

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/10/1994
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN
2121 K STREET N.W. SUITE 350 WASHINGTON, DC 20037-1879
2b Employer Identification Number (EIN) 52-1888497
2c Plan Sponsor's telephone number 202-521-2200
2d Business code (see instructions) 212110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for MICHEAL BUCKNER and MICHAEL O. MCKOWN.

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

Form 5500 (2024) v. 240311

|   |  |       |
|---|--|-------|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 19526 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 2135  |
|   | <b>6a(2)</b>                               | 2089  |
|   | <b>6b</b>                                  | 16793 |
|   | <b>6c</b>                                  |       |
|   | <b>6d</b>                                  | 18882 |
|   | <b>6e</b>                                  |       |
|   | <b>6f</b>                                  |       |
|   | <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>                                   | 2     |

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

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

|   |   |
|---|---|
| <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 type="checkbox"/> <b>R</b> (Retirement Plan Information)  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |
| (2) <input 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 type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)            |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES, UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>52-1888497</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

**THE VANGUARD GROUP INC.**

**23-1945930**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

HEALTH SMART BENEFIT SOLUTIONS

36-4099199

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50               | NONE  | 12590392   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 1295353   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

KEYSTONE PEER REVIEW ORGANIZATION

23-2348176

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 50                  | NONE  | 9985989  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

1974 PENSION TRUST

52-6150908

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 28 29<br>49 50      | EMPLOYER  | 6989047  | 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)

INTERIM HEALTHCARE OF SE OHIO, INC.

47-0947907

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 405999   | 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)

MARSH USA, INC

36-1436000

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 22 50                  | NONE  | 332607   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BIG SANDY AREA DEVELOPMENT DISTRICT

61-0671002

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 50 70               | NONE  | 250621   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

WITHUMSMITH+BROWN

22-2027092

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NONE  | 227564   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

POWERS, PYLES, SUTTER, & VERVILLE

52-1620214

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 186602   | 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)

KELLY PRESS INC

52-0975591

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 36 49 50               | NONE  | 169187   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

INSIGHT DIRECT USA

36-3948996

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 161765   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRICE WATERHOUSE COOPERS

13-5326270

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 136134   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VERIZON

47-0751768

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 117472   | 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)

MICROSOFT CORPORATION

91-1144442

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 115201   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN, LEWIS & BOCKIUS LLP

23-0891050

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 94802  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ARTHUR DIAMOND, INC

52-0937528

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 92511  | 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)

COMMUNITY NURSING SERVICE

74-2534122

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 83292  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PENSION BENEFIT INFORMATION

94-2856521

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 50                  | NONE  | 74517  | 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)

SUBROGATION SERVICES, LLC

33-2496742

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 49 50               | NONE  | 71970  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CCRC ACTUARIES, LLC

52-2261050

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 50                  | NONE  | 69927  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TRUSTEE STAFF

52-1805437

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 20 50                  | EMPLOYEE  | 60000  | 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)

RONCOLI, GUILLERMO

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 51272  | 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)

BULBIN, YURY

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20038

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 17 70 50               | NONE  | 45545  | 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)

YANG, WEI-CHIEN

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20039

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 18 70 50               | NONE  | 43921  | 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)

BDO USA, P.C.

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 39024  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AON CONSULTING, INC.

36-3051915

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50<br>40         | NONE  | 36275  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MOONEY GREEN SAINDON

52-1182494

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NONE  | 35865  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHUBB & SON

13-1963496

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 22 50                  | NONE  | 35266  | 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)

RAPID7 LLC

74-3111935

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 33011  | 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)

INFO-TECH RESEARCH

20-4312071

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 30759  | 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)

K & R BRANDING SOLUT

54-1490546

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 30523  | 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)

MARTEL, DIANNE, RN,

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 30215  | 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)

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 65 99<br>50         | NONE  | 30148  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

FENG, WAN-TANG

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 29816  | 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)

MOBILE MENTOR INC

36-4865064

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 29377  | 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)

BACKSTOP SOLUTIONS GROUP, LLC

20-0199997

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 25701  | 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)

INTEGRAL CONSULTING SERVICES INC

52-2081090

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 25060  | 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)

SEGAL GROUP INC, THE

13-1835864

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 24077  | 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)

LINKEDIN CORPORATION

47-0912023

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 23813  | 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)

KNOWLEDGELAKE, INC

555 MARYVILLE UNIVERSITY DRIVE  
ST. LOUIS, MO 63141

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 23075  | 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)

COACH 4 ME, LLC

525 3RD ST STE 200  
LAKE OSWEGO, OR 97034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 22720  | 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)

FINCH, GLENDA S.

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 22449  | 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)

MILLIMAN INC

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 50                  | NONE  | 21170  | 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)

JONES, NANCY C.

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 18616  | 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)

UNITED ACTUARIAL SERVICES, INC.

35-2156428

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 50                  | NONE  | 18000  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

UNITED PARCEL SERVICE

58-2480149

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 17553  | 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)

ASCENTIS

91-1630801

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 16 50               | NONE  | 17472  | 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)

RELX INC. DBA LEXIS

52-1471842

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 16189  | 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)

OPITZ, PEGGY

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 15749  | 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)

SOVOS COMPLIANCE LLC

46-1379693

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 15686  | 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)

IMAGE ACCESS CORP

22-2762602

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 14781  | 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)

IVANTI, INC

30-0110335

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 13611  | 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)

NMS IMAGING, INC.

52-0913097

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 12715  | 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)

CATALIS COURTS & LAND

20-3750929

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 12612  | 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)

DAVIE, KAREN

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 12403  | 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)

OPENTEXT INC

46-0525483

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 12301  | 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)

DOYLE PRINTING & OFFSET CO, INC.

53-0191325

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 12207  | 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)

SYNTELLIS PERFORMANCE SOLUTIONS LLC

85-1377808

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 12052  | 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)

SAS INSTITUTE, INC

56-1133017

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 10831  | 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)

MERCER HEALTH & BENEFITS

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 10552  | 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)

BLACKBAUD, INC

74-2947183

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 9219   | 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)

DATABANK IMX, LLC

52-1729143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 9006   | 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)

AUDITBOARD, INC

47-1299245

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 8853   | 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)

RESCHINI, JOSEPH

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 8000   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STOVER, DALE R

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 7588   | 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)

ALLIED TELECOM GROUP

52-1738021

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 7446   | 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)

RONEY, JANET

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 7238   | 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)

MORET LAURIE B. CONSULTING

83-4052856

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 7011   | 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)

BLOOMBERG FINANCE, L.P

13-3417984

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 72 50                  | NONE  | 6818   | 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)

FIND-A-CODE

20-8682422

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 6770   | 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)

KOHO CONSULTING, INC

6030 PRINTERY ST UNIT 103  
TAMPA, FL 33616

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 6548   | 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)

CROUCH, JEFFREY

2121 K STREET NW SUITE 350  
WASHINGTON, DC 20037

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 70 50               | NONE  | 6323   | 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)

AT&T MOBILITY

84-1659970

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 6240   | 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)

PRESIDIO

80-0728837

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 6234   | 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)

VONAGE BUSINESS

20-5093831

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 5753   | 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)

NURSES SERVICE ORGANIZATION

36-3642411

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 22 50                  | NONE  | 5740   | 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)

BELL & HOWELL LLC

80-0728837

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NONE  | 5201   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | 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<br>(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<br>(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<br>(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 H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| 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<br><b>UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES, UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>52-1888497</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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>       | -14112                | -1901           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 2250                  | 22081           |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 24013066              | 29827210        |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <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>    |                       |                 |
| <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>    |                       |                 |
| <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>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 139504944             | 186287923       |
| <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>   |                       |                 |

| <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>    | 163506148             | 216135313       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 41314258              | 57411170        |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 4354976               | 6762720         |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 85260171              | 101491089       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 130929405             | 165664979       |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 32576743              | 50470334        |

**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> | 57460648   |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 46961      |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 297724847  |           |
| (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>    |            | 355232456 |
| <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> |            |           |
| <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> | 216        |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 216       |
| <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> | 17514028   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 17514028  |
| <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> |            |           |
| <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>  |            |           |
| (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>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 827329    |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 329808    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 373903837 |

**Expenses**

|   |               |           |           |
|---|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 343652109 |           |
| (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>  |           | 343652109 |
| <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>  | 6989047   |           |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  | 9985989   |           |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 101964    |           |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  | 125600    |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |           |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 30148     |           |
| (7) Actuarial fees .....  | <b>2i(7)</b>  | 109097    |           |
| (8) Legal fees .....  | <b>2i(8)</b>  | 317269    |           |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> | 60000     |           |
| (11) Other expenses .....   | <b>2i(11)</b> | -5360977  |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 12358137  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 356010246 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 17893591 |
| <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: WITHUMSMITH + BROWN

(2) EIN: 22-2027092

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <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   |    | 555556 |
| <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  |        |
| <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.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

**UNITED MINE WORKERS OF AMERICA 1993 BENEFIT PLAN**  
**Financial Statements**  
**December 31, 2024 and 2023**  
**With Independent Auditor's Report**

**United Mine Workers of America 1993 Benefit Plan**  
**Table of Contents**  
**December 31, 2024 and 2023**

---

|   |      |
|---|------|
| <b>Independent Auditor's Report</b>                             | 1-3  |
| <b>Financial Statements</b>                                     |      |
| Statements of Net Assets Available for Plan Benefits            | 4    |
| Statements of Changes in Net Assets Available for Plan Benefits | 5    |
| Statements of Plan Benefit Obligations                          | 6    |
| Statements of Changes in Plan Benefit Obligations               | 7    |
| Notes to Financial Statements                                   | 8-22 |
| <b>Supplementary Information</b>                                |      |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  | 23   |
| Schedule H, Line 4j - Schedule of Reportable Transactions       | 24   |

## INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of  
United Mine Workers of America 1993 Benefit Plan:

### Opinion

We have audited the financial statements of the United Mineworkers of America 1993 Benefit Plan an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for plan benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits and of changes in plan benefit obligations for the years then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the United Mineworkers of America 1993 Benefit Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the United Mineworkers of America 1993 Benefit 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 United Mineworkers of America 1993 Benefit 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 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 United Mineworkers of America 1993 Benefit 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 United Mineworkers of America 1993 Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

### **Report on Supplementary Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Withum Smith & Brown, PC*

July 31, 2025

**United Mine Workers of America 1993 Benefit Plan  
Statements of Net Assets Available for Plan Benefits  
December 31, 2024 and 2023**

|  | <u>2024</u>               | <u>2023</u>              |
|--|---------------------------|--------------------------|
| <b>Assets</b>  |                           |                          |
| Cash and cash equivalents - Note 2                           | \$ 12,188,813             | \$ 23,305,935            |
| Investments - at fair value - Note 4                         | <u>174,097,209</u>        | <u>116,184,897</u>       |
| Receivables  |                           |                          |
| Rebates receivable   | 29,237,097                | 23,882,314               |
| Employer plan receivable - Note 10                           | 421,429                   | -                        |
| Other receivables - Note 9                                   | 28,441                    | 28,441                   |
| Employer contributions - Note 1                              | 22,081                    | 2,250                    |
| Accrued interest and dividends                               | <u>140,243</u>            | <u>102,311</u>           |
| Total receivables  | <u>29,849,291</u>         | <u>24,015,316</u>        |
| <br>Total assets   | <br><u>216,135,313</u>    | <br><u>163,506,148</u>   |
| <b>Liabilities</b>   |                           |                          |
| Due to (from) Medicare - Note 8                              |                           |                          |
| Part B   | 13,944,742                | 13,944,737               |
| Pharmacy - Retiree Drug Subsidy                              | <u>(11,722,972)</u>       | <u>(9,041,420)</u>       |
| Net due to Medicare  | 2,221,770                 | 4,903,317                |
| Due to other plans - Note 2 and Note 5                       | 9,818,190                 | 10,091,224               |
| Due to operators - Note 1                                    | 1,066,529                 | 1,066,529                |
| Accrued administrative expenses - Note 2                     | 6,762,720                 | 4,354,976                |
| Accrued administrative employees' pension liability - Note 7 | 6,629                     | 4,682                    |
| Employer plans deposit - Note 10                             | -                         | 1,020,891                |
| Due to the Office of Surface Mining - Note 1 and 16          | <u>88,377,971</u>         | <u>68,173,528</u>        |
| Total liabilities  | <u>108,253,809</u>        | <u>89,615,147</u>        |
| <br>Net assets available for plan benefits                   | <br><u>\$ 107,881,504</u> | <br><u>\$ 73,891,001</u> |
| Determination of net assets per form 5500                    |                           |                          |
| Net assets available for plan benefits as reported herein    | \$ 107,881,504            | \$ 73,891,001            |
| Current accrued health benefits                              | <u>(57,411,170)</u>       | <u>(41,314,258)</u>      |
| <br>Net assets per form 5500                                 | <br><u>\$ 50,470,334</u>  | <br><u>\$ 32,576,743</u> |

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

**United Mine Workers of America 1993 Benefit Plan**  
**Statements of Changes in Net Assets Available for Plan Benefits**  
**Years Ended December 31, 2024 and 2023**

|  | <u>2024</u>           | <u>2023</u>          |
|--|-----------------------|----------------------|
| <b>Additions</b>   |                       |                      |
| Contributions  |                       |                      |
| Employer - Note 1  | \$ 54,790             | \$ 54,462            |
| Employer plans reimbursements - Note 10  | 52,708,204            | 42,015,691           |
| UMWA plan reimbursements - Note 11   | 4,697,654             | 4,297,555            |
| COBRA premiums   | 46,961                | 57,659               |
| Total contributions  | <u>57,507,609</u>     | <u>46,425,367</u>    |
| Legislated transfer from the Office of Surface Mining - Note 1   | 297,724,847           | 318,444,182          |
| Interest and dividend income   | 17,514,244            | 12,297,269           |
| Net appreciation in fair value of investments  | 827,329               | 2,870,337            |
| Other income   | 329,808               | 606,607              |
| Total additions  | <u>373,903,837</u>    | <u>380,643,762</u>   |
| <b>Deductions</b>  |                       |                      |
| Benefits   |                       |                      |
| Health benefits  | 467,781,467           | 459,672,830          |
| Medicare receipts - Note 8   |                       |                      |
| Part B   | (116,228,852)         | (96,541,207)         |
| Pharmacy - Retiree Drug Subsidy  | <u>(23,997,418)</u>   | <u>(15,546,191)</u>  |
| Net benefits   | <u>327,555,197</u>    | <u>347,585,432</u>   |
| Administrative expenses - Note 2   |                       |                      |
| Administrative expenses - gross  | 38,153,735            | 37,666,776           |
| Net periodic pension cost - service cost   | 999,937               | 927,757              |
| Net periodic postretirement cost - service cost  | 488,991               | 524,220              |
| Medicare capitation receipts - Note 8  | <u>(28,009,790)</u>   | <u>(24,773,077)</u>  |
| Net administrative expenses  | <u>11,632,873</u>     | <u>14,345,676</u>    |
| Total deductions   | <u>339,188,070</u>    | <u>361,931,108</u>   |
| Net change before benefits adjustments   | 34,715,767            | 18,712,654           |
| Employees' pension-related changes other than periodic pension cost - Note 7                               | 576,424               | (482,548)            |
| Employees' postretirement benefit-related changes other than periodic postretirement benefit cost - Note 7 | (1,425,561)           | 1,208,641            |
| Other components of net periodic pension and postretirement costs  | <u>123,873</u>        | <u>250,306</u>       |
| <b>Net change in net assets available for plan benefits</b>  | <b>33,990,503</b>     | <b>19,689,053</b>    |
| <b>Net assets available for plan benefits</b>  |                       |                      |
| Beginning of year  | <u>73,891,001</u>     | <u>54,201,948</u>    |
| End of year  | <u>\$ 107,881,504</u> | <u>\$ 73,891,001</u> |

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

**United Mine Workers of America 1993 Benefit Plan  
Statements of Plan Benefit Obligations  
December 31, 2024 and 2023**

---

|   | <u>2024</u>             | <u>2023</u>             |
|---|-------------------------|-------------------------|
| <b>Plan benefit obligations</b>             |                         |                         |
| Postretirement benefit obligations - Note 3 | <u>\$ 5,589,629,774</u> | <u>\$ 5,888,190,248</u> |

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

**United Mine Workers of America 1993 Benefit Plan  
Statements of Changes in Plan Benefit Obligations  
Years Ended December 31, 2024 and 2023**

|   | <u>2024</u>             | <u>2023</u>             |
|---|-------------------------|-------------------------|
| <b>Net change during the year attributable to</b>                                 |                         |                         |
| Benefits  |                         |                         |
| Health benefits   | \$ (414,062,236)        | \$ (416,895,801)        |
| Medicare receipts/payments - Note 8   |                         |                         |
| Part B  | 116,228,852             | 96,541,207              |
| Pharmacy - Retiree Drug Subsidy   | 23,997,418              | 15,546,191              |
| Change in current accrued health benefits   | 16,096,912              | 4,519,765               |
| Net administrative costs  | (8,671,510)             | (9,833,060)             |
| Interest cost   | 271,017,054             | 323,100,136             |
| Change due to census experience differing from<br>expected and other gains/losses | (15,334,008)            | (51,325,919)            |
| Change due to update of assumed starting per capita claims                        | (82,838,015)            | (934,370,687)           |
| Change due to discount rate adjustment  | (312,512,974)           | 82,176,193              |
| Change due to change in trend assumptions   | 101,420,153             | 136,548,869             |
| Change due to other assumptions   | -                       | (239,733,360)           |
| Change due to change in Retiree Drug Subsidy                                      | <u>6,097,880</u>        | <u>93,921,170</u>       |
| <b>Net changes in plan benefit obligations</b>                                    | <b>(298,560,474)</b>    | <b>(899,805,296)</b>    |
| <b>Plan benefit obligations</b>   |                         |                         |
| Beginning of year   | <u>5,888,190,248</u>    | <u>6,787,995,544</u>    |
| End of year   | <u>\$ 5,589,629,774</u> | <u>\$ 5,888,190,248</u> |

Benefit obligations calculated in accordance with accounting principles generally accepted in the United States of America do not reflect a provision of Article XX of the 2011 and 2016 National Bituminous Coal Wage Agreements ("NBCWA") which provides that benefits under the 1993 Benefit Trust shall only be those that can be provided from the assets of the Trust and provisions of the 2006 Amendments to the Surface Mining and Control and Reclamation Act and the Coal Industry Retiree Health Benefit Act regarding government transfers to the Plan.

As detailed in Note 10, the Plan entered into agreements with certain employers under which the Plan administers and provides benefits to eligible beneficiaries of the employers, and the employers pay for all costs associated with providing such benefits. During the years ended December 31, 2024 and 2023, the Plan recognized health benefits of \$49,442,531 and \$38,888,779 and administrative costs of \$3,265,673 and \$3,126,912, respectively, which were reimbursed by the employers. In the absence of funding from the employers to the Plan, the responsibility to pay any claims shall remain with the employers, and the Plan has no obligation to incur any expenses attributable to such beneficiaries. Therefore, these aforementioned beneficiaries are not included in the calculation of the Plan benefit obligations at year end.

As detailed in Note 11, the Plan has entered into an agreement with the United Mine Workers of America ("UMWA") under which the Plan administers and provides benefits to eligible beneficiaries of the UMWA, and the UMWA pays for all costs associated with providing such benefits. During the years ended December 31, 2024 and 2023, the Plan recognized health benefits of \$4,276,700 and \$3,888,250 and administrative costs of \$420,954 and \$409,305, respectively, which were reimbursed by the UMWA. In the absence of funding from the UMWA to the Plan, the responsibility to pay any claims shall remain with the UMWA, and the Plan has no obligation to incur any expenses attributable to such beneficiaries. Therefore, these aforementioned beneficiaries are not included in the calculation of the Plan benefit obligations at year end.

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

# United Mine Workers of America 1993 Benefit Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

---

#### 1. PLAN DESCRIPTION AND FUNDING

The following description of the United Mine Workers of America 1993 Benefit Plan (the “Plan”) is provided for general information purposes only. Participants should refer to Plan documents for more complete information.

##### **Establishment of the Plan**

The Plan was established on January 10, 1994 by the National Bituminous Coal Wage Agreement of 1993 (the “1993 Agreement”). Pursuant to that agreement, the National Bituminous Coal Wage Agreement of 2011 (the “2011 Agreement”) that became effective July 1, 2011, and the National Bituminous Coal Wage Agreement of 2016 (the “2016 Agreement”) that became effective August 15, 2016, and the related prior agreements, the Plan provides health and other nonpension benefits during the term of the 2011 and 2016 Agreements to retired miners who meet certain requirements described below. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

##### **Provision for Health Benefits**

Retired miners meeting any one of the following conditions are entitled to coverage under the Plan.

- The retired miner would be eligible for benefits under the 1950 Benefit Plan but for the passage of the Coal Industry Retiree Health Benefit Act of 1992 (the “Act”), and is not entitled to benefits under the Act.
- The retired miner separated from classified employment prior to December 16, 1993, would be eligible to receive benefits from the 1974 Benefit Plan but for the passage of the Act, is not entitled to benefits under the Act and the last signatory employer was no longer deriving revenue from the production of coal on December 16, 1993.
- The miner is retired under the UMWA 1974 Pension Plan (the “1974 Pension Plan”), last worked in a signatory classified employment for an employer who was obligated to contribute and contributed to the 1993 Benefit Plan at the required contribution rates, and would otherwise cease to receive employer-provided health and other non-pension benefits provided pursuant to the 2011 and 2016 Agreements because the last signatory employer (including successor and assignor) is no longer in business.
- The retired miner worked under the terms of the 1974 National Bituminous Coal Wage Agreement (but not under the terms of the 1978 National Bituminous Coal Wage Agreement), has been or would have been denied a benefit by the UMWA 1974 Benefit Plan solely because the miner did not work under the terms of the 1978 or a subsequent National Bituminous Coal Wage Agreement, and is not eligible to receive benefits under the Act.

In addition, retired miners who otherwise meet the qualifications as outlined in the Health Benefits for Miners Act of 2017, the Bipartisan American Miners Act of 2019, and the American Miner Benefits Improvement Act of 2020.

##### **Tax Status**

The Internal Revenue Service determined and informed the Trustees by a letter dated July 16, 1996 that the Trust established under the Plan was tax-exempt under the Internal Revenue Code. The Plan Administrator and its counsel do not anticipate that changes in the Plan after the date of the amendments covered by the Internal Revenue Service determination letter will affect the tax-exempt status of the Trust.

# United Mine Workers of America 1993 Benefit Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

---

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest, or penalties for the periods presented in these financial statements.

#### **Funding**

##### *Transfers and Contributions Pursuant to Legislation and the 2011 and 2016 Agreements*

Benefits of the Plan are funded in part through contributions by employers signatory to the 2011 and 2016 Agreements. Per the 2011 and 2016 Agreements, contributions are based on negotiated amounts per hour worked by employees and per ton of coal that such employers procured or acquired from other operators for use or for sale on which contributions to the appropriate Trusts have not been made. Contributions are accrued based upon the analysis of subsequent employer remittance reports, cash receipts and estimated future collections.

The 2011 Agreement that became effective July 1, 2011 provides for employer contributions to the Plan at a rate of \$1.10 per hour worked and \$0.22 per ton produced or acquired for any employers, including related persons to such employer, that entered into an agreement prior to January 1, 2002 and contributions to the Plan at a rate of \$1.35 per hour worked and \$0.27 per ton produced or acquired for employers that became obligated to contribute for the first time on or after January 1, 2002.

The 2016 Agreement that became effective August 15, 2016, provides for employer contributions to the Plan at a rate of \$0.50 per hour worked and \$0.10 per ton produced or acquired for any employer, including related persons to such employer.

The Tax Relief and Health Care Act of 2006 amended the Coal Industry Retiree Health Benefit Act (the "Coal Act") and the Surface Mining Control and Reclamation Act ("SMCRA") to provide for transfers to the UMWA Combined Benefit Fund, the UMWA 1992 Benefit Plan and the UMWA 1993 Benefit Plan from annual interest earned by the Abandoned Mine Lands Reclamation Fund ("AML Fund") and, if needed, from the United States Treasury.

The transfers to the 1992 Plan and the 1993 Plan, under the amendments, began in 2008 and were phased in over four years. The transfers for the 1993 Plan cover the difference between the Plan's expenses for beneficiaries enrolled as of December 31, 2006, net of payments received from Federal agencies for Medicare benefits for these beneficiaries. The transfer covered 100% of this difference for both 2018 and 2019. The amount collected in contributions during the phase-in period that exceeds the Plan's total expenses required to be covered by operator contributions for the period is recorded as a payable to operators. Refunds have been issued to operators in previous years, however no refunds were issued in 2024 or 2023.

AML Fund interest earned but not transferred to the Combined Fund prior to the amendments' enactment is to be held by the Secretary of the Interior in a reserve fund to be added to the transfers from the Treasury if Treasury funds are insufficient to make the transfers to the three health plans. The annual transfers from the Treasury for all purposes, including transfers to the health plans and transfers of the "state share" amounts to states and tribes where AML Fund mining fees are collected, are limited to \$750,000,000 per year.

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

The 2006 amendments to the SMCRA and the Coal Act require those employers who were obligated to contribute to the Plan on December 20, 2006 to continue to contribute to the Plan through calendar year 2010 to cover that part of the difference between the Plan expenses and federal payments for the beneficiary population as of December 31, 2006 not covered by the AML Fund transfer during the phase in period. The Surface Mining Act, as amended, also provides that the AML Fund or Treasury transfers described above shall not be made for any year unless the operators obligated to contribute at the time of the transfer are obligated at the rate in effect prior to the 2006 amendment, \$0.50 per hour, and that these contributions be used first to provide benefits to those beneficiaries enrolled after December 31, 2006. The employer contributions required by the 2011 and 2016 Agreements satisfy this requirement.

The Continued Health Benefits for Miners Act also amended the Surface Mining Control and Reclamation Act of 1977 to require that federal transfers be made to the Plan to pay for, during the period from January 1, 2017 through and including April 30, 2017, (a) the health benefits of the Patriot VEBA beneficiaries, reduced by amounts required to be paid to the Plan by the Patriot VEBA, and (b) those beneficiaries actually enrolled in the Plan as of December 10, 2016 and who are eligible for benefits on January 1, 2017. Pursuant to the federal Health Benefits for Miners Act of 2017, which was enacted on May 5, 2017, the Plan receives federal transfers under SMCRA to pay for the health benefits of those beneficiaries of the Plan whose benefits are subject to government transfers, now and into the future with no expiration date.

SMCRA was twice amended thereafter to require additional federal transfers. On December 20, 2019, the Bipartisan American Miners Act was enacted authorizing federal transfers to the Plan provide health benefits to generally (a) those enrolled in the Plan as of December 20, 2019, who are eligible to receive health benefits under the Plan on the first day of the calendar year for which the transfer is made (other than those beneficiaries enrolled in the Plan under the terms of a participation agreement); and (b) beneficiaries whose health benefits are payable by an employer in the bituminous coal industry under a coal wage agreement, or a related coal wage agreement, but would be denied or reduced as a result of a bankruptcy proceeding commenced in 2012, 2015, 2018 or 2019. And on December 27, 2020, the American Miner Benefits Improvement Act was enacted authorizing federal transfers to the Plan to provide health benefits to: (a) beneficiaries enrolled in the 1993 Benefit Plan as of December 27, 2020; (b) beneficiaries whose health benefits are payable under a coal wage agreement, but the benefits would be denied or reduced as a result of a bankruptcy proceeding filed after 2019; and (c) beneficiaries whose health benefits were confirmed in a bankruptcy proceeding, but are subsequently denied or reduced after December 31, 2019. This Act also amends SMCRA to require federal transfers for these beneficiaries outside of the \$750,000,000 transfer cap.

For the years ended December 31, 2024 and 2023, the Plan billed the Office of Surface Mining \$317,929,290 and \$297,938,542, respectively. Included in the 2024 bills were \$348,847,000 to cover an estimate of the total annual expenses net of operator premiums and federal payments in connection with benefits and a true up of (\$30,917,710) for the 2022 billings. Included in the 2023 bill were \$355,700,000 to cover an estimate of the total annual expenses net of operator premiums and federal payments in connection with benefits and a true up of (\$57,761,458) for the 2021 billings. The true ups are based on the difference between the net of estimated expenses and premiums and the amounts reported in the audited financial statements of the Plan. The total amount due to (from) the Office of Surface Mining at December 31, 2024 is \$88,377,972 comprised of \$51,122,153 for 2024 and \$37,255,819 for 2023. The total amount due to (from) the Office of Surface Mining at December 31, 2023 is \$68,173,528 comprised of \$37,255,819 for 2023 and \$30,917,709 for 2022.

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

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

**Cash Equivalents**

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

**Investment Valuation and Income Recognition**

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

Registered investment companies are valued based on quoted market price. There have been no changes in the valuation methodology used at December 31, 2024 and 2023.

**Due to Other Plans**

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

**Administrative Expenses**

All expenditures for administrative services are made by the UMWA 1974 Pension Plan. The Plan is charged for direct expenses and an allocated share of other administrative expenses.

**Current Accrued Health Benefits**

Health benefits are recognized when paid. To state the relationship between the Plan's current net assets available for Plan benefits and its current benefit obligations, the financial statements also present, as an integral part of the statements, a determination of net assets per Form 5500. This determination is made by reducing the amount of net assets available for Plan benefits by the amount of current accrued health benefits. The Form 5500 treats this determination as the appropriate statement of net assets for a health care plan such as the Plan.

Current accrued health benefits are benefit obligations due but not yet paid. This determination does not include a provision for postretirement benefit obligations that include future obligations that are not accrued obligations as of the date of the financial statements. The liability for current accrued health benefits is based on historical data for the Plan and includes the estimated liability for the Drug and Vision Care Programs. In estimating the liability, management considers historical experience and includes estimates of the effect of changes in the beneficiary population and other pertinent factors. The liability includes claims reported but not paid and estimates of claims incurred but not yet reported.

# United Mine Workers of America 1993 Benefit Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

---

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations including current accrued health benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of additions to and deductions from net assets available for Plan benefits and the Plan's benefit obligations during the reporting period. Actual results could differ from those estimates.

#### Recently Adopted Accounting Standards

##### *Credit Losses*

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

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

The carrying amount of rebates receivables and employer plan receivable is reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and 2023, the allowance for credit losses was \$0.

#### Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through July 31, 2025, the date which the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

### 3. BENEFIT OBLIGATIONS

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

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

The Plan's benefit obligations as of December 31, 2024 and 2023 are summarized as follows:

|  | <u>2024</u>             | <u>2023</u>             |
|--|-------------------------|-------------------------|
| Participants and spouses                                       | \$ 5,145,653,492        | \$ 5,387,459,055        |
| Disabled retirees  | 240,890,403             | 273,472,964             |
| Children   | <u>145,674,709</u>      | <u>185,943,971</u>      |
| Plan's benefit obligation excluding benefits currently payable | 5,532,218,604           | 5,846,875,990           |
| Current accrued health benefits                                | <u>57,411,170</u>       | <u>41,314,258</u>       |
| Plan's total benefit obligation                                | <u>\$ 5,589,629,774</u> | <u>\$ 5,888,190,248</u> |

The following 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 the actuarial present value of the benefit obligations. The significant assumptions used in the valuations as of December 31, 2024 and 2023 were:

**Discount Rate**

Discount rates for interest of 5.40% and 4.75% were used for 2024 and 2023, respectively.

**Census Data**

The total projected lives generating the benefit obligation as of December 31, 2024 and 2023 are 36,801 and 37,956, respectively. Projections of the retired employee population were made using actuarial assumptions relative to rates of mortality. No obligation for potential future business failures has been calculated.

**Mortality Rates**

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

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

**Annual Starting Per Capita Costs**

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

**Aging**

Age 65 starting per capita costs are increased or decreased for each participant's projected age using aging rates. Rates represent the increase in cost from the prior age.

# United Mine Workers of America 1993 Benefit Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

---

#### **Administrative Expenses**

15% addition to claim costs.

#### **Funding Method**

Projected Unit Credit Service Prorate

#### **Trend**

The starting per capita costs are projected to subsequent years using the following trend assumptions:

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

A 1% increase in the assumed medical trend rates would increase the benefit obligations as of December 31, 2024 and 2023 by \$500,617,341 or 9.0% and \$566,995,436 or 9.6%, respectively.

#### **4. FAIR VALUE MEASUREMENTS**

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

*Level 1* - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

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

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

For the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

As of December 31, 2024 and 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

|                                 | <b>2024</b>           |                |                | <b>Total</b>          |
|---------------------------------|-----------------------|----------------|----------------|-----------------------|
|                                 | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Fair Value</b>     |
| Registered investment companies | <u>\$ 174,097,209</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 174,097,209</u> |
|                                 | <b>2023</b>           |                |                | <b>Total</b>          |
|                                 | <b>Level 1</b>        | <b>Level 2</b> | <b>Level 3</b> | <b>Fair Value</b>     |
| Registered investment companies | <u>\$ 116,184,897</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 116,184,897</u> |

**5. DUE TO OTHER PLANS**

As of December 31, 2024 and 2023, due to (from) other plans included the following:

|  | <b>2024</b>         | <b>2023</b>          |
|--|---------------------|----------------------|
| Administrative expenses - 1974 Pension Plan                                      | \$ 1,022,316        | \$ 2,536,694         |
| Allocated employees' pension expenses - 1974 Pension Plan                        | 8,542,800           | 8,070,686            |
| Allocated employees' post retirement health benefit expenses - 1974 Pension Plan | 246,419             | (508,954)            |
| Contribution - 1974 Pension Plan   | <u>6,655</u>        | <u>(7,202)</u>       |
|  | <u>\$ 9,818,190</u> | <u>\$ 10,091,224</u> |

**6. PARTY-IN-INTEREST TRANSACTIONS**

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

**7. EMPLOYEES' PENSION PLAN AND POSTRETIREMENT BENEFITS**

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

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

The net periodic pension cost, which is included on the statements of changes in net assets available for plan benefits, was computed for 2024 and 2023 as follows:

|                                | <u>2024</u>     | <u>2023</u>      |
|--------------------------------|-----------------|------------------|
| Service cost                   | \$ 5,976        | \$ 11,126        |
| Interest cost                  | 1,503           | 1,259            |
| Expected return on plan assets | (2,244)         | (1,783)          |
| Amortization of net losses     | <u>-</u>        | <u>672</u>       |
|                                | <u>\$ 5,235</u> | <u>\$ 11,274</u> |

For 2024 and 2023, \$5,976 and \$11,126, respectively, is included in net periodic pension cost - service cost and \$(741) and \$148, respectively, is included in other components of net periodic pension cost and postretirement costs on the statements of changes in net assets available for plan benefits.

The following is a summary of significant actuarial assumptions used to determine net periodic pension costs for the years ended December 31, 2024 and 2023:

|  | <u>2024</u> | <u>2023</u> |
|--|-------------|-------------|
| Discount rate                                    | 4.70%       | 4.90%       |
| Rate of compensation increase                    | 0.00%       | 0.00%       |
| Expected long-term rate of return on plan assets | 7.00%       | 7.00%       |

**Mortality Rates**

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

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

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

As of December 31, 2024 and 2023, actuarial amounts that have not yet been recognized as components of net periodic benefit cost were net losses of \$8,076 and \$3,851, respectively. The amount expected to be recognized as a component of net periodic benefit cost during the year ending December 31, 2025 for the amortization of net losses is \$1,190.

The computation of accrued pension liability reflected on the statements of net assets available for plan benefits as of December 31, 2024 and 2023 was as follows:

|                              | <u>2024</u>       | <u>2023</u>       |
|------------------------------|-------------------|-------------------|
| Projected benefit obligation | \$ (45,156)       | \$ (39,501)       |
| Fair value of plan assets    | <u>38,527</u>     | <u>34,819</u>     |
| Accrued pension liability    | <u>\$ (6,629)</u> | <u>\$ (4,682)</u> |

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

As of December 31, 2024 and 2023, the accumulated benefit obligation was \$45,156 and \$39,501, respectively.

The following is a summary of significant actuarial assumptions used to determine benefit obligations at December 31, 2024 and 2023:

|                               | <u>2024</u> | <u>2023</u> |
|-------------------------------|-------------|-------------|
| Discount rate                 | 5.40%       | 4.70%       |
| Rate of compensation increase | 0.00%       | 0.00%       |

The Employees' Pension Plan's assets are invested with the objective of being able to meet required current and future benefit payment needs, while controlling pension expense volatility and future contributions. The Employees' Pension Plan's assets are diversified among U.S. large cap equities, U.S. small-cap equities, international equities, U.S. fixed income investments, commodity funds, and cash. The "strategic target" allocation ranges are 35% - 55% equities, 33% - 53% fixed income funds, 5% - 15% commodities, and 0% - 5% cash equivalents.

The Employees' Pension Plan's asset allocation by asset category at December 31, 2024 and 2023 was as follows:

|                    | <u>2024</u>   | <u>2023</u>   |
|--------------------|---------------|---------------|
| Equities           | 49.4%         | 45.3%         |
| Fixed income funds | 40.3%         | 44.5%         |
| Commodity funds    | 9.4%          | 9.3%          |
| Cash equivalents   | 0.9%          | 0.9%          |
|                    | <u>100.0%</u> | <u>100.0%</u> |

No Employees' Pension Plan assets are expected to be returned to the employers during the year ended December 31, 2024.

The Plan contributed \$7,513 and \$9,243 to the Employees' Pension Plan during the years ended December 31, 2024 and 2023, respectively. Management of the Plan expects to contribute \$4,600 to the Employees' Pension Plan during the year ended December 31, 2024.

The Employees' Pension Plan paid benefits of \$5,247 and \$0 during the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024, expected benefit payments for each of the next five years and the following five year period in aggregate are as follows:

|           |                  |
|-----------|------------------|
| 2025      | \$ 13,000        |
| 2026      | 25,000           |
| 2027      | 1,000            |
| 2028      | 1,000            |
| 2029      | 1,000            |
| 2030-2034 | <u>7,000</u>     |
|           | <u>\$ 48,000</u> |

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

The 1974 Pension Plan is another sponsor of the Employees' Pension Plan. The 1974 Pension Plan is required to recognize the unfunded obligation and other amounts pursuant to guidelines under accounting principles generally accepted in the United States of America. The employees of the 1974 Pension Plan, who are generally participants of the Employees' Pension Plan, also provide services to the Plan. Accordingly, a portion of the unfunded obligation, net periodic cost and other adjustments recognized by the 1974 Pension Plan have been allocated to the Plan. For the years ended December 31, 2024 and 2023, the allocated amounts that result in changes in net assets consist of two components, net periodic pension cost and employees' pension-related changes other than periodic pension cost. The allocated net periodic pension cost is reflected on the statements of changes in net assets available for plan benefits. The related liability to the 1974 Pension Plan is included in due to other plans on the statements of net assets available for plan benefits.

Total net periodic pension cost which is included on the statements of changes in net assets available for plan benefits was determined as follows for the years ended December 31, 2024 and 2023:

|  | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| 1974 Pension Plan allocated for shared employees | \$ 1,052,762        | \$ 998,122          |
| The 1993 Benefit Plan direct employees           | <u>5,235</u>        | <u>11,274</u>       |
|  | <u>\$ 1,057,997</u> | <u>\$ 1,009,396</u> |

For 2024 and 2023, \$999,937 and \$927,757, respectively, are reported as net periodic pension cost - service cost and \$58,801 and \$81,639, respectively, are included in other components of net periodic pension and postretirement costs on the statements of changes in net assets available for plan benefits.

Net gain or loss not yet recognized as a component of net periodic benefit cost is recognized in the computation of net unfunded pension liability and, consequently, annual changes in these amounts are recognized as adjustments to net assets available for plan benefits. Changes in these amounts, to the extent not recognized as current period expenses, are reflected as pension-related changes other than periodic pension cost on the statements of changes in net assets available for plan benefits. For the years ended December 31, 2024 and 2023, an increase in net assets available for plan benefits of \$576,424 and (\$482,548), respectively, was recognized for these changes, determined as follows:

|  | <u>2024</u>       | <u>2023</u>         |
|--|-------------------|---------------------|
| 1974 Pension Plan allocated for shared employees | \$ 580,649        | \$ (487,545)        |
| The 1993 Benefit Plan direct employees           | <u>(4,225)</u>    | <u>4,997</u>        |
|  | <u>\$ 576,424</u> | <u>\$ (482,548)</u> |

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

The 1974 Pension Plan also sponsors a health benefit plan covering its administrative employees. The 1974 Pension Plan is required to recognize the accumulated postretirement benefit obligation in excess of the health benefit plan's net assets available for benefits pursuant to guidelines under accounting principles generally accepted in the United States of America. The employees of the 1974 Pension Plan, who are generally participants of the health benefit plan, also provide services to the Plan. A portion of the accrued postretirement benefit obligation and related expense for the postretirement benefit plan were allocated to the Plan. During 2024 and 2023, the allocated amounts were the net periodic postretirement benefit cost and the employees' postretirement-related changes other than periodic postretirement benefit cost. The allocated net periodic postretirement benefit that is reflected on the statements of changes in net assets available for plan benefits is included in administrative expenses. The allocated liability to the 1974 Pension Plan is included in due to other plans on the statements of net assets available for plan benefits. The computation of the postretirement benefit obligation was made for the 1974 Pension Plan's fiscal year ended June 30, 2024. Had the valuation been performed for the year ended December 31, 2024, there would be no material differences.

Net periodic postretirement benefit cost was determined as follows for the years ended December 31, 2024 and 2023:

|  | <u>2024</u> | <u>2023</u> |
|--|-------------|-------------|
| 1974 Pension Plan allocated for shared employees | \$ 554,804  | \$ 692,887  |

For 2024 and 2023, \$488,991 and \$524,220, respectively, are reported as net periodic postretirement cost - service cost and \$65,813 and \$168,666, respectively, are included in other components of net periodic pension and postretirement costs on the statements of changes in net assets available for plan benefits.

An increase in net assets available for plan benefits for employees' postretirement-related changes other than periodic postretirement benefit cost was determined as follows for the years ended December 31, 2024 and 2023:

|  | <u>2024</u>    | <u>2023</u>  |
|--|----------------|--------------|
| 1974 Pension Plan allocated for shared employees | \$ (1,425,561) | \$ 1,208,641 |

**8. MEDICARE PART B AND PRESCRIPTION DRUG ARRANGEMENTS**

**Medicare Medical Insurance (Part B)**

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

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**Medicare Retiree Drug Subsidy**

On December 8, 2003, the Medicare Prescription Drug Improvement and Modernization Act of 2003 (the "Act") was enacted. Among the various changes the Act brought about, this legislation most notably created Medicare prescription drug coverage beginning January 1, 2006. This Act allows the Plan to receive a tax-free federal subsidy for retiree medical prescription drug benefits. For 2024, the Medicare Retiree Drug Subsidy ("RDS") was equal to 28% of drug claims between \$545 and \$11,200 for each Plan participant. For 2023, the Medicare Retiree Drug Subsidy ("RDS") was equal to 28% of drug claims between \$505 and \$10,350 for each Plan participant.

**9. TRANSFER FROM PATRIOT RETIREES VEBA**

Effective January 1, 2017, the Plan was required, pursuant to the federal Continued Health Benefits for Miners Act, which was enacted on December 10, 2016 as Section 167 of the federal Further Continuing and Security Assistance Appropriations Act, 2017, to enroll those retirees and their dependents whose health benefits would be denied or reduced as a result of a bankruptcy proceeding commenced by a signatory coal operator in 2012 or 2015 (Beneficiaries from Patriot Coal Corporation, Walter Energy, Inc., and Alpha Natural Resources and their affiliated entities (collectively, the "Patriot VEBA")). Approximately 18,000 participants were added to the Plan, and the Plan's benefit obligation increased by approximately \$3,768,000,000 as a result of this requirement. Additionally, during 2017 the Patriot VEBA transferred approximately \$48,294,000 of net assets to the Plan.

During 2018, an additional \$500,000 was transferred from the Patriot VEBA to the Plan. In addition, management determined that the reserve against future claims exceeded actual claims paid by the Plan. As a result, the Plan recognized \$2,562,111 as a transfer into the Plan during the year ended December 31, 2018.

During 2019, an additional \$135,248 was transferred from the Patriot VEBA to the Plan. In addition, management determined that the reserve against future claims exceeded actual claims paid by the Plan. As a result, the Plan recognized \$235,248 as a transfer into the Plan during the year ended December 31, 2019.

During 2020, management determined that the reserve against future claims exceeded actual claims paid by the Plan. As a result, the Plan recognized \$15,943 as a transfer into the Plan during the year ended December 31, 2020.

During 2021, management determined that the reserve against future claims exceeded actual claims paid by the Plan. As a result, the Plan recognized \$177,322 as a transfer into the Plan during the year ended December 31, 2021.

During 2022, management determined that the reserve against future claims exceeded actual claims paid by the Plan. As a result, the Plan recognized \$10,000 as a transfer into the Plan during the year ended December 31, 2022.

During 2024 and 2023, the reserve against future claims did not exceed actual claims paid. As a result, there was no transfers during both years.

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**10. EMPLOYERS PARTICIPATION AGREEMENTS**

On September 9, 2016, the Plan entered into a Participation Agreement (the “2016 Participation Agreement”) with certain employers under which the Plan agreed to administer and provide benefits to eligible beneficiaries of the employers, and the employers agreed to pay for all costs associated with providing such benefits to the eligible beneficiaries, including administrative expenses on a pay-as-you-go basis. On May 22, 2019, the Plan entered into a similar Participation Agreement (the “2019 Participation Agreement”) with additional employers.

On September 16, 2020, the 2016 Participation Agreement was replaced by the Amended and Restated Participation Agreement (the “2020 Participation Agreement”). On December 11, 2020, the 2019 Participation Agreement was transferred to new employers pursuant to a Bill of Sale, Assignment, and Assumption Agreement (the “Sale, Assignment and Assumption Agreement”). Under the 2020 Participation Agreement the Plan agreed to administer and provide benefits to eligible beneficiaries of the employers signatory to the 2020 Participation Agreement, and the employers agreed to pay for all costs associated with providing such benefits to the eligible beneficiaries, including administrative expenses on a pay as you go basis. Employers signatory to the Sale, Assignment and Assumption Agreement were assigned and assumed the obligations of the 2019 Participation Agreement.

In the absence of funding from the employers, the responsibility to pay any claims shall remain with the employers. The Plan shall have no obligation to incur any expenses attributable to such beneficiaries unless the employers have provided funding to pay such expenses.

Benefits paid on behalf of the eligible beneficiaries under the agreements are recorded as benefits on the statements of changes in net assets available for plan benefits. The net amount advanced by the employers in excess of cost incurred by the Plan is recorded as employer plans deposit on the statements of net assets available for plan benefits.

**11. UMWA PARTICIPATION AGREEMENT**

On May 24, 2017, the Plan entered into a Participation Agreement with the United Mine Workers of America (“UMWA”) under which the Plan agreed to administer and provide benefits to eligible employees and retirees of the UMWA (and their eligible dependents and survivors), and the UMWA agreed to pay for all costs associated with providing such benefits to the eligible beneficiaries, including administrative expenses on a pay-as-you-go basis. In the absence of funding from the UMWA, the responsibility to pay any claims shall remain with the UMWA. The Plan shall have no obligation to incur any expenses attributable to such beneficiaries unless the UMWA has provided funding to pay such expenses.

Benefits paid on behalf of the eligible beneficiaries under the agreement are recorded as benefits on the statements of changes in net assets available for plan benefits. The net amount advanced by the UMWA in excess of cost incurred by the Plan is recorded as UMWA plan deposit on the statements of net assets available for plan benefits.

**United Mine Workers of America 1993 Benefit Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of health benefits per the financial statements to benefit payments per Form 5500, for the years ended December 31, 2024 and 2023:

|  | <u>2024</u>           | <u>2023</u>           |
|--|-----------------------|-----------------------|
| Net health benefits per the financial statements             | \$ 327,555,197        | \$ 347,585,432        |
| Current accrued health benefits at the beginning of the year | (41,314,258)          | (36,794,493)          |
| Current accrued health benefits at the end of the year       | <u>57,411,170</u>     | <u>41,314,258</u>     |
| Benefit payments per Form 5500                               | <u>\$ 343,652,109</u> | <u>\$ 352,105,197</u> |

**13. RISKS AND UNCERTAINTIES**

The Plan holds 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 on the statements of net assets available for plan benefits.

The actuarial present value of accumulated plan benefit obligations (Note 3) is 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.

**14. PRIORITIES UPON TERMINATION**

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

## **SUPPLEMENTARY INFORMATION**

**United Mine Workers of America 1993 Benefit Plan**  
**Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 52-1888497, Plan Number: 501**  
**December 31, 2024**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment Including:<br>Maturity Date, Rate of Interest Collateral,<br>Par, or Maturity Value | (d)<br>Cost           | (e)<br>Current<br>Value |
|-----|---|--|-----------------------|-------------------------|
|     | <b><u>Registered Investment Companies</u></b>                   |  |                       |                         |
|     | DFA One-Year Fixed Income Portfolio                             | Mutual fund - 2,529,129 shares   | \$ 25,829,657         | \$ 25,872,990           |
|     | Vanguard Fixed Income Secs Fd Ultra Short Term Bd FD            | Mutual fund - 3,787,382 shares   | 75,666,347            | 75,861,259              |
|     | iShares Floating Rate Bond ETF                                  | Exchange-traded fund - 1,422,228 shares  | 72,285,370            | 72,362,960              |
|     | * MFB NI Treasury Money Market Fund                             | Money market fund - 12,190,715 shares  | <u>12,190,715</u>     | <u>12,190,714</u>       |
|     |   |  | <u>\$ 185,972,089</u> | <u>\$ 186,287,923</u>   |

\* - denotes parties-in-interest.

See Independent Auditor's Report.

**United Mine Workers of America 1993 Benefit Plan**  
**Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 52-1888497, Plan Number: 501**  
**Year Ended December 31, 2024**

| (a) Identity of Party Involved | (b) Description of Asset<br>(Include Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) | (f) | (g) Cost of Asset | Value of Asset      | (i) Net Gain or (Loss) |
|--------------------------------|--|--------------------|-------------------|-----|-----|-------------------|---------------------|------------------------|
|                                |  |                    |                   |     |     |                   | on Transaction Date |                        |
| <b>Single transactions:</b>    |  |                    |                   |     |     |                   |                     |                        |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | \$ 254,000,000     | N/A               | N/A | N/A | \$ 254,000,000    | \$ 254,000,000      | N/A                    |
| Northern Trust                 | Vanguard Fixed Income Secs Fd Ultra Short Term Bd FD                               | 32,000,000         | N/A               | N/A | N/A | 32,000,000        | 32,000,000          | N/A                    |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 19,941,577        | N/A | N/A | 20,000,000        | 19,941,577          | (58,423)               |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 20,000,000        | N/A | N/A | 20,000,000        | 20,000,000          | -                      |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 29,941,520        | N/A | N/A | 30,000,000        | 29,941,520          | (58,480)               |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 30,000,000        | N/A | N/A | 30,000,000        | 30,000,000          | -                      |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 30,000,000        | N/A | N/A | 30,000,000        | 30,000,000          | -                      |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 30,088,149        | N/A | N/A | 30,000,000        | 30,088,149          | 88,149                 |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 39,883,155        | N/A | N/A | 40,000,000        | 39,883,155          | (116,845)              |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 39,883,155        | N/A | N/A | 40,000,000        | 39,883,155          | (116,845)              |
| <b>Series of transactions:</b> |  |                    |                   |     |     |                   |                     |                        |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | \$ 261,314,178     | N/A               | N/A | N/A | \$ 261,314,178    | \$ 261,314,178      | N/A                    |
| Northern Trust                 | DFA One-Year Fixed Income Portfolio  | N/A                | 240,000,000       | N/A | N/A | 239,737,557       | 240,000,000         | 262,443                |
| Northern Trust                 | Vanguard Fixed Income Secs Fd Ultra Short Term Bd FD                               | 35,767,775         | N/A               | N/A | N/A | 35,767,775        | 35,767,775          | N/A                    |

(e) - Lease Rental

(f) - Expenses Incurred with Transaction

See Independent Auditor's Report.

**United Mine Workers of America 1993 Benefit Plan**

**EIN 52-1888497**

**Plan No. 501**

**Plan Year Ended December 31, 2024**

**Form 5500, Schedule H, Part III**

**Financial Statements used to formulate IQPA's opinion**

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

**United Mine Workers of America 1993 Benefit Plan**

**EIN 52-1888497**

**Plan No. 501**

**Plan Year Ended December 31, 2024**

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

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

**United Mine Workers of America 1993 Benefit Plan**

**EIN 52-1888497**

**Plan No. 501**

**Plan Year Ended December 31, 2024**

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

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

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

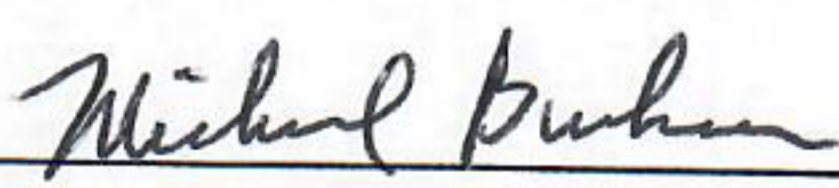

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  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

|  |  |  |                |
|--|--|--|----------------|
| <b>1a</b> Name of plan<br>United Mine Workers of America 1993 Benefit Plan   |  | <b>1b</b> Three-digit plan number (PN) ▶       | 501            |
|  |  | <b>1c</b> Effective date of plan               | 01/10/1994     |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Board of Trustees, United Mine Workers of America 1993 Benefit Plan |  | <b>2b</b> Employer Identification Number (EIN) | 52-1888497     |
| 2121 K Street N.W.<br>Suite 350<br>Washington  |  | <b>2c</b> Plan Sponsor's telephone number      | (202) 521-2200 |
| DC 20037-1879  |  | <b>2d</b> Business code (see instructions)     | 212110         |

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

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

|              |   |                |  |
|--------------|---|----------------|--|
| SIGN<br>HERE |  | <u>9/24/25</u> | Michael Buckner  |
|              | Signature of plan administrator   | Date           | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | <u>9/24/25</u> | Michael O. McKown  |
|              | Signature of employer/plan sponsor  | Date           | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |   |                |  |
|              | Signature of DFE  | Date           | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)  
v. 240311

|  |  |
|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b> 19,526  |
| <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).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines 6d and 6e. ....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 2,135<br><b>6a(2)</b> 2,089<br><b>6b</b> 16,793<br><b>6c</b><br><b>6d</b> 18,882<br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><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> 2   |

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_