	27
	-	-	-	-	-	-	-	-	-	-	-	107,727
40-44	0	14	9	13	157	72	0	0	0	0	0	265
	-	-	-	-	152,299	174,073	-	-	-	-	-	154,491
45-49	1	12	20	18	131	199	54	1	0	0	0	436
	-	-	130,497	-	148,475	162,795	187,724	-	-	-	-	156,835
50-54	2	9	21	31	117	188	151	14	2	0	0	535
	-	-	131,839	108,327	127,704	146,264	192,141	0	0	0	0	153,600
55-59	0	7	16	28	106	143	108	50	22	2	2	482
	-	-	-	114,719	126,420	155,108	167,419	184,597	140,566	0	0	150,997
60-64	0	4	5	14	61	86	50	19	28	19	19	286
	-	-	-	-	140,964	144,229	175,669	-	151,453	-	-	144,285
65-69	0	0	3	8	14	20	10	5	4	26	26	90
	-	-	-	-	-	173,444	-	-	-	109,503	-	137,706
70 & over	0	0	0	0	0	4	0	0	0	4	4	8
	-	-	-	-	-	-	-	-	-	-	-	-
Total	3	52	77	120	599	712	373	89	56	51	51	2,132
	-	137,618	131,316	105,078	139,916	155,943	180,836	173,036	144,909	112,606	112,606	151,030

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

Plan Name: Altria Retirement Plan
 EIN / PN: 47-2929146/006
 Plan Sponsor: Altira Client Services LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2023
- Yield curve basis Segment rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.09%	4.42%

Annual rates of increase:

- Compensation 5.00% for 2024 and 4.00% thereafter
- Future Social Security wage bases 3.50%

Assumed trust return for annual increase in unit value Pension cost expected return on assets

Administrative expenses 0.3%, of the beginning-of-year fair value of assets

Plan Name: Altria Retirement Plan
 EIN / PN: 47-2929146/006
 Plan Sponsor: Altira Client Services LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Termination Rates varying by age and plan

Sample Rates:

<u>Age</u>	<u>Altria Hourly</u>	<u>Altria Salaried</u>
20	.077	.150
25	.077	.136
30	.064	.121
35	.051	.085
40	.038	.057
45	.025	.038
50	.025	.027
55+	.000	.000

Plan Name: Altria Retirement Plan
 EIN / PN: 47-2929146/006
 Plan Sponsor: Altira Client Services LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

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

<u>Age</u>	<u>Altria Hourly</u>	<u>Altria Salaried</u>
50	.000	.050
51	.000	.065
52	.000	.080
53	.000	.095
54	.000	.110
55	.100	.125
56	.100	.140
57	.100	.155
58	.100	.170
59	.100	.185
60	.150	.200
61	.150	.200
62	.200	.250
63	.150	.300
64	.150	.200
65	.200	.350
66	.200	.350
67	.250	.350
68	.250	.350
69	.250	.350
70	1.000	1.000

Plan Name: Altria Retirement Plan
EIN / PN: 47-2929146/006
Plan Sponsor: Altira Client Services LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit Commencement Date

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained retirement eligibility
- Deferred vested benefit The later of age 65 or termination of employment
- Retirement benefit Upon termination of employment if eligible

Form of payment

a. Altria Salaried

50% are assumed to elect a life annuity and 50% are assumed to elect a 50% joint and survivor annuity

b. Altria Hourly

60% are assumed to elect a life annuity and 40% are assumed to elect a 50% joint and survivor annuity

Percent married

80% males, 80% females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband

Covered pay

- For Altria Hourly, calculated as the greater of the annual earnings rate in effect December 31, 2023, or the actual pensionable earnings earned during 2023.
- For Altria Salaried, calculated as the greater of the annual earnings rate in effect December 31, 2023, or pensionable earnings (excluding incentive compensation) earned during 2023 increased by the ratio of the five year average pensionable earnings including incentive compensation to the five year average pensionable earnings excluding incentive compensation
- For UST Salaried, calculated as the greater of the annual earnings rate in effect December 31, 2023, or pensionable earnings (excluding incentive compensation) earned during 2023 increased by the ratio of the three year average pensionable earnings including incentive compensation to the three year average pensionable earnings excluding incentive compensation

Assumption considers that only 25% of overtime and bonus paid in any month are included in pensionable earnings as per the provisions of the plan

Plan Name: Altria Retirement Plan
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Overtime and Migration	<p>Applicable to the Tobacco Workers in the Altria Hourly Plan, flat dollar levels were increased 18% to reflect overtime earnings effective 1/1/2022.</p> <p>Applicable to the Craft employees hired on or after June 4, 1999 in the Altria Hourly Plan, flat dollar levels were increased 35% to reflect overtime earnings effective 1/1/2022.</p> <p>The plan provides benefits based on the retirement plan group that the employee was in during the majority of time over the five years immediately preceding retirement or termination. No assumption is made for migration between retirement plan groups.</p>
Participant data	<p>Altria, through its third party administrators, supplied a census of all participants as of January 1, 2024.</p>
Timing of benefit payments	<p>Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.</p>
Delayed commencement beyond Required Minimum Distribution Date (RMD) for inactive participants	<p>The benefit amount payable at Normal Retirement Date (NRD) supplied in the census data is actuarially increased from NRD to RMD (generally age 70.5) and a retroactive lump sum payment determined as the value of missed payments from RMD to commencement date (assumed to be the valuation date), accumulated with interest equal to the Short-term Applicable Federal Rate (assumed to be 2% per year), is included in the benefit obligation.</p>

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430

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Actuarial value of assets Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).

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

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Altria and, based on that review, is not aware of any significant benefits required to be valued that were not.

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Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023. The segment interest rates used for funding and benefit restrictions purposes reflect the application of the ARPA, HATFA, and BBA corridors.

The required mortality table and projection scale to calculate funding target and target normal cost was updated to reflect requirements for the 2024 plan year, per IRS regulations.

The salary increase assumption for the 2024 valuation was updated to 5.00% for 2024 and 4.00% thereafter.

The termination and retirement rates were updated based on the 2023 experience study.

The form of payment assumptions for the 2024 valuation were updated based on the 2023 experience study as follows:

- a. Altria Salaried
50% are assumed to elect a life annuity and 50% are assumed to elect a 50% joint and survivor annuity.
- b. Altria Hourly
60% are assumed to elect a life annuity and 40% are assumed to elect a 50% joint and survivor annuity.

The percent married assumption was updated to 80% males and females based on the 2023 experience study.

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Assumptions Rationale – Significant Economic Assumptions

Interest Rates	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rates of increase in Compensation, National Average Wages (NAW), and CPI	Assumed increases were chosen by the plan sponsor and they represent an estimate of future experience.

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and group because of expected differences in termination rates by age and group. The termination rates were selected based on a review of the actual number of terminations during the period 2018 to 2022, as compared to the current assumption. Based on this review, the termination rates were updated effective with the 2024 plan year valuation to reflect expected future termination experience. In addition, these assumptions have not been a significant source of actuarial gain/loss in recent years. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Assumed retirement rates differ by age and group because of expected differences in retirement rates by age and group. The retirement rates were selected based on a review of the actual number of retirements during the period 2018 to 2022, as compared to the current assumption. Based on this review, the retirement rates were updated effective with the 2024 plan year valuation to reflect expected future retirement experience. In addition, these assumptions have not been a significant source of actuarial gain/loss in recent years. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.
Form of Payment	The percentage of retiring participants assumed to take joint and survivor annuities, and the assumed survivor percentages, are based on observed experience modified to reflect an estimate of future experience following an experience study conducted in 2023.

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Percent Married The assumed percentage married is based on the percentage married observed among retirees following an experience study conducted in 2023.

Spouse Age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age following an experience study conducted in 2023.

Source of Prescribed Methods

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

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Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with Altria, assumptions were made for missing or apparently inconsistent data elements and were documented in the 2024 Data Action Plan.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Altira Client Services LLC
EIN/PN	47-2929146/006
Plan Name	Altria Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Craig Morgan
Enrollment Number	23-06864

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

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

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

A Name of plan ALTRIA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Altria Client Services LLC	D Employer Identification Number (EIN) 47-2929146	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	6,622,333,061
	b Actuarial value	2b	7,190,140,105
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	19,455	4,671,749,208
	b For terminated vested participants	4,495	484,450,231
	c For active participants	2,132	789,057,942
	d Total	26,082	5,945,257,381
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.09%
6	Target normal cost		
	a Present value of current plan year accruals	6a	56,904,842
	b Expected plan-related expenses	6b	19,866,999
	c Target normal cost	6c	76,771,841

Statement by Enrolled Actuary

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

SIGN HERE	Craig Morgan <u>TCM</u> Signature of actuary	<u>09/15/2025</u> Date
	Craig Morgan Type or print name of actuary	<u>2306864</u> Most recent enrollment number
	Willis Towers Watson US LLC Firm name	<u>212-309-3400</u> Telephone number (including area code)
	200 Liberty Street Floor 6 New York NY 10281 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 56
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 76,771,841
b Excess assets, if applicable, but not greater than line 31a				31b 76,771,841
32 Amortization installments:		Outstanding Balance	Installment	
a Net shortfall amortization installment		0	0	
b Waiver amortization installment		0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0	0
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The Altria salaried rates and the Altria hourly rates are used in the valuation. The Altria salaried rates apply to all salaried participants and the Altria hourly rates apply to all hourly participants. The average retirement age shown on the Schedule SB was calculated as the average retirement age for active salaried participants multiplied by the percentage of active participants who are salaried plus the average retirement age for active hourly participants multiplied by the percentage of active participants who are hourly.

Altria Hourly

(1) Age (if eligible)	(2) Rate of Retirement	(3) Probability of Retiring (2) x (4), Age-1	(4) Remaining Active [(4), Age-1 minus (3)]	(5) (1) x (3)
55	0.10	0.100000	1.000000	5.500000
56	0.10	0.090000	0.900000	5.040000
57	0.10	0.081000	0.810000	4.617000
58	0.10	0.072900	0.729000	4.228200
59	0.10	0.065610	0.656100	3.870990
60	0.15	0.088574	0.590490	5.314410
61	0.15	0.075287	0.501917	4.592536
62	0.20	0.085326	0.426629	5.290200
63	0.15	0.051195	0.341303	3.225315
64	0.15	0.043516	0.290108	2.785034
65	0.20	0.049318	0.246592	3.205690
66	0.20	0.039455	0.197273	2.604007
67	0.25	0.039455	0.157819	2.643462
68	0.25	0.029591	0.118364	2.012187
69	0.25	0.022193	0.088773	1.531334
70	1.00	0.066580	0.066580	4.660581
Average Retirement Age				61.120947

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The determination of the average retirement age assumes employees continue in employment until reaching the first age of retirement eligibility with the required number of years of service. After this point, only the retirement decrement is recognized.

Altria Salaried

(1)	(2)	(3)	(4)	(5)
<i>Age (if eligible)</i>	<i>Rate of Retirement</i>	<i>Probability of Retiring (2) x (4), Age-1</i>	<i>Remaining Active [(4), Age-1 minus (3)]</i>	<i>(1) x (3)</i>
50	0.05	0.050000	1.000000	2.500000
51	0.07	0.061750	0.950000	3.149250
52	0.08	0.071060	0.888250	3.695120
53	0.10	0.077633	0.817190	4.114552
54	0.11	0.081351	0.739557	4.392968
55	0.13	0.082276	0.658206	4.525164
56	0.14	0.080630	0.575930	4.515291
57	0.16	0.076771	0.495300	4.375974
58	0.17	0.071150	0.418528	4.126689
59	0.19	0.064265	0.347378	3.791636
60	0.20	0.056623	0.283113	3.397362
61	0.20	0.045298	0.226491	2.763188
62	0.25	0.045298	0.181193	2.808486
63	0.30	0.040768	0.135894	2.568405
64	0.20	0.019025	0.095126	1.217614
65	0.35	0.026635	0.076101	1.731296
66	0.35	0.017313	0.049466	1.142655
67	0.35	0.011253	0.032153	0.753979
68	0.35	0.007315	0.020899	0.497401
69	0.35	0.004755	0.013584	0.328065
70	1.00	0.008830	0.008830	0.618094
Average Retirement Age				53.672994

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	5,094,738	7,543,567	427,688,194	440,326,499
2025	14,681,936	14,196,548	418,524,568	447,403,052
2026	23,183,549	16,416,523	408,912,103	448,512,175
2027	30,752,228	18,889,307	398,860,201	448,501,736
2028	37,556,282	21,717,940	388,349,528	447,623,750
2029	43,633,343	24,456,663	377,371,394	445,461,400
2030	48,996,065	26,810,355	365,913,865	441,720,285
2031	53,719,961	29,090,384	353,999,307	436,809,652
2032	57,824,168	31,354,917	341,597,460	430,776,545
2033	61,349,396	33,116,889	328,684,635	423,150,920
2034	64,348,864	34,749,802	315,314,280	414,412,946
2035	66,866,719	36,186,948	301,507,060	404,560,727
2036	68,908,167	37,360,857	287,286,134	393,555,158
2037	70,475,956	38,202,075	272,695,748	381,373,779
2038	71,611,356	38,953,738	257,786,085	368,351,179
2039	72,364,979	39,672,083	242,617,272	354,654,334
2040	72,778,066	40,008,824	227,259,729	340,046,619
2041	72,920,661	40,114,510	211,793,850	324,829,021
2042	72,878,645	40,059,173	196,308,783	309,246,601
2043	72,596,898	39,856,963	180,900,765	293,354,626
2044	72,049,238	39,365,947	165,671,960	277,087,145
2045	71,274,189	38,651,746	150,728,728	260,654,663
2046	70,275,985	37,726,834	136,179,531	244,182,350
2047	69,105,138	36,637,593	122,131,952	227,874,683
2048	67,690,822	35,539,573	108,689,178	211,919,573
2049	65,914,947	34,293,445	95,946,445	196,154,837
2050	63,827,755	32,720,466	83,987,164	180,535,385
2051	61,549,743	30,963,574	72,879,780	165,393,097
2052	59,132,200	29,165,193	62,675,228	150,972,621

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Schedule SB, Part V Summary of Plan Provisions

Altria Salaried Employees

Plan Provisions

Effective Date	<p>The plan was adopted effective April 1, 1943 and has been amended from time to time.</p> <p>Effective June 30, 2009, Altria merged its two qualified plans, the Salaried and the Hourly plans, into one plan, Altria Retirement Plan.</p> <p>Effective December 31, 2009, Altria merged the UST Salaried plan into Altria Retirement Plan. Plan Provisions applicable to UST Salaried employees are provided separately within this Appendix.</p>
Covered Employees	<p>Any non-union employee who receives a regular and stated compensation (other than a retainer) directly from Altria and is not employed by Philip Morris de Puerto Rico division. Philip Morris USA (PMUSA) employees hired after January 1, 2007 and non-PMUSA employees hired after January 1, 2008 are not eligible to participate in the plan.</p> <p>Former participants covered under the Hunter Service Company, Inc. Employees' Pension Plan (i.e. John Middleton) are covered under Altria Retirement Plan effective December 12, 2007.</p>
Participation	Date of becoming a covered employee

Definitions

Vesting service	All periods of service commencing on the employee's date of employment and ending on the employee's date of termination. Service accrued under another Altria plan is counted as vesting service. Vesting service from date of hire is counted as vesting service for former Hunter Service Pension Plan participants (i.e. John Middleton).
Pension service	Vesting service excluding service accrued under another Altria plan. Pension service for former Hunter Service Pension Plan participants (i.e. John Middleton) accrues from December 12, 2007

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and was frozen as of December 31, 2009 for salaried participants and December 31, 2021 for hourly participants.

Pensionable pay	Actual wage or salary including overtime and awards under Altria's Incentive Compensation Plan or similar plans. Overtime and awards are not included for former Hunter Service Pension Plan participants (i.e. John Middleton).
Average earnings	The average of the highest five (four for former Hunter Service Pension Plan participants (i.e. John Middleton)) consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Covered compensation	The average of the Social Security Taxable Wage Bases over the 35-year period ending in the year of attainment of Social Security Retirement Age. For employees who terminate prior to Social Security Retirement Age, the Social Security Taxable Wage Base used for the current and subsequent plan year shall be assumed to be the same as the Social Security Taxable Wage Base in effect in the year of termination.
Normal retirement date (NRD)	First of month following the attainment of age 65 with five years of pension service
Monthly pension benefit	For Altria Salaried Employees, the greater of (a), (b), and (c): (a) the sum of 1.45% of five-year average earnings up to covered compensation and 1.75% of such compensation in excess of covered compensation, multiplied by years of pension service with a maximum of 35 years; (b) 1½% of five-year average earnings not exceeding \$17,000 multiplied by the years of pension service with a maximum of 30 years; (c) the sum of 1.45% of five-year average earnings (excluding awards under Altria's Incentive Compensation Plan) up to covered compensation and 1.75% of such compensation in excess of covered compensation, multiplied by years of pension service with a maximum of 35 years, plus 1.45% of such compensation multiplied by years of pension service in excess of 35 years

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For Former Hunter Service Pension Plan participants (i.e. John Middleton), the sum of (a) and (b):

- (a) the sum of 1.0% of four-year average earnings up to covered compensation and 1.5% of such compensation in excess of covered compensation, multiplied by years of pension service, where the sum of pension service in the Hunter Service Company, Inc. Employees' Pension Plan and Altria Retirement Plan is limited to a maximum of 35 years;
- (b) salary roll-up on the pre December 12, 2007 benefit accrued under the Hunter Service Company, Inc. Employees' Pension Plan (i.e. John Middleton)

Monthly preretirement death benefit

In the event of death after eligibility for early retirement, the spouse's benefit shall equal the amount which would have been payable to the spouse had the participant retired on the first day of the month in which death occurred, having elected a 50% joint and survivor annuity.

In the event of death after eligibility for a vested pension but prior to eligibility for early retirement, the spouse's benefit shall equal the amount which would have been payable to the spouse had the participant survived until the plan's earliest collectible date and then converted the participant's vested pension accrued to date of death into a 50% joint and survivor annuity.

Eligibility for Benefits

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Retirement before NRD and on or after both attaining age 50 and completing five years of vesting service (age 50 and completion of 5 years of vesting service for former participants of the Hunter Service Pension Plan (i.e. John Middleton))
Special 30-year retirement	For all employees except former participants of the Hunter Service Pension Plan (i.e. John Middleton): retirement before NRD and on or after both attaining age 50 and completing 30 years of vesting service
Postponed retirement	Retirement after NRD

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Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Preretirement death benefit	Death while eligible for normal, early, special 30, postponed or deferred vested retirement benefits, with a surviving spouse

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Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year payment precedes the following: <ul style="list-style-type: none">• Age 60 (limited to 5 years of reduction) for all employees, except former participants of the Hunter Service Pension Plan (i.e. John Middleton)• Age 65 (limited to 5 years of reduction) for former participants of the Hunter Service Pension Plan (i.e. John Middleton)
Special 30-year retirement	Monthly pension benefit determined as of special 30-year retirement date
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Vested termination	Monthly pension benefit determined as of termination date, reduced 6.0% for each year payment precedes NRD, or if later than NRD, actuarially increased from NRD to earliest of commencement date or RMD (70.5)
Preretirement death	Monthly pension benefit determined as of date of death, payable immediately if participant eligible for early retirement, or if death occurs after eligibility for a vested benefit but prior to eligibility for early retirement, deferred to date the participant would have been eligible for early retirement.

Other Plan Provisions

Forms of payment	The normal form of payment for unmarried employees is a life annuity payable in monthly installments; for married employees, a 50% contingent annuity. Optional forms are a 75% or 100% contingent annuity or such other contingent annuitant benefits as the Employee Benefit Committee approves. The basis for determining the optional forms is IRC 417(e) mortality and 5% interest.
Pension Increases	None
Plan participants' contributions	None

Plan Name: Altria Retirement Plan
EIN / PN: 47-2929146/006
Plan Sponsor: Altira Client Services LLC
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SCHEDULE SB ATTACHMENTS

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

No plan changes were recognized except for current-year increases in the Internal Revenue Code maximums on benefits and pay and current-year updates to the IRC 417(e) mortality basis for determining optional forms of benefits.

Plan Name: Altria Retirement Plan
EIN / PN: 47-2929146/006
Plan Sponsor: Altira Client Services LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Altria Hourly Employees

Plan Provisions

Effective Date	<p>The plan was adopted effective April 1, 1943 and has been amended from time to time.</p> <p>Effective June 30, 2009, Altria merged its two qualified plans, the Salaried and the Hourly plans, into one plan, Altria Retirement Plan.</p>
Covered Employees	<p>Any union employee who receives a regular and stated compensation (other than a retainer) directly from Altria and is not employed by Philip Morris de Puerto Rico division. Craft employees (IAM union) hired after October 1, 2006 and Tobacco Workers (BCT union) hired after June 1, 2007 are not eligible to participate in the plan.</p>
Participation Date	<p>Date of becoming a covered employee</p>

Definitions

Vesting service	<p>All periods of service commencing on the employee's date of employment and ending on the employee's date of termination. Service accrued under another Altria plan is counted as vesting service.</p>
Pension service	<p>Vesting service excluding service accrued under another Altria plan</p>
Pensionable pay	<p>Actual wage or salary including overtime and awards under Altria's Hourly Pay-for-Performance Plan or similar plans</p>
Base compensation	<p>Actual wage or salary excluding overtime, cash bonuses, allowances, or awards under the Hourly Pay-for-Performance Plan or similar plans</p>
Average earnings	<p>The average of the highest five consecutive calendar years of applicable earnings during the ten-year period ending on the earlier of the participant's termination date or retirement date</p>
Social Security benefit	<p>The average annual wages with respect to which primary benefits would be provided under the Social Security Act for a worker attaining age 65 in the year the employee retires, assuming the</p>

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annual wage was always equal to the maximum amount of taxable wages under the Act

Normal retirement date (NRD) First of month following the attainment of age 65 with five years of pension service

Monthly pension benefit *For Craft Employees hired before June 4, 1999: the greater of (a) or (b) below.*
For Craft Employees hired on or after June 4, 1999: only (b) below:

- (a) The sum of 1.25% of five-year average pensionable earnings up to the Social Security integration level and 1.75% of such compensation in excess of the integration level, multiplied by the total years of pension service. Effective 1/1/2024, the sum of 1.45% of five-year average pensionable earnings up to the Social Security integration level and 1.75% of such compensation in excess of the integration level, multiplied by the total years of pension service. In no event will the five-year average pensionable earnings be lower than the five-year average pensionable earnings determined as of June 1, 2015.
- (a) The flat dollar amount shown below, for each union classification, multiplied by total years of pension service and increased for overtime earnings as described below under "Overtime Kicker".

	<u>Effective</u> <u>3/15/2015</u>	<u>Effective</u> <u>6/1/2015</u>	<u>Effective</u> <u>1/1/2024</u>
Journeyman	1,044	1,128	1,176
Non-Journeyman	1,032	1,116	1,164

For Tobacco Workers: The flat dollar amounts shown below for each union group, multiplied by the total years of pension service and increased for overtime earnings as described below under "Overtime Kicker". In no event will the monthly pension benefit be less than the salary-related benefit (described above for pre June 4, 1999 Craft hires) accrued to January 31, 1986.

<u>Effective</u> <u>1/1/2015</u>	<u>Effective</u> <u>1/1/2018</u>	<u>Effective</u> <u>1/1/2021</u>	<u>Effective</u> <u>1/1/2024</u>
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Union	864	900	924	948
Group B				
Union	924	960	984	1,008
Group C				
Union	1,020	1,056	1,080	1,104
Group D				
Union	1,056	1,092	1,116	1,140
Group E				
Union	564	600	624	648
Group F				

Overtime kicker Applicable to both Craft Employees (IAM) and Tobacco Workers (BCT)

The flat dollar levels are increased as shown below to reflect overtime earnings:

<i>Percentage by which 5 year average pensionable earnings exceed 5 year average base compensation</i>	<i>Increase in flat dollar level</i>	
	<u>IAM</u>	<u>BCT</u>
Less than 10%	0%	
10% but less than 15%	0%	
15% but less than 20%	10%	
20% but less than 60%	10%	
60% but less than 70%	15%	
70% but less than 80%	15%	
80% or more	20%	
	20%	
	30%	
	20%	
	40%	
	20%	
	50%	
	20%	

Eligibility for Benefits

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Special 30-year retirement	Retirement before NRD and on or after completing 30 years of vesting service

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Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Preretirement death benefit	Death while eligible for normal, early, special 30, postponed or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 6.0% for each year payment precedes age 60
Special 30-year retirement	<i>For Tobacco Workers:</i> Monthly pension benefit determined as of special 30-year retirement date <i>For Craft Employees:</i> Monthly pension benefit determined as of special 30-year retirement date, unreduced at age 53 or later, actuarially reduced from age 53 if under age 53 at retirement
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Vested termination	Monthly pension benefit determined as of termination date, using the Social Security integration level for the calendar year in which the employee would be age 65 (but based on the Act as in effect at termination), reduced 6.0% for each year payment precedes age 65, or if later than 65, actuarially increased from NRD to earliest of commencement date or RMD (70.5)
Preretirement death	Monthly pension benefit determined as of date of death, payable immediately if participant eligible for early retirement, or if death occurs after eligibility for a vested benefit but prior to eligibility for early retirement, deferred to date the participant would have been eligible for early retirement

Other Plan Provisions

Forms of payment	The normal form of payment for unmarried employees is a life annuity payable in monthly installments; for married employees, a 50% contingent annuity. Optional forms are a 75% or 100% contingent annuity or such other contingent annuitant benefits as the Employee Benefit Committee approves. The basis for determining the optional forms is IRC 417(e) mortality and 5% interest.
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Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

No plan changes were recognized except for current-year increases in the Internal Revenue Code maximums on benefits and pay and current-year updates to the IRC 417(e) mortality basis for determining optional forms of benefits.

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Valuation Date: January 1, 2024

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UST Salaried Employees

Plan Provisions

Effective Date	<p>The plan was adopted effective January 1, 1969 and has been amended from time to time.</p> <p>The plan was merged into Altria Retirement Plan effective as of December 31, 2009 and was closed to new participants at that time.</p>
Covered Employees	<p>Before the plan was closed to new participants, an employee would become a plan participant after attaining age 21 and completing one year of service.</p>
Participation Date	<p>Date of becoming a covered employee</p>

Definitions

Vesting service	<p>All periods of service commencing on the employee's date of employment and ending on the date of the employee's most recent severance of employment. Benefit service was frozen as of December 31, 2009.</p>
Pensionable pay	<p>Actual wage or salary plus 25% of overtime and bonus paid in any month</p>
Average final salaried compensation	<p>Highest consecutive 36 month period of pensionable pay in the 10 years preceding retirement</p>
Normal retirement date (NRD)	<p>First of month following the attainment of age 65</p>
Monthly pension benefit	<p>Applicable percentage* of the participant's average final salaried compensation (including 25% of overtime and bonus), reduced by 1.25% of his Social Security benefit, multiplied by years of service since attaining age 21, but not greater than 40 years</p> <p>*For participants hired prior to January 1, 2003, 2.2%; and for participants hired on or after January 1, 2003, 1.5%</p>

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Monthly preretirement spouse benefit In the event of death in service after the completion of 5 years of service or age 50, if earlier, the spouse's benefit shall equal the amount which would have been payable to the spouse had the participant retired on the first day of the month in which death occurred, and elected a 50% joint and survivor annuity, with immediate adjustment for Social Security reduction.

In the event of death after eligibility for a vested pension but prior to eligibility for early retirement, the spouse's benefit shall equal the amount which would have been payable to the spouse had the participant survived until the plan's earliest collectible date and then converted the participant's vested pension accrued to date of death into a 50% joint and survivor annuity, with an immediate adjustment for Social Security reduction.

Eligibility for Benefits

Normal Retirement	Age 65
Early Retirement	Age 50
Postponed retirement	First of any month after eligibility for Normal Retirement
Vested termination	5 years of service
Preretirement death benefit	Death while eligible for deferred vested termination benefits, normal, early, or deferred retirement benefits, with a surviving spouse

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Benefits Paid Upon the Following Events

Normal Retirement Monthly pension benefit determined as of NRD

Early Retirement Monthly pension benefit as of early retirement date, with gross benefit (before Social Security offset) reduced by the lesser of:

- (i) 1/3 of 1% for each month that payments commence prior to age 65 (limited to 120 months), or
- (ii) the applicable percentage (if any) determined from the following table:

Sum of Participant's Attained Age and Completed Years of Service on His Early Retirement Date	Percentage
90	0%
89	2
88	4
87	6
86	8
85	10
84	12
83	14
82	16
81	18
80	20

Social Security reduction is based on assumption of no future earnings and is not applied until age 62.

Postponed retirement Monthly pension benefit determined at actual retirement date

Vested termination Monthly pension benefit, payable at age 65. Early commencement permitted at age 55 with reduction of 1/3 of 1% for each month that payments commence prior to age 65. If later than 65, actuarially increased from NRD to earliest of commencement date or RMD (70.5). Social Security reduction is

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based on assumption of continued earnings until age 65 and is applied immediately.

Preretirement death

Monthly preretirement spouse benefits determined as of date of death. Benefits begin when participant would have reached age 65, or any time after the participant would have reached age 50 with reduction for early commencement, at spouse's election.

Other Plan Provisions

Normal Form of Benefit

Single

Life annuity

Married

Reduced 50% joint and survivorship annuity

Optional Forms of Benefits

(1) 5 or 10 years certain and life annuity

(2) 25%, 50%, 75% or 100% joint and survivorship annuity

(3) Life annuity

Basis for Optional Form Conversion Factors

IRC 417(e) mortality and 5.0%

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

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

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

No plan changes were recognized except for current-year increases in the Internal Revenue Code maximums on benefits and pay and current-year updates to the IRC 417(e) mortality basis for determining optional forms of benefits.

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Altria Retirement Plan
Schedule H - Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, 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
*	Fidelity Benefits Administrator Account	Cash Average interest rate for 2024 4.99%	\$ 35,983,561	\$ 35,983,561
*	Altria Client Services Master Retirement Trust	Plan's interest in Trust ⁽¹⁾	\$ 6,280,350,296	\$ 6,390,125,867

* indicates party-in-interest

⁽¹⁾ The Plan's interest in Trust has been derived from data and certified as to its completeness and accuracy by the Trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The salary increase assumption for the 2024 valuation was updated to 5% for 2024 and 4% thereafter.

The termination and retirement rates were updated based on the 2023 experience study.

The form of payment assumptions for the 2024 valuation were updated based on the 2023 experience study as follows:

- a. Altria Salaried
50% are assumed to elect a life annuity and 50% are assumed to elect a 50% joint and survivor annuity.
- b. Altria Hourly
60% are assumed to elect a life annuity and 40% are assumed to elect a 50% joint and survivor annuity.

The percent married assumption was updated to 80% males and females based on the 2023 experience study.

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