

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</u></p> <p><u>18354 QUANTICO GATEWAY DRIVE</u> <u>SUITE 200</u> <u>TRIANGLE, VA 22172-1779</u></p>	<p><b>1c</b> Effective date of plan <u>12/15/1959</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>53-0159200</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>703-291-2400</u></p> <p><b>2d</b> Business code (see instructions) <u>813930</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	CECIL E. ROBERTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	BRIAN SANSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	575
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	86
	<b>6a(2)</b>	77
	<b>6b</b>	388
	<b>6c</b>	42
	<b>6d</b>	507
	<b>6e</b>	70
	<b>6f</b>	577
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	1

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>53-0159200</u>	

**E** Type of plan:      (1)  Multiemployer Defined Benefit      (2)  Money Purchase (see instructions)

**1a** Enter the valuation date:      Month 01      Day 01      Year 2024

**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	<u>84874246</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>89091418</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>106416970</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>105458839</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>150924397</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>2231824</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>9850379</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>9745055</u>

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

<b>SIGN HERE</b>	
Signature of actuary  <u>DAVID. A PAZAMICKAS</u>  Type or print name of actuary  <u>HORIZON ACTUARIAL SERVICES, LLC</u>  Firm name  <u>8601 GEORGIA AVENUE, SUITE 905</u> <u>SILVER SPRING, MD 20910-3439</u>  Address of the firm	<u>09/29/2025</u>  Date  <u>23-07843</u>  Most recent enrollment number  <u>240-247-4600</u>  Telephone number (including area code)

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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	84874246
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	460	108562847
<b>(2)</b> For terminated vested participants .....	40	4419063
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2846425
<b>(b)</b> Vested benefits .....		35096062
<b>(c)</b> Total active .....	85	37942487
<b>(4)</b> Total .....	585	150924397
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	56.24 %

**3** 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	
09/11/2025	3600000					
<b>Totals ▶</b>			<b>3(b)</b>	3600000	<b>3(c)</b>	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	84.5 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	1.00 % <input type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.00 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.6 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	9.5 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	178000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1566443	160736
3	817684	83904

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	957533

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers .....
- (3) Certain bases for which the amortization period has been extended.....

		Outstanding balance	
<b>9c(1)</b>		44153746	6338283
<b>9c(2)</b>			
<b>9c(3)</b>			

**d** Interest as applicable on lines 9a, 9b, and 9c.....

<b>9d</b>	510707
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**e** Total charges. Add lines 9a through 9d.....

<b>9e</b>	7806523
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**Credits to funding standard account:**

**f** Prior year credit balance, if any.....

<b>9f</b>	21529929
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**g** Employer contributions. Total from column (b) of line 3.....

<b>9g</b>	3600000
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**h** Amortization credits as of valuation date.....

		Outstanding balance	
<b>9h</b>		5281006	1603508

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....

<b>9i</b>	1619341
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**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL) .....
- (3) FFL credit .....

<b>9j(1)</b>	47112299	
<b>9j(2)</b>	48274758	
<b>9j(3)</b>		0

**k (1)** Waived funding deficiency .....

<b>9k(1)</b>	0
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**(2)** Other credits .....

<b>9k(2)</b>	0
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**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	28352778
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	20546255
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

<b>9o(1)</b>	17259
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date .....

<b>9o(2)(a)</b>	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

<b>9o(2)(b)</b>	0
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(3) Total as of valuation date.....

<b>9o(3)</b>	17259
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**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	
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**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>53-0159200</b>	

**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

**HAMILTON LANE ADVISORS, LLC**

**23-2962336**

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

**AMERICAN REALTY ADVISORS**

**33-0123114**

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

**GROSVERNOR CAPITAL MANAGEMENT, LP**

**36-3795985**

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

**ANGELO, GORDON & CO**

**13-3478879**

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

WHITE OAK GLOBAL ADVISORS

3 EMBARCADERO CENTER, SUITE 550  
SAN FRANCISCO, CA 94111

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

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

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

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

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

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

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**(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)

SEGAL MARCO ADVISORS

36-3555078

(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 50	NONE	163850	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)

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	60052	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)

BENESYS

7130 COLUMBIA GATEWAY DR A  
COLUMBIA, MD 21046

(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?
14 50	NONE	28208	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)

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25555	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"/>

(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.

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>53-0159200</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>52-6328901-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1953733</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIXED INCOME GROUP TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>		
<b>c</b> EIN-PN <u>27-6230536-002</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24088970</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY GROUP TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEGAL ADVISORS, INC.</u>		
<b>c</b> EIN-PN <u>27-6230536-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36671969</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>53-0159200</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	788953	737427
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	3600000	3600000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2534	769
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	577468	373731
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	20564541	19554593
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5136261	1953733
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	54157543	60760939
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	86367	61754

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	84913667	87042946
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	39421	65804
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	39421	65804
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	84874246	86977142

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3600000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		3600000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	23677	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		23677
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	795432	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		7408
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		6603396
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		11029913

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	8328084	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		8328084
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	28208	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	25555	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	325732	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	60052	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	159386	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		598933
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		8927017

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2102896
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		19616347
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

**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 1070367.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>53-0159200</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Name of contributing employer **UNITED MINE WORKERS OF AMERICA**

**b** EIN **53-0159200** **c** Dollar amount contributed by employer **3600000**

**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 **12** Day **31** Year **2024**

**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): **AD HOC TO SATISFY ERISA F**

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

**a** Name of contributing employer

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

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

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

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

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	99.00
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	97.50

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

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

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

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

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

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

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

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

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

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

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

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



**INTERNATIONAL UNION, UNITED MINE WORKERS  
OF AMERICA PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**INTERNATIONAL UNION, UNITED MINE WORKERS  
OF AMERICA PENSION PLAN**

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
International Union, United Mine Workers  
of America Pension Plan

### Opinion

We have audited the accompanying financial statements of the International Union, United Mine Workers of America Pension Plan (the Plan), employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.


In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the International Union, United Mine Workers of America Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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



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

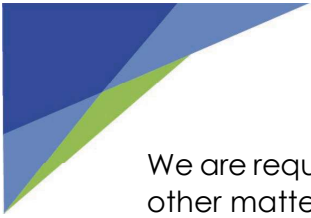
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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



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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at year end) and of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Calibre CPA Group, PLLC*

Bethesda, MD  
September 19, 2025



## INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Assets</b>		
<b>Cash</b>	<u>\$ 737,427</u>	<u>\$ 788,953</u>
<b>Investments - at fair value</b>		
Money market fund	373,731	577,468
Common collective trusts	1,953,733	5,136,261
Pooled trust funds	60,760,939	54,157,543
Hedge funds	61,754	86,367
Limited partnerships	<u>19,554,593</u>	<u>20,564,541</u>
Total investments - at fair value	<u>82,704,750</u>	<u>80,522,180</u>
<b>Receivables</b>		
Contributions	3,600,000	3,600,000
Accrued interest	<u>769</u>	<u>2,534</u>
Total receivables	<u>3,600,769</u>	<u>3,602,534</u>
Total assets	87,042,946	84,913,667
<b>Liabilities and Net Assets</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	<u>65,804</u>	<u>39,421</u>
<b>Net assets available for benefits</b>	<u>\$ 86,977,142</u>	<u>\$ 84,874,246</u>

See accompanying notes to financial statements.



**INTERNATIONAL UNION, UNITED MINE WORKERS  
OF AMERICA PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>Additions</b>		
Investment income		
Net appreciation in fair value of investments	\$ 7,406,236	\$ 7,747,465
Interest and dividends	23,677	36,495
	7,429,913	7,783,960
Less: investment expenses	(325,732)	(234,060)
Net investment income	7,104,181	7,549,900
Employer contributions	3,600,000	3,600,000
Total additions	10,704,181	11,149,900
<b>Deductions</b>		
Benefits		
Pension benefits	8,128,940	7,942,414
Death benefits	199,144	361,081
Total benefits	8,328,084	8,303,495
Administrative expenses		
Actuary fees	60,052	50,408
Audit and accounting fees	25,555	26,000
Administrative fees	28,210	24,015
Insurance	21,275	20,895
Office supplies	3,460	6,404
Unrelated business income tax (UBIT)	134,649	68,962
Total administrative expenses	273,201	196,684
Total deductions	8,601,285	8,500,179
<b>Net change</b>	2,102,896	2,649,721
<b>Net assets available for benefits</b>		
Beginning of year	84,874,246	82,224,525
End of year	\$ 86,977,142	\$ 84,874,246

See accompanying notes to financial statements.



## INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

#### **NOTE 1. DESCRIPTION OF THE PLAN**

The International Union, United Mine Workers of America Pension Plan (the Plan) was established in 1959 to hold assets to be used to provide pension, disability, survivors and death benefits to eligible participants and their beneficiaries. The Plan provides benefits to substantially all full-time employees of the International Union, United Mine Workers of America (International Union or UMWA).

The Plan is financed by contributions made by the International Union based on recommendations made by the Plan's actuary. The contributions are designed to fund current service costs on a current basis and to fund past service costs (the estimated accrued benefit cost arising from qualified service before the Plan became subject to the terms of the Employee Retirement Income Security Act of 1974 (ERISA)) over 40 years. The yield on the Plan's investments serves to reduce future contributions that would otherwise be required to provide for benefits. The contributions made to the Plan during the years ended December 31, 2024 and 2023 exceed the minimum funding requirements of ERISA.

The Plan is a defined benefit pension plan. Under current provisions of the Plan, an active participant is eligible for a normal pension if he or she has attained age 60 and has at least 5 years of vesting service. Normal pension benefits are based on the average of the highest two years of salary received during the last five years in which the participant was actively employed. A participant with at least 5 years of vesting service is eligible for a reduced pension at age 55. Participants who are employed for at least 1,000 hours or its equivalent during a calendar year are eligible for one year of vesting service credit. Employees who become totally and permanently disabled are entitled to benefits which are based upon years of eligible pension service.

The Plan also provides death benefits in a lump sum equal to the participant's annual basic salary. Prior to October 8, 2000, this benefit was provided to all Plan participants. After October 8, 2000, a participant is entitled to a death benefit only if he or she has at least 20 years of service with UMWA; at least 10 years of service with the UMWA and credited service under the UMWA 1974 Pension Plan which when combined with UMWA service equals 20 or more total years of service; or at least 10 years of service with UMWA immediately followed by retirement under the Plan with a benefit other than a deferred vested pension.

Participants should refer to the summary plan description for more complete information.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting** - The financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

**Investment Valuation and Income Recognition** - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recognized on a trade-date basis. Interest income is reported on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**Contributions Receivable** - Employer contributions due and not paid prior to the year-end are reported as contributions receivable. At December 31, 2024 and 2023, no allowance for credit losses is considered necessary.

**Benefits** - Benefit payments are recognized when paid.

**Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

## NOTE 3. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The International Union, as Plan sponsor, provides certain administrative services to the Plan. The costs of the administrative services are not readily determinable. The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

## NOTE 4. TAX STATUS

The Internal Revenue Service (IRS) has advised that the Plan qualifies under Section 401 (a) of the Internal Revenue Code (IRC) and is, therefore, generally exempt from federal income tax under the provisions of Section 501 (a), except for net income, if any, from unrelated business activities. The Plan obtained its latest determination letter on July 26, 2002, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving this determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.



#### NOTE 4. TAX STATUS (CONTINUED)

The Plan accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2024 and 2023 and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2024, the statute of limitations for tax years 2021 through 2023 remain open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Plan files returns.

#### NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by Horizon Actuarial Services, LLC as of January 1, 2024. Information in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	\$ 73,584,391
Inactive vested participants	2,413,121
Active vested participants	<u>21,205,944</u>
	97,203,456
Non-vested accumulated benefits	<u>8,255,383</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 105,458,839</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 103,571,068</u>
Change during the year attributable to	
Changes in the discount period	7,034,280
Plan amendments	897,915
Benefits accumulated and actuarial (gains)/losses	2,259,071
Benefits paid	<u>(8,303,495)</u>
Net change	<u>1,887,771</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 105,458,839</u>



## NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial cost method used in the valuation was the Projected Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2024 valuation were:

- Mortality Rates - Non-Disabled:
  - Participants with Mine Service: 110% of the sex-distinct RP-2014 Employee and Annuitant Mortality Tables with blue collar adjustment, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale 2019 MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 50% of Scale MP-2019.
  - Participants without Mine Service (including all beneficiaries of participants with or without mine service): Sex-distinct RP-2014 Employee and Annuitant Mortality Tables, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 100% of Scale MP-2019.
- Mortality Rates - Disabled:
  - Participants with Mine Service: 110% of the sex distinct RP-2014 Disabled Retiree Mortality Tables, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 50% of Scale MP-2019.
  - Participants without Mine Service: Sex-distinct RP-2014 Disabled Retiree Mortality Tables, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 50% of Scale MP-2019.
- Retirement age assumptions -
  - 55 - 58 years old: 5% assumed retirement rate
  - 59 years old: 10% assumed retirement rate
  - 60 years old: 15% assumed retirement rate
  - 61 years old: 10% assumed retirement rate
  - 62 - 64 years old: 30% assumed retirement rate
  - 65 - 70 years old: 50% assumed retirement rate
  - 71 years old: 100% assumed retirement rate

Notwithstanding the above, active participants that have elected to retire pursuant to the 2024 Special Retirement Opportunity have a 100% assumed retirement date as of January 1, 2025.

- Assumed investment rate of return, net of investment expenses - 7.00%.
- Annual salary is assumed to increase at a rate of 1.0% per year.



## NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- Administrative expenses are estimated at January 1, 2024, payable as of the beginning of the year. Operating expenses for the coming Plan year are assumed to be \$178,000.
- A current liability interest rate of 3.29% was used in the January 1, 2024 valuation.

Since the prior valuation, the following assumptions were changed:

- Operating expenses, payable as of the beginning of the year, are assumed to be the average of actual operating expenses for the three (3) years preceding the valuation date, rounded to the nearest \$1,000. The current assumption is \$178,000, payable as of the beginning of the year. The previous assumption had been \$174,000.
- The current liability interest rate increased from 2.55% to 3.29%.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received and income from investments.

Since information on the accumulated plan benefits at December 31, 2024 and the changes therein for the year then ended is not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status of the Plan is presented as of December 31, 2023.

## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	12/31/2024 Total	Quoted Market Prices For Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	\$ 373,731	\$ -	\$ 373,731	\$ -
Investments measured at net asset value*	82,331,019			
Total	<u>\$ 82,704,750</u>			

Description	12/31/2023 Total	Quoted Market Prices For Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	\$ 577,468	\$ -	\$ 577,468	\$ -
Investments measured at net asset value*	79,944,712			
Total	<u>\$ 80,522,180</u>			

\*In accordance with the Accounting Standards Codification, investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

*Money market fund:* The fair value of the Plan's investment in a money market fund is valued at amortized cost, which approximates fair value.

Authoritative guidance for fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the NAV per share, or its equivalent. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investments in these investments entities is subject to the terms of the respective agreements. The fair value of the Plans' investments in these funds is generally based on the estimated fair value of the fund's underlying assets, less its liabilities, and the Plan's percentage ownership of the respective fund. Income or loss from investments in these investments entities is generally net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2024 and 2023, by investing strategy:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
a. Common collective trusts	\$ 1,953,733	\$ 5,136,261	\$ -	\$ -	Varies	30 Days, 1 Year
b. Pooled trust funds	60,760,939	54,157,543	-	-	Daily	2 Days
c. Hedge funds	61,754	86,367	-	-	Varies	60 - 90 Days
d. Limited partnerships	19,554,593	20,564,541	1,759,530	1,767,530	Quarterly	None

The following summarizes the investment strategy for each of the Plan's investments in the table presented above which do not report as a direct filing entity (DFE) to the Department of Labor (DOL).

- Common collective trusts:* The Plan's investment in the common collective trust category consists of two collective funds, each of which reports as a DFE to the DOL.
- Pooled trust funds:* The Plan's investments in pooled trusts funds consists of three separate commingled funds, each of which reports as a DFE to the DOL.
- Hedge funds:* The Plan's investment in hedge funds consists of a single investment fund. The investment is primarily invested in offshore investment funds, partnerships and pooled investment vehicles that trade across all asset types and geographies. In November 2019, the Plan submitted a full redemption from this fund due to liquidity concerns. The proceeds will be paid out over 4 years.



## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

d. *Limited partnerships:* The Plan's investment in limited partnerships consists of eight separate funds. The first fund was established for the investment of private equity and equity-related investments. These investment funds have varying investment strategies and geographical focuses. The second fund was established for the investment primarily in value-added real estate opportunities. Investments in this fund are made solely in the United States in specific product types including but not limited to multi-family, industrial, retail, office, hotel and other properties. The third fund was formed to provide attractive risk-adjusted returns through intermediate-term liquidity investment opportunities by investing broadly across alternative asset classes in hedge funds, private equity, real estate and infrastructure investments. The fourth and fifth funds are select private equity funds established to diversify across core private equity strategies, including but not limited to buyouts, secondaries, venture capital/growth equity and special situations. These funds seek to expand discretionary client's private equity allocations through a cost and capital effective solution. The sixth fund is a closed-end private credit vehicle aimed at capitalizing on the long-term investment opportunity in middle market direct lending. The fund's investment strategy is to source, underwrite, and actively manage a diversified portfolio of middle market, floating rate, senior secured loans on first lien secured debt. The seventh fund aims to provide attractive risk-adjusted returns through intermediate-term liquidity investment opportunities. The fund seeks to achieve its investment objective by investing broadly across alternative asset classes, including in hedge funds and in private equity, real estate and infrastructure investments and may implement its investments through funds/accounts acquired on both a primary and secondary basis, seed investments, co-investments and direct investments. The last fund was established for the purpose of to allow institutional investors to diversify away from more traditional private equity-sponsored term loans by primarily investing in first-lien, directly originated lending strategies, including term loans, asset-based loans, and equipment financing. The fair value of these limited partnership investments is generally based upon the estimated fair value of their reported capital account or NAV of the underlying funds and the Plan's respective ownership as reported by the investment managers.

## NOTE 7. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (Trustees) to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

## NOTE 7. PRIORITIES UPON TERMINATION (CONTINUED)

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

## NOTE 8. RISKS AND SIGNIFICANT UNCERTAINTIES

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

**Uncertainties: Actuarial Valuation** - Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total additions and total deductions per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 10,704,181	\$ 11,149,900
Add: investment expenses netted against investment income for financial statement purposes	<u>325,732</u>	<u>234,060</u>
Total additions per Form 5500	<u>\$ 11,029,913</u>	<u>\$ 11,383,960</u>
	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 8,601,285	\$ 8,500,179
Add: investment expenses netted against investment income for financial statement purposes	<u>325,732</u>	<u>234,060</u>
Total deductions per Form 5500	<u>\$ 8,927,017</u>	<u>\$ 8,734,239</u>

Investment expenses are included in additions and netted against investment income (loss) on the financial statements but are included in deductions on the Form 5500.



## **NOTE 10. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through September 19, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclose in the accompanying financial statements.

# Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

<b>Plan Name</b>	International Union, United Mine Workers of America Pension Plan
<b>Plan Sponsor</b>	United Mine Workers of America
<b>EIN / PN</b>	53-0159200 / 001
<b>Effective Date and Most Recent Amendment</b>	The original effective date of the Plan is December 15, 1959. The Plan was amended and restated effective January 1, 2015. This actuarial valuation reflects the provisions of the Plan as amended through June 7, 2024.
<b>Plan Year</b>	The twelve-month period beginning January 1 and ending December 31.
<b>Employers</b>	The International Union, United Mine Workers of America and any of its Districts, excluding District 50.
<b>Participation</b>	An employee becomes a Participant immediately upon full-time employment with an eligible Employer.
<b>Pension Service</b>	Pension Service is defined as calendar years during which the participant is employed at least 2,080 hours or its equivalent (260 work days of 12 months). A fractional credit is given equal to 1/260 for each day of employment during a year in which a year of Vesting Service was earned (maximum of one year of Pension Service in one calendar year).
<b>Annual Basic Salary</b>	The annual rate of salary includes cost-of-living allowance and accumulated "Graduated Pay" (i.e., cashed-out vacation days), but excluding all other forms of compensation, such as bonuses, commissions, or overtime. Annual Basic Salary is the average of the annual rate of salary over the two highest calendar years over the last five years. Annual Basic Salary includes salary earned as an employee of the UMWA Construction Workers Pension Plan and Trust. For Local 2 employees, Annual Basic Salary includes longevity bonuses.



# Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

**Longevity Bonus** Effective August 1, 2010, annual longevity bonuses will be paid to active Local 2 employees. The current bonus structure is outlined in the table below.

Years of Vesting Service	Longevity Bonus
Less than 10	\$0
At least 10, but less than 15	\$300
At least 15, but less than 20	\$500
At least 20, but less than 25	\$700
At least 25, but less than 30	\$900
30 or more	\$1,100

**Vesting Service** Vesting service is defined as calendar years during which the participant is employed at least 1,000 hours or its equivalent (125 work days or 6 months).

**Vested Status** A Participant's accrued benefit is 100% vested after five Years of Vesting Service.

**Normal Retirement ("Age 60 Pension")**

Normal Retirement Age: Earlier of:

- 1) The later of age 65 or the participant's fifth anniversary of commencing participation, or
- 2) The date upon which a participant who has earned five years of Vesting Service reaches age 60 or older.

Benefit: 2.3% times Annual Basic Salary times years of Pension Service, with a minimum of the accrued benefit at January 1, 2001 under the prior benefit formula plus accruals after December 31, 2000 under the current benefit formula.

Participants who defer commencement past their Normal Retirement Age receive payments retroactive to their Normal Retirement Age, unless they have engaged in prohibited employment and were provided the required suspension of benefits notice.

**Normal Form of Payment**

For single Participants, normal form of payment is a straight life annuity.

For married Participants, normal form of payment is a 75% Joint and Survivor annuity reduced as if a 50% Joint and Survivor annuity form of payment. Prior to January 1, 2001, the normal form of payment for a married participant was 50% Joint and Survivor annuity.



# Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

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**Early Retirement**     Eligibility: The first of the next month following the Participant's attainment of age 55 with at least five Years of Vesting Service.

Benefit: Age 60 Pension, based on Pension Service at retirement, deferred to age 60 or reduced 0.25% for each month of early commencement.

---

**Special Retirement Opportunity, 1988**     Eligibility: Age 50 as of December 31, 1988 with at least five years of Pension Service and separation from service between November 16, 1988 and December 31, 1988.

Benefit: Age 60 Pension or Early Retirement Pension (with the reduction, if any, calculated as if the participant was five years older) with an additional five years of Vesting Service and Pension Service (limited to 25 years instead of 20 for Pension Service). Also, temporary supplement to 62 of 50% of the above amount (payable for at least 2 years).

---

**Special Retirement Opportunity, 1996**     Eligibility: Age 50 with at least five years of Vesting Service as of March 15, 1996 and retirement as of April 1, 1996.

Benefit: Age 60 Pension or Early Retirement Pension (with the reduction, if any, calculated as if the participant was five years older) with an additional five years of Vesting Service and Pension Service (limited to 25 years instead of 20 for Pension Service). Also, temporary supplement to 62 of 50% of the above amount (payable for at least 2 years).

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**Special Retirement Opportunity, 2003**     Eligibility: Work out of District 26 and have attained age 50 with at least five years of Vesting Service as of January 1, 2003 and retirement as of February 28, 2003.

Benefit: Age 60 Pension or Early Retirement Pension (with the reduction, if any, calculated as if the participant was five years older) with an additional five years of Vesting Service and Pension Service (limited to 25 years instead of 20 for Pension Service).

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# Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

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***Special Retirement Opportunity, 2004***

Eligibility: Attained age 50 with at least five years of Vesting Service as of January 1, 2005 and retirement between August 31, 2004 and December 31, 2004.

Benefit: Age 60 Pension or Early Retirement Pension (with the reduction, if any, calculated as if the participant was five years older) with an additional five years of Vesting Service and Pension Service.

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***Special Retirement Opportunity, 2005***

Eligibility: Work out of District 12 and have attained age 50 with at least five years of Pension Service as of November 1, 2005 and retirement between September 15, 2005 and October 15, 2005.

Benefit: Age 60 Pension or Early Retirement Pension (with the reduction, if any, calculated as if the participant was five years older) with an additional five years of Vesting Service and Pension Service. This benefit will be suspended in the event that an affected participant returns to work in the coal industry in a non-classified job until the earlier of termination of such employment or attainment of age 60.

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***Special Retirement Opportunity, 2008***

Eligibility: Attained age 50 with at least five years of Vesting Service as of January 1, 2005 and retirement between July 15, 2008 and August 15, 2008.

Benefit: Age 60 Pension or Early Retirement Pension, with each affected participant considered to have attained 60 years of age.

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***Special Retirement Opportunity, 2024***

Eligibility: Non-highly compensated employees who attained age 50 with at least five years of Vesting Service as of January 1, 2024, filed an Application and Release by July 22, 2024, and terminate employment on or before July 31, 2024 (UMWA may request that retirement be delayed up to seven months).

Benefit: Age 60 Pension or Early Retirement Pension (with reduction, if any, calculated as if the participant was five years older).

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***Disability Retirement***

Eligibility: Totally and permanently disabled from engaging in any occupation and termination of employment as a result of this disability and eligible for Social Security Disability Insurance benefits.

Benefit: Age 60 Pension based on Pension Service at disability.

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# Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

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## ***Vested Benefits Upon Termination of Service***

**Eligibility:** At least 5 years of Vesting Service and not eligible to receive any other pension under the Plan.

**Benefit:** Deferred Age 60 Pension based on Pension Service at termination reduced actuarially for early commencement.

---

## ***Pre-Retirement and Retirement Surviving Spouse's Benefit***

**Eligibility:** Following the death of vested participants who die before retirement, and surviving spouses of participants who retired after January 1, 2000 with a survivor annuity.

**Benefit:** 75% of the accrued benefit payable as a 50% joint and survivor benefit (i.e., converted to a 75% joint and survivor benefit using the plan's 50% joint and survivor annuity conversion factors). The pre-retirement surviving spouse's benefit is payable as of the later of date of death or the date the participant would have attained age 55.

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## ***Death Benefit***

**Eligibility:** Following the death of any active or inactive participant with at least 20 years of service, or any retired participant with a benefit other than a Deferred Vested Pension with at least ten years of service.

**Benefit:** An amount equal to the participant's Annual Basic Salary, payable as a lump sum.

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## ***Portability Benefits***

**Eligibility:** Inactive participants who are actively employed by the AFL-CIO or labor organizations affiliated with the AFL-CIO.

**Benefit:** The accrued benefit for eligible participants shall be determined based on imputed service under the Plan for their period of employment with the AFL-CIO or affiliated organization. Such imputed service shall be credited for purposes of Vesting Service and eligibility for benefits and benefit forms (such as early retirement benefits) under the Plan. However, imputed service shall not be credited for purposes of Pension Service under the Plan.

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## ***Employee Contributions***

Employee contributions are neither required nor permitted.

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## ***Substantive Commitments***

No substantive commitments other than the above Plan provisions have been included in this valuation.

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## ***Change in Plan Provisions***

The valuation results reflect the impact of the 2024 Special Retirement Opportunity.

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# INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 53-0159200  
Plan No. 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares				Par/Maturity Value or Shares	(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest			
	Money market fund							
	Goldman Sachs Financial Square Government Fund	Money market fund	N/A	N/A	4.49%	373,731	\$ 373,731	\$ 373,731
	Common/collective trusts							
	AFL-CIO Building Investment Trust	Collective trust	N/A	N/A	N/A	357	582,985	1,953,733
	Pooled trust funds							
	Marco Consulting Group Trust Fixed Income Participation	Pooled trust fund	N/A	N/A	N/A	1,657,674	22,470,994	24,088,970
	Marco Group Trust Equity Participation	Pooled trust fund	N/A	N/A	N/A	773,632	15,053,651	36,671,969
	Total pooled trust funds						37,524,645	60,760,939
	Hedge funds							
	Grosvenor Portfolio Completion Strategies Fund Opportunistic Portfolio Series	Hedge fund	N/A	N/A	N/A	N/A	-	61,754
	Limited partnerships							
	American Strategic Value Realty Fund	Limited partnership	N/A	N/A	N/A	N/A	2,545,616	4,547,356
	Hamilton Lane Private Equity Fund	Limited partnership	N/A	N/A	N/A	N/A	1,212,926	2,260,665
	Grosvenor MCG AltScape Fund LP	Limited partnership	N/A	N/A	N/A	N/A	1,108,083	1,718,337
	Segal Marco Select Private Equity Fund II, L.P.	Limited partnership	N/A	N/A	N/A	N/A	995,346	2,176,523
	Mesirow Financial Private Equity Fund VII-B, L.P.	Limited partnership	N/A	N/A	N/A	N/A	266,104	1,543,749
	AG Direct Lending Fund II	Limited partnership	N/A	N/A	N/A	N/A	103,556	1,173,724
	GCM Grosvenor Multi-Asset Class II, L.P.	Limited partnership	N/A	N/A	N/A	N/A	1,965,973	3,508,225
	White Oak Yield Spectrum Peer Fund, L.P.	Limited partnership	N/A	N/A	N/A	N/A	2,539,365	2,626,014
	Total limited partnerships						10,736,969	19,554,593
	Total assets (held at end of year)						\$ 49,218,330	\$ 82,704,750

# Schedule of Active Participant Data

(Form 5500 Schedule MB, line 8b(2))

Measurement Date: January 1, 2024

[Schedule MB, Line 8b(2)]

## Years of Credited Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	1	-	-	-	-	-	-	-	-	1
25 - 29	-	3	-	-	-	-	-	-	-	-	3
30 - 34	-	1	3	2	-	-	-	-	-	-	6
35 - 39	2	2	2	2	1	-	-	-	-	-	9
40 - 44	2	1	9	2	2	-	-	-	-	-	16
45 - 49	-	2	7	1	3	1	-	-	-	-	14
50 - 54	-	-	5	4	2	-	1	-	-	-	12
55 - 59	-	-	1	-	1	-	-	2	1	-	5
60 - 64	-	-	-	1	1	-	1	1	-	1	5
65 - 69	-	-	1	1	2	2	-	1	1	-	8
70 +	-	-	-	1	-	-	-	-	1	4	6
Total	4	10	28	14	12	3	2	4	3	5	85



# Schedule of Funding Standard Account Bases

(Form 5500 Schedule MB, lines 9c and 9h)

## Charges

[Schedule MB, Line 9c]

Type	Date	Initial	Initial	Outstanding at 1/1/2024		Annual
	Established	Period	Balance	Period	Balance	Payment
Amendment	1/1/1995	30.00	\$ 808,823	1.00	\$ 64,967	\$ 64,967
Amendment	1/1/1996	30.00	7,043,914	2.00	1,091,248	564,076
Amendment	1/1/1998	30.00	607,893	4.00	175,416	48,400
Amendment	1/1/2002	30.00	2,803,620	8.00	1,411,021	220,841
Amendment	1/1/2005	30.00	10,201,640	11.00	6,378,790	795,005
Assumption	1/1/2006	30.00	1,125,712	12.00	743,065	87,433
Amendment	1/1/2006	30.00	122,011	12.00	80,538	9,476
ENIL (2008)	1/1/2009	29.00	8,842,341	14.00	6,440,388	688,248
Assumption	1/1/2010	15.00	2,924,885	1.00	309,536	309,536
ENIL (2008)	1/1/2010	28.00	993,633	14.00	730,439	78,058
Amendment	1/1/2011	15.00	72,948	2.00	14,877	7,690
Assumption	1/1/2011	15.00	547,731	2.00	111,703	57,741
ENIL (2008)	1/1/2011	27.00	1,438,113	14.00	1,068,395	114,174
ENIL (2008)	1/1/2012	26.00	1,602,203	14.00	1,204,088	128,674
Exper Loss	1/1/2012	15.00	945,345	3.00	278,777	99,279
ENIL (2008)	1/1/2013	25.00	3,909,024	14.00	2,974,916	317,913
ENIL (2008)	1/1/2014	24.00	2,666,863	14.00	2,057,730	219,898
Exper Loss	1/1/2015	15.00	962,001	6.00	509,771	99,951
Assumption	1/1/2016	15.00	557,031	7.00	332,617	57,681
Exper Loss	1/1/2016	15.00	2,603,046	7.00	1,554,352	269,547
Assumption	1/1/2017	15.00	3,254,617	8.00	2,147,853	336,165
Exper Loss	1/1/2017	15.00	2,470,765	8.00	1,630,557	255,202
Exper Loss	1/1/2018	15.00	1,225,274	9.00	880,749	126,339
Exper Loss	1/1/2019	15.00	1,989,850	10.00	1,539,374	204,834
Assumption	1/1/2019	15.00	132,669	10.00	102,634	13,657
Exper Loss	1/1/2020	15.00	1,153,495	11.00	951,180	118,548
Assumption	1/1/2021	15.00	4,385,203	12.00	3,824,179	449,974
Exper Loss	1/1/2021	15.00	1,337,239	12.00	1,166,158	137,216
Exper Loss	1/1/2023	15.00	2,076,953	14.00	1,994,301	213,120
Amendment	1/1/2024	15.00	817,684	15.00	817,684	83,904
Exper Loss	1/1/2024	15.00	1,566,443	15.00	1,566,443	160,736
<b>Total Charges</b>					<b>\$ 44,153,746</b>	<b>\$ 6,338,283</b>

See the comments following this Exhibit.



# Schedule of Funding Standard Account Bases

(Form 5500 Schedule MB, lines 9c and 9h)

## Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Exper Gain	1/1/2010	15.00	\$ 5,249,192	1.00	\$ 555,515	\$ 555,515
Exper Gain	1/1/2011	15.00	280,641	2.00	57,236	29,585
Exper Gain	1/1/2013	15.00	2,245,401	4.00	851,509	234,944
Exper Gain	1/1/2014	15.00	2,861,795	5.00	1,309,017	298,372
Method	1/1/2018	10.00	2,571,838	4.00	1,247,297	344,146
Exper Gain	1/1/2022	15.00	1,373,580	13.00	1,260,432	140,946
Total Credits					\$ 5,281,006	\$ 1,603,508
Net Total					\$ 38,872,740	\$ 4,734,775

The tables above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base



# Justification for Change in Actuarial Assumptions

(Form 5500 Schedule MB, line 11)

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## ***Changes in Assumptions and Methods***

- ***Retirement for Active Participants.*** Active participants that elected to retire pursuant to the 2024 Special Retirement Opportunity are assumed to retire at a rate of 100% as of January 1, 2025
- ***Current Liability.*** The Current Liability interest rate increased from 2.55% to 3.29%, and the Current Liability mortality table was updated to the static mortality tables prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(b) for 2024 valuations.

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## ***Justification for Changes in Assumptions***

The change to the retirement assumption for active participants was made to better reflect anticipated Plan experience.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



# Statement of Actuarial Assumptions/Methods

(Form 5500 Schedule MB, line 6)

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<b>Plan Name</b>	International Union, United Mine Workers of America Pension Plan
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<b>Plan Sponsor</b>	International Union, United Mine Workers of America
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<b>EIN / PN</b>	53-0159200 / 001
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<b>Interest Rates</b>	ERISA Valuation Interest Rate	7.00%
	ASC 960 Interest Rate	7.00%
	RPA '94 Current Liability Interest Rate	3.29%

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

The RPA '94 Current Liability Interest Rate selected was the high end of the permissible range for the plan year.

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<b>Inclusion Date</b>	The valuation date coincident with or next following the date on which the employee is hired.
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<b>Compensation Increases</b>	Annual salary is assumed to increase at a rate of 1.0% per year.
	Annual salary for future years is adjusted to include "Graduated Pay," which is assumed to be equal to a maximum of 14 days per year (without phase-in).
	This assumption was selected based on a review of actual experience and input provided by the Plan sponsor

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<b>Operating Expenses</b>	Operating expenses are added to the Plan's normal cost. Operating expenses, payable as of the beginning of the year, are assumed to be the average of actual operating expenses for the three (3) years preceding the valuation date, rounded to the nearest \$1,000. The current assumption is \$178,000, payable as of the beginning of the year (equivalent to \$184,230 payable in the middle of the year). Investment counseling fees are not included in the assumed operating expenses.
	This assumption was selected based on a review of past experience as well as expectations for the upcoming year.

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# Statement of Actuarial Assumptions/Methods

(Form 5500 Schedule MB, line 6)

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***Increases in  
Maximum  
Benefit and  
Compensation  
Limits***

Projected benefits are limited to the maximum presently allowed under Section 415 of the Code. Plan compensation is limited to the maximum presently allowed under Section 401(a)(17) of the Code. No provision is made for future increases in the maximum annual benefit of compensation limit.

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***New Employees***

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

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***Non-Disabled  
Mortality***

The non-disabled mortality assumption for participants with mine service is 110% of the sex-distinct RP-2014 Employee and Annuitant Mortality Tables with blue collar adjustment, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 50% of Scale MP-2019.

The non-disabled mortality assumption for participants without mine service (including all beneficiaries of participants with or without mine service) is the sex-distinct RP-2014 Employee and Annuitant Mortality Tables, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 100% of Scale MP-2019.

This assumption was selected based on a review of mortality experience for Plan participants, with respect to published mortality tables and mortality improvement projection scales. The adjustments to the published tables reflect anticipated future experience, based on observed experience and known factors for the Plan population, such as occupation, income, and benefit levels.

For determining the RPA '94 current liability, the generational mortality tables prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(b).



# Statement of Actuarial Assumptions/Methods

(Form 5500 Schedule MB, line 6)

**Disabled Mortality** The disabled mortality assumption for participants with mine service is 110% of the sex-distinct RP-2014 Disabled Retiree Mortality Tables, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 50% of Scale MP-2019.

The disabled mortality assumption for participants without mine service is the sex-distinct RP-2014 Disabled Retiree Mortality Tables, projected from 2014 back to 2006 with Scale MP-2014, and then projected to 2019 with Scale MP-2019. Future mortality improvements after 2019 are projected on a generational basis using 50% of Scale MP-2019.

This assumption was selected based on a review of mortality experience for Plan participants, with respect to published mortality tables and mortality improvement projection scales, as well as the Plan's definition of disabled. The adjustments to the published tables reflect anticipated future experience, based on observed experience and known factors for the Plan population, such as occupation, income, and benefit levels.

For determining the RPA '94 current liability, the static mortality tables prescribed under IRS Revenue Ruling 96-7.

## **Retirement for Active Participants**

The rates at which participants are assumed to retire are shown below.

Age	Retirement Rates
55 - 58	5%
59	10%
60	15%
61	10%
62 - 64	30%
65 - 70	50%
71	100%

Notwithstanding the above, active participants that elected to retire pursuant to the 2024 Special Retirement Opportunity are assumed to retire at a rate of 100% as of January 1, 2025.

The weighted average retirement age for active participants is age 63. This average is based on the active population in the January 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

This assumption was selected based on a review of recent retirement experience for Plan participants and reflects anticipated future experience.



# Statement of Actuarial Assumptions/Methods

(Form 5500 Schedule MB, line 6)

## **Disability**

Sample rates at which participants are assumed to become disabled are shown below. The rates are identical for both males and females.

*Representative Disability Probabilities*

Age	Disability Rates
20	0.03%
25	0.03%
30	0.04%
35	0.05%
40	0.07%
45	0.10%
50	0.18%
55	0.36%
60	0.90%

This assumption was selected based on a review of recent disability experience for Plan participants and reflects anticipated future experience.

## **Termination**

Active participants are assumed to terminate from active participation in the Plan (for reason other than disability, retirement, or death) at rates based on 50% of the Scale T-5, less GA51M, and are identical for both males and females.

*Representative Termination Probabilities*

Age	Termination Rates
20	3.97%
25	3.86%
30	3.61%
35	3.14%
40	2.58%
45	1.99%
50	1.28%
55	0.47%
60	0.05%

This assumption was selected based on a review of recent termination experience for Plan participants and reflects anticipated future experience.

## **Retirement Age for Inactive Vested Participants**

Inactive participants entitled to portability benefits are assumed to retire at the same rates assumed for active participants, but not later than age 62.

All other inactive participants are expected to retire at age 62.

This assumption was selected based on a review of recent retirement experience for Plan participants and reflects anticipated future experience.



# Statement of Actuarial Assumptions/Methods

(Form 5500 Schedule MB, line 6)

<b><i>Form of Payment</i></b>	Participants are assumed to elect the normal form of payment.
<b><i>Marriage</i></b>	85% of male participants are assumed to be married. 50% of females are assumed to be married. Males are assumed to be 3 years older than their spouses.
<b><i>Cost Method</i></b>	<p>The Projected Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability for retirement, termination, and ancillary benefits. Under this method, a “projected accrued benefit” is calculated as of the beginning of the year and as of the end of the year for each benefit that may be payable in the future. The “projected accrued benefit” is based on the plan’s accrual formula and upon service as of the beginning or end of the valuation date, but using final average compensation, social security benefits, etc., projected to the age at which the employee is assumed to leave active service. For benefits where the plan’s accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the “projected accrued benefits” as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the “projected accrued benefits” as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants, respectively.</p>
<b><i>Asset Valuation Method</i></b>	<p>The actuarial value of assets is determined by adjusting the market value of assets to reflect investment gains and losses (i.e., the difference between the actual investment return and the expected investment return) during each of the last five years, at the rate of 20% per year. Expected investment return is calculated from the prior market value of assets, including receivable contributions, and weighted expected transactions. The actuarial value is subject to a restriction that it be neither less than 80% nor more than 120% of market value.</p> <p>The actuarial value of assets was reset to the market value of assets as of January 1, 2018. Beginning January 1, 2018, the difference between the actual and assumed returns on the market value of assets is phased in over a 5-year period, with a maximum deviation of 20% away from the market value of assets.</p>
<b><i>Participant Data</i></b>	Participant data was supplied by the Plan’s administrator.



# Statement of Actuarial Assumptions/Methods

(Form 5500 Schedule MB, line 6)

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***Participants Excluded from Valuation*** Inactive vested participants over age 75 are excluded from the valuation.

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***Missing or Incomplete Participant Data*** There were no participants with missing dates of birth in the valuation as of January 1, 2024.

There were no participants with unknown sex in the valuation as of January 1, 2024.

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***Financial Information*** Financial information was supplied by Calibre CPA Group, PLLC.

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***Nature of Actuarial Calculations*** The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

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***Actuarial Models*** The information presented in this report is based on actuarial models, the intended purpose of which is the calculation and projection of the Plan's liabilities, assets, zone status, and other related information summarized herein. Horizon Actuarial relies on third party actuarial modeling software to perform the liability calculations for our annual actuarial valuations. We also use internally developed models to project and present results. We have a robust review process to confirm the appropriateness of the inputs, check the calculations, and validate the results of the models to ensure they are consistent with the intended purpose. Overall, we believe the models are reasonable for their intended purpose.

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# Schedule MB - Statement by the Enrolled Actuary

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<b>Plan Sponsor:</b>	International Union, United Mine Workers of America
<b>EIN / PN:</b>	53-0159200 / 001
<b>Plan Year:</b>	Beginning January 1, 2024 and ending December 31, 2024
<b>Plan Name:</b>	International Union, United Mine Workers of America Pension Plan (the "Plan")
<b>Enrolled Actuary:</b>	David A. Pazamickas
<b>Enrollment Number:</b>	23-07843

*Actuarial assumptions:* The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

*Census data and financial information:* The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions paid shown in Line 3 of the Schedule MB were listed in reliance on information provided by the Plan administrator and/or trustees.

Attached as separate exhibits are:

- Line 6: Statement of Actuarial Assumptions/Methods
- Line 6: Summary of Plan Provisions
- Line 8b(2): Schedule of Active Participant Data
- Lines 9c and 9h: Schedule of Funding Standard Account Bases
- Line 11: Justification for Change in Actuarial Assumptions



**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.**

**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.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_



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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶	<b>001</b>
	<b>1c</b> Effective date of plan	<b>12/15/1959</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA</b>  <b>18354 QUANTICO GATEWAY DRIVE</b> <b>SUITE 200</b> <b>TRIANGLE VA 22172-1779</b>	<b>2b</b> Employer Identification Number (EIN)	<b>53-0159200</b>
	<b>2c</b> Plan Sponsor's telephone number	<b>703-291-2400</b>
	<b>2d</b> Business code (see instructions)	<b>813930</b>

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

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

SIGN HERE		10/10/2025	CECIL E. ROBERTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/2025	BRIAN SANSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	575
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	86
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	77
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	388
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	42
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	507
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	70
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	577
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	1

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (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	<b>9b</b> 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)

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

### SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Part IV, Schedule H, Line 4j

E.I.N. 53-0159200  
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Marco Consulting Group Trust Fixed Income Participation	\$ 7,200,000	N/A	N/A	N/A	\$ 7,200,000	\$ 7,200,000	\$ -
N/A	Marco Consulting Group Trust Fixed Income Participation	N/A	\$ 700,000	N/A	N/A	626,071	700,000	73,929
N/A	Marco Consulting Group Trust Equity Participation	N/A	6,500,000	N/A	N/A	2,907,402	6,500,000	3,592,598

<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.


<b>A</b> Name of plan International Union, United Mine Workers of America Pension Plan	<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF International Union, United Mine Workers of America	<b>D</b> Employer Identification Number (EIN) 53-0159200	

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	84,874,246
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	89,091,418
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	106,416,970
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	105,458,839
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	150,924,397
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	2,231,824
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	9,850,379
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	9,745,055

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

<b>SIGN HERE</b>	 Signature of actuary	<u>9/29/2025</u> Date 2307843 Most recent enrollment number 240-247-4600 Telephone number (including area code)
	David A. Pazamickas Type or print name of actuary Horizon Actuarial Services, LLC Firm name 8601 Georgia Avenue, Suite 905 Silver Spring MD 20910 Address of the firm	

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	84,874,246
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	460	108,562,847
<b>(2)</b> For terminated vested participants .....	40	4,419,063
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2,846,425
<b>(b)</b> Vested benefits .....		35,096,062
<b>(c)</b> Total active .....	85	37,942,487
<b>(4)</b> Total .....	585	150,924,397
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	56.23 %

**3** 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
09/11/2025	3,600,000	0			
<b>Totals ▶</b>			<b>3(b)</b>	3,600,000	<b>3(c)</b>
					0

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	84.4 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." .....	<b>4f</b>	

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		

- k** Has a change been made in funding method for this plan year?  Yes  No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?  Yes  No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</b> Rates specified in insurance or annuity contracts .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males.....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	A A
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.00 % 7.00 %
<b>e</b> Salary scale.....	<b>6e</b>	1.00 % <input type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate.....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	7.00 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	6.6 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	9.5 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	178,000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,566,443	160,736
3	817,684	83,904

**8** Miscellaneous information:

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:			
<b>Charges to funding standard account:</b>			
<b>a</b> Prior year funding deficiency, if any		<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date		<b>9b</b>	957,533
<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended	<b>9c(1)</b>	44,153,746	6,338,283
<b>(2)</b> Funding waivers	<b>9c(2)</b>	0	0
<b>(3)</b> Certain bases for which the amortization period has been extended	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c		<b>9d</b>	510,707
<b>e</b> Total charges. Add lines 9a through 9d		<b>9e</b>	7,806,523
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any		<b>9f</b>	21,529,929
<b>g</b> Employer contributions. Total from column (b) of line 3		<b>9g</b>	3,600,000
<b>h</b> Amortization credits as of valuation date		Outstanding balance	
	<b>9h</b>	5,281,006	1,603,508
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h		<b>9i</b>	1,619,341
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL)	<b>9j(1)</b>	47,112,299	
<b>(2)</b> "RPA '94" override (90% current liability FFL)	<b>9j(2)</b>	48,274,758	
<b>(3)</b> FFL credit	<b>9j(3)</b>		0
<b>k (1)</b> Waived funding deficiency		<b>9k(1)</b>	0
<b>(2)</b> Other credits		<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		<b>9l</b>	28,352,778
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference		<b>9m</b>	20,546,255
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference		<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year		<b>9o(1)</b>	17,259
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date		<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date		<b>9o(3)</b>	17,259
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No