

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 PREFUNDED BENEFIT PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, UMWA PREFUNDED BENEFIT PLAN
2121 K STREET, N.W. SUITE 350 WASHINGTON, DC 20037-1879
2b Employer Identification Number (EIN) 26-1508254
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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	447
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	
	6a(2)	
	6b	437
	6c	
	6d	437
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan UNITED MINE WORKERS OF AMERICA PREFUNDED BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UMWA PREFUNDED BENEFIT PLAN	D Employer Identification Number (EIN) 26-1508254	

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

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

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

1974 PENSION TRUST

52-6150908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49 28 29 30 50	EMPLOYER	393577	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)

KEYSTONE PEER REVIEW ORGANIZATION

23-2348176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	205372	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTH SMART BENEFIT SOLUTIONS

36-4099199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	178171	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	22624	Yes <input type="checkbox"/> No <input checked="" 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)

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	NONE	99312	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50	NONE	78968	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)

WITHUMSMITH+BROWN

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	37988	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)

INCOME RESEARCH + MANAGEMENT

42-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	34385	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)

BLACKROCK INST TRUST CO. FKA BGI

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	13025	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 65 99 50	NONE	12761	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLOOMBERG FINANCE, L.P.

13-3417984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 50	NONE	12593	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)

CCRC ACTUARIES, LLC

52-2261050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	9360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARTHUR DIAMOND, INC

52-0937528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70 50	NONE	8492	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70 50	NONE	7115	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	6347	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JONES, NANCY C.

2121 K STREET NW SUITE 350
WASHINGTON, DC 20037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70 50	NONE	5281	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5165	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 50	NONE	1583	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>UNITED MINE WORKERS OF AMERICA PREFUNDED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, UMWA PREFUNDED BENEFIT PLAN</u>	D Employer Identification Number (EIN) <u>26-1508254</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA US GOVT CREDIT BOND INDEX NL C</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>81-4017137-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57560627</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US TIPS FUND B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3350106-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21675951</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US EQUITY MARKET FUND B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3149377-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20527918</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI WORLD INDX FUND B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>05-0606326-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15984389</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI EMERGING MARKETS FREE FUND B</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3369180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7224236</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOVERNMENT/CREDIT BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3136017-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>894653</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CORE PLUS FIXED INCOME TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-8080381-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **LONGVIEW BROAD MARKET 3000 INDX FND**

b Name of sponsor of entity listed in (a): **AMALGAMATED BANK**

c EIN-PN 46-2044954-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **IR&M SHORT FUND LLC**

b Name of sponsor of entity listed in (a): **IR&M SHORT FUND LLC C/O INCOME RESEARCH & MANAGEMENT**

c EIN-PN 27-4824046-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNITED MINE WORKERS OF AMERICA PREFUNDED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, UMWA PREFUNDED BENEFIT PLAN	D Employer Identification Number (EIN) 26-1508254

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	509730 495380
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	87183004 123867774
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	10324404 0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17415012 21079017
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	27262416

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	142694566	145442171
Liabilities			
g Benefit claims payable.....	1g	790557	1003898
h Operating payables.....	1h	102383	131447
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	503800	448126
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1396740	1583471
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	141297826	143858700

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1542908	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	357012	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6064299
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		454032
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		110849
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8529100

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4944454	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4944454
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	393577	
(2) Contract administrator fees	2i(2)	205372	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37988	
(5) Investment advisory and investment management fees	2i(5)	244073	
(6) Bank or trust company trustee/custodial fees	2i(6)	12761	
(7) Actuarial fees	2i(7)	9360	
(8) Legal fees	2i(8)	4112	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	116529	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1023772
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5968226

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2560874
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN

(2) EIN: 25-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of United Mine Workers of America Prefunded 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 benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of United Mine Workers of America Prefunded 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 United Mine Workers of America Prefunded 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 United Mine Workers of America Prefunded 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 United Mine Workers of America Prefunded 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 United Mine Workers of America Prefunded 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 schedules, 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, were presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Withum Smith + Brown, PC

July 31, 2025

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

	<u>2024</u>	<u>2023</u>
Assets		
Cash and cash equivalents - Note 2 and 10	\$ 4,407,118	\$ 1,626,894
Investments - at fair value - Note 4		
Mutual funds - commodity	14,054,395	13,270,531
Mutual funds - fixed income	2,617,504	2,517,587
Commingled funds	<u>123,867,774</u>	<u>124,769,824</u>
Total investments	<u>140,539,673</u>	<u>140,557,942</u>
Receivables		
Rebates receivable	473,636	504,066
Other	<u>21,744</u>	<u>5,664</u>
Total receivables	<u>495,380</u>	<u>509,730</u>
 Total assets	 <u>145,442,171</u>	 <u>142,694,566</u>
Liabilities		
Due to other plans - Notes 2 and 5	286,457	311,838
Due to Medicare - Note 8		
Part B	377,635	377,635
Pharmacy - Retiree Drug Subsidy	<u>(215,966)</u>	<u>(185,673)</u>
Total due to Medicare	161,669	191,962
Accrued administrative expenses - Note 2	<u>131,447</u>	<u>102,383</u>
Total liabilities	<u>579,573</u>	<u>606,183</u>
 Net assets available for benefits	 <u>\$ 144,862,598</u>	 <u>\$ 142,088,383</u>
Determination of net assets per Form 5500 - Note 9		
Net assets available for plan benefits as reported herein	\$ 144,862,598	\$ 142,088,383
Current accrued health benefits - Notes 2 and 3	<u>(1,003,898)</u>	<u>(790,557)</u>
 Net assets per Form 5500	 <u>\$ 143,858,700</u>	 <u>\$ 141,297,826</u>

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

United Mine Workers of America Prefunded 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>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 6,986,192	\$ 9,208,351
Interest and dividends	1,542,746	1,724,340
Other income	161	-
	<u>8,529,099</u>	<u>10,932,691</u>
Investment expenses	<u>(244,073)</u>	<u>(182,884)</u>
Total additions, net	<u>8,285,026</u>	<u>10,749,807</u>
Deductions		
Benefits		
Health benefits	7,125,094	7,684,641
Medicare receipts - Note 8		
Part B	(2,000,465)	(1,624,865)
Pharmacy - Retiree Drug Subsidy	<u>(393,516)</u>	<u>(277,130)</u>
Net benefits	<u>4,731,113</u>	<u>5,782,646</u>
Administrative expenses - Note 2		
Administrative expenses - gross	1,260,175	1,111,781
Medicare capitation receipts	<u>(480,477)</u>	<u>(417,464)</u>
Net administrative expenses	<u>779,698</u>	<u>694,317</u>
Total deductions	<u>5,510,811</u>	<u>6,476,963</u>
Net change in net assets available for benefits	2,774,215	4,272,844
Net assets available for benefits		
Beginning of year	<u>142,088,383</u>	<u>137,815,539</u>
End of year	<u>\$ 144,862,598</u>	<u>\$ 142,088,383</u>

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

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

	<u>2024</u>	<u>2023</u>
Plan benefit obligations		
Postretirement benefit obligations		
excluding benefits currently payable	\$ 121,496,659	\$ 139,557,519
Current accrued health benefits - Note 2	<u>1,003,898</u>	<u>790,557</u>
 Total plan benefit obligations - Note 3	 <u>\$ 122,500,557</u>	 <u>\$ 140,348,076</u>

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

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

	<u>2024</u>	<u>2023</u>
Net decrease during the year attributable to		
Benefits		
Health benefits paid - Note 2	\$ (7,125,094)	\$ (7,684,641)
Medicare receipts - Note 8		
Part B	2,000,465	1,624,865
Pharmacy - Retiree Drug Subsidy	393,516	277,130
Change due to IBNR claim reserve	213,341	5,836
Net administrative costs	(1,023,772)	(877,199)
Interest cost	6,560,644	7,656,217
Change due to change in discount rate	(7,463,961)	2,758,898
Change due to census experience differing from expected	(3,453,640)	(8,330,893)
Change due to update of assumed starting per capita costs	(11,510,800)	(12,219,005)
Change due to change in retiree drug subsidy	1,241,019	729,282
Change due to change in trend and other assumptions	<u>2,320,763</u>	<u>(831,401)</u>
Net decrease	(17,847,519)	(16,890,911)
Total plan benefit obligations		
Beginning of year	<u>140,348,076</u>	<u>157,238,987</u>
End of year	<u>\$ 122,500,557</u>	<u>\$ 140,348,076</u>

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

United Mine Workers of America Prefunded Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

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

Establishment of the Plan

The Plan was established on January 1, 2008 by a collective bargaining agreement between the United Mine Workers of America (“UMWA”) and the Bituminous Coal Operators' Association, Inc. (“BCOA”). The Plan provides health and other non-pension benefits to eligible retired miners whose last signatory employer was Carbon Operations of Kentucky, LLC (“COK”) or Carbon Operations of Indiana, LLC (“COI”).

Effective June 1, 2017, the Plan also provides health and other non-pension benefits to those beneficiaries who are eligible for benefits under the December 8, 2014 memorandum of understanding between the UMWA and Energy West Mining Company (“Energy West”) and those beneficiaries for whom Energy West has an obligation to provide health benefits pursuant to Section 9711 of the Coal Act.

Provision for Health Benefits

Retired miners meeting the requirements of the individual employer benefit plan maintained in accordance with the Employer Plan and Article IX(2) of the UMWA Prefunded Benefit Plan Agreement and Declaration of Trust, are entitled to the coverage under the Plan, as well as beneficiaries who are eligible for benefits under the December 8, 2014 memorandum of understanding between the UMWA and Energy West and beneficiaries for whom Energy West has an obligation to provide health benefits pursuant to Section 9711 of the Coal Act.

Tax Status

The Plan was created pursuant to Section 501(a) of the Internal Revenue Code (the “Code”) as a voluntary employees' beneficiary association. The Internal Revenue Service determined and informed the Trustees by a letter dated May 27, 2009 that the Plan is exempt from federal income tax under Section 501(c)(9) of the Code.

Accounting principles generally accepted in the United States of America require management to evaluate income 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 of a liability 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

Both COK and COI were signatory employers to the National Bituminous Coal Wage Agreement of 2002 (the “2002 Agreement”). Under the 2002 Agreement, both COK and COI had an obligation to provide lifetime health care benefits to their UMWA retirees and their eligible surviving spouses and dependents. COK and COI contributed \$8,000,000 to the Plan in satisfaction of their obligation to provide lifetime health care benefits to their UMWA retirees. Pursuant to an agreement entered on May 26, 2017, the Trustees of the Plan and the Trustees of the 2014 UMWA Prefunded Plan agreed to transfer all of the assets of the 2014 UMWA Prefunded Plan to the Plan to cover all costs incurred by the Plan in administering and providing benefits to eligible beneficiaries of the 2014 UMWA Prefunded Plan. Additional employers may become eligible to contribute to the Trust, and in such event, amounts contributed by each such employer shall be accounted for separately and made available to provide benefits only to that employer's retirees and beneficiaries.

United Mine Workers of America Prefunded 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 and Cash Equivalents

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

Investment Valuation and Income Recognition

The 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 on investments are included in net appreciation or depreciation in fair value of investments on the statements of changes in net assets available for plan benefits for the period in which they occur. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Due to/from 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. 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.

Accounting Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of plan assets, liabilities and benefit obligations including benefits currently payable 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 plan benefit obligations during the reporting period. Actual results could differ from those estimates.

Current Accrued Health Benefits

Health benefits are recognized when paid. To state the relationship between the Plan's current assets 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 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 includes an 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 estimates of claims incurred but not yet reported.

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

Recently Adopted Accounting Standards

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

The Plan adopted the new standard effective 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 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 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 that 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 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 independent actuary, and is the amount that results from applying assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death or disability) between the valuation date and the expected dates of payment.

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

	<u>2024</u>	<u>2023</u>
Participants and spouses	\$ 97,775,119	\$ 111,402,122
Disabled retirees	16,245,960	17,896,788
Children	<u>7,475,580</u>	<u>10,258,609</u>
Plan's benefit obligations excluding benefits currently payable	121,496,659	139,557,519
Current accrued health benefits	<u>1,003,898</u>	<u>790,557</u>
Plan's total benefit obligations	<u>\$ 122,500,557</u>	<u>\$ 140,348,076</u>

United Mine Workers of America Prefunded Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the 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 5.45% and 4.80% were used for 2024 and 2023, respectively.

Census Data

The total projected lives generating the benefit obligation at December 31, 2024 and 2023 are 754 and 781, respectively. Projections of the retired employee population were made using assumptions relative to rates of mortality.

Mortality Tables

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% of the RP-2006 Blue Collar Mortality Tables (the RP-2014 Table adjusted backward to 2006 with the MP-2014 projection scale) for healthy annuitants projected forward using the MP-2021 projection scale.

Post-disablement Mortality: For 2024, 110% for males and 125% for females of the PRI-2012 Blue Collar Mortality Tables for disabled annuitants projected forward using the MP-2021 projection scale. For 2023, 110% of the RP-2006 Generational Blue Collar Mortality Tables (the RP-2014 Table adjusted backward to 2006 with the MP-2014 projection scale) for disabled annuitants projected forward using the MP-2021 projection scale.

Aging

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

Administrative Expenses

15% addition to claim costs.

Funding Method

Projected Unit Credit Service Prorate.

Trend Rate

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 2025, 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 2024, gradually decreasing each year to 4.0% for pre-65 and post-65 subsequent to fiscal year 2038 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 \$12,019,651 or 9.9% and \$14,547,077 or 10.4% respectively.

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

4. FAIR VALUE MEASUREMENTS

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

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

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

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

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

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.

Fixed income and commodity mutual funds are valued based on quoted market prices and are classified as Level 1. Commingled funds are valued based on the net asset value of the underlying investments of the funds. There have been no changes to the valuation methodology during the years ended December 31, 2024 and 2023.

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

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:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Commodity	\$ 14,054,395	\$ -	\$ -	\$ 14,054,395
Fixed income	<u>2,617,504</u>	<u>-</u>	<u>-</u>	<u>2,617,504</u>
Total investments in the fair value hierarchy	<u>16,671,899</u>	<u>-</u>	<u>-</u>	16,671,899
Investments measured at net asset value				<u>123,867,774</u>
Total investments at fair value	<u>\$ 16,671,899</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 140,539,673</u>

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

	2023			Total
	Level 1	Level 2	Level 3	
Mutual funds				
Commodity	\$ 13,270,531	\$ -	\$ -	\$ 13,270,531
Fixed income	<u>2,517,587</u>	<u>-</u>	<u>-</u>	<u>2,517,587</u>
Total investments in the fair value hierarchy	<u>15,788,118</u>	<u>-</u>	<u>-</u>	<u>15,788,118</u>
Investments measured at net asset value				<u>124,769,824</u>
Total investments at fair value	<u>\$ 15,788,118</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 140,557,942</u>

The fair values of the following investments were determined using NAV per unit of the investment as of December 31, 2024 and 2023:

	2024	2023
(a) BlackRock U.S. Equity Market Fund B	\$ 20,527,918	\$ 214,420
(a) BlackRock Govt/Credit Bond Index Fund B	58,455,280	883,409
(a) BlackRock U.S. TIPS Fund B	21,675,951	21,721,893
(a) BlackRock MSCI World Ex-US Index Fund	15,984,389	17,249,260
(a) BlackRock MSCI Emerging Markets Free Fund	7,224,236	7,111,431
(b) IR&M Short Fund LLC	-	10,324,404
(c) PIMCO Private Account Portfolios	-	27,262,416
(d) Longview Broad Market 3000 Index Fund	-	18,586,629
(e) Loomis Sayles Core Plus Fixed Income NHIT CL A	-	21,415,962
	<u>\$ 123,867,774</u>	<u>\$ 124,769,824</u>

- a) The BlackRock Funds include investments in common and preferred stocks, warrants and rights, future contracts, U.S. government securities, securities lending collateral, short-term investments and collective funds. There are no restrictions on the redemption of these funds, and there were no unfunded commitments as of December 31, 2024 and 2023.
- b) This Fund allows redemption daily with a 2 day notice period, without restrictions. There were no unfunded commitments as of December 31, 2024 and 2023.
- c) The Private Account Portfolio consists of investments in registered investment companies with the objective to provide income, consistent with the preservation of capital and prudent management, and to outperform the returns earned by the Bloomberg Barclays U.S. Intermediate Aggregate Index. There are no restrictions on redemptions, and there are no unfunded commitments as of December 31, 2024 and 2023.
- d) This Fund provides daily redemptions which are settled on the business day following notice of redemption, without restrictions. There were no unfunded commitments as of December 31, 2024 and 2023.
- e) This Fund allows redemption daily with a 3 day notice period, without restrictions. There were no unfunded commitments as of December 31, 2024 and 2023.

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

5. DUE TO OTHER PLANS

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

	<u>2024</u>	<u>2023</u>
Allocated administrative expenses - 1974 Pension Plan	\$ 65,608	\$ 145,276
Allocated employees' pension expenses - 1974 Pension Plan	363,851	343,246
Allocated employees' post retirement health benefit expenses - 1974 Pension Plan	<u>(143,002)</u>	<u>(176,684)</u>
	<u>\$ 286,457</u>	<u>\$ 311,838</u>

6. PARTY-IN-INTEREST TRANSACTIONS

The Plan invests certain assets in investment funds operated by Northern Trust, 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 OTHER POSTRETIREMENT BENEFITS

The UMWA 1974 Pension Trust Employees' Pension Plan (the "Employees' Pension Plan") is a multiple employer defined benefit pension plan that covers employees of participating employers. The UMWA 1974 Pension Trust is a sponsor of the Employees' Pension Plan. While the Plan does not have any employees and is not a sponsor of the Employees' Pension Plan, it does receive an allocation of employee time and expense from the UMWA 1974 Pension Trust, and therefore incurs a pension expense for its allocated share of this time. Accordingly, a portion of the net periodic cost recognized by the UMWA 1974 Pension Trust has been allocated to the Plan. For the years ended December 31, 2024 and 2023, the allocated net periodic pension cost was \$45,857 and \$43,372, respectively, and is included in administrative expenses on the statements of changes in net assets available for plan benefits. The related liability to the UMWA 1974 Pension Trust is included in due to other plans on the statements of net assets available for plan benefits.

The UMWA 1974 Pension Trust also sponsors a postretirement health benefit plan for its employees. A portion of the net periodic postretirement benefit cost incurred by the UMWA 1974 Pension Trust is allocated to the Plan. For the years ended December 31, 2024 and 2023, the allocated net periodic postretirement benefit cost was \$24,459 and \$31,571, respectively, and is included in administrative expenses on the statements of changes in net assets available for plan benefits. The related liability to the UMWA 1974 Pension Trust is included in due to other plans on the statements of net assets available for plan benefits.

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 1993 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 (reflected as Medicare capitation receipts) 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 Prefunded 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 (“MMA”) was enacted. Among the various changes the MMA brought about, this legislation most notably created Medicare prescription drug coverage beginning January 1, 2006. The MMA allowed the Plan to receive a tax-free federal subsidy. The Medicare Retiree Drug Subsidy (“RDS”) is equal to 28% of prescription drug claims between \$545 and \$11,200 for 2024, and \$505 and \$10,350 for 2023 for each plan participant. These amounts are indexed in subsequent years based on cost increases of the Medicare Prescription Drug Program.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net health benefits per the financial statements	\$ 4,731,113	\$ 5,782,646
Current accrued health benefits at beginning of year	(790,557)	(784,721)
Current accrued health benefits at end of year	<u>1,003,898</u>	<u>790,557</u>
Benefit payments per Form 5500	<u>\$ 4,944,454</u>	<u>\$ 5,788,482</u>

10. RISKS AND UNCERTAINTIES

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

Financial instruments that subject the Plan to concentrations of credit risk include cash and cash equivalents and investments, which are held by financial institutions. While the Plan attempts to limit its financial exposure by maintaining accounts at high quality financial institutions, cash and cash equivalents and investment balances exceed the federally insured limits of \$250,000 and \$500,000, respectively. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan’s net assets available for Plan benefits and changes in net assets available for Plan benefits.

The present value of 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.

11. 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 a manner 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 Prefunded Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #26-1508254, Plan #501
December 31, 2024

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, or Similar Party</u>	<u>(c) Description of Investment Including Maturity Date Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Common/Collective Trusts</u>			
	Blackrock Government/Credit Bond Index Fund	Common/Collective Trust	\$ 611,605	\$ 894,653
	Blackrock MSCI Emerging Markets Free Fund	Common/Collective Trust	6,495,571	7,224,236
	Blackrock MSCI World Index Fund	Common/Collective Trust	12,391,673	15,984,389
	Blackrock US Equity Market Fund	Common/Collective Trust	17,479,668	20,527,918
	Blackrock US Tips Fund B	Common/Collective Trust	18,018,358	21,675,951
	SSGA US Govt Credit Bond Index NL CTF	Common/Collective Trust	58,000,000	57,560,627
			<u>112,996,875</u>	<u>123,867,774</u>
	<u>Registered Investment Companies</u>			
*	MFB NI Treasury Money Market Fund	Money Market	4,401,655	4,401,655
	Blackrock Short Term Fund B	Mutual Fund	3,564	3,564
	DFA Dimensions Group Inc Fxd Income Portfolio	Mutual Fund	855,911	860,401
	Vanguard Fixed Income Ultra Short Term Bd FD	Mutual Fund	959,307	964,647
	DFA Dimensions Group Commodity Strategy Port	Mutual Fund	16,952,734	14,054,395
	MFC Ishares TR ETF	Exchange-Traded Fund	791,563	792,456
			<u>23,964,734</u>	<u>21,077,118</u>
			<u>\$ 136,961,609</u>	<u>\$ 144,944,892</u>

* Represents parties-in-interest.

See Independent Auditor's Report.

United Mine Workers of America Prefunded Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN #26-1508254, Plan #501
Year Ended December 31, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date
	<i>Single Transactions</i>							
*	Northern Trust	CF BLACKROCK US EQUITY MARKET FUND B	\$ 19,000,000	N/A	N/A	N/A	\$ 19,000,000	\$ 19,000,000
*	Northern Trust	CF SSGA U S GOVT CREDIT BOND INDX NL CTF	58,000,000	N/A	N/A	N/A	58,000,000	58,000,000
*	Northern Trust	CF AMALGAMATED LONGVIEW BROAD MKT 3000 IDX FD	N/A	\$ 7,253,148	N/A	N/A	7,253,148	7,253,148
*	Northern Trust	CF IR&M SHORT FUND LLC	N/A	8,791,031	N/A	N/A	8,791,031	8,791,031
*	Northern Trust	CF SSGA U S GOVT CREDIT BOND INDX NL CTF	N/A	17,200,224	N/A	N/A	17,200,224	17,200,224
*	Northern Trust	MFO PIMCO FDS PAPS MODERATE DURATION PORTFOLIO	N/A	17,681,769	N/A	N/A	17,681,769	17,681,769
	<i>Series of Transactions</i>							
*	Northern Trust	CF AMALGAMATED LONGVIEW BROAD MKT 3000 IDX FD	N/A	19,796,921	N/A	N/A	19,796,921	19,796,921
*	Northern Trust	CF BLACKROCK US EQUITY MARKET FUND B	19,000,000	N/A	N/A	N/A	19,000,000	19,000,000
*	Northern Trust	CF BLACKROCK US EQUITY MARKET FUND B	N/A	1,686,337	N/A	N/A	1,686,337	1,686,337
*	Northern Trust	CF IR&M SHORT FUND LLC	N/A	10,778,437	N/A	N/A	10,778,437	10,778,437
*	Northern Trust	CF LOOMIS SAYLES CORE PLUS FIXED INCOME TRUST	N/A	21,900,910	N/A	N/A	21,900,910	21,900,910
*	Northern Trust	MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	8,871,255	N/A	N/A	N/A	8,871,255	8,871,255
*	Northern Trust	MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	N/A	16,118,690	N/A	N/A	16,118,690	16,118,690
*	Northern Trust	MFO PIMCO FDS PAPS MODERATE DURATION PORTFOLIO	423,302	N/A	N/A	N/A	423,302	423,302
*	Northern Trust	MFO PIMCO FDS PAPS MODERATE DURATION PORTFOLIO	N/A	16,414,424	N/A	N/A	16,414,424	16,414,424
*	Northern Trust	MFO PIMCO SHORT TERM FLOATING NAV II	551,341	N/A	N/A	N/A	551,341	551,341
*	Northern Trust	MFO PIMCO SHORT TERM FLOATING NAV II	N/A	6,750,269	N/A	N/A	6,750,269	6,750,269
*	Represents a party-in-interest to the Plan.							

See Independent Auditor's Report.

United Mine Workers of America Prefunded Benefit Plan

EIN 26-1508254

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 Prefunded Benefit Plan

EIN 26-1508254

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.

United Mine Workers of America Prefunded Benefit Plan

EIN 26-1508254

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 at Accountant's Opinion

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

1a Name of plan United Mine Workers of America Prefunded Benefit Plan		1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan	01/01/2008
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, and ZIP or foreign postal code (if foreign, see instructions) Board of Trustees, UMWA Prefunded Benefit Plan		2b Employer Identification Number (EIN)	26-1508254
2121 K Street, N.W. Suite 350		2c Plan Sponsor's telephone number	(202) 521-2200
Washington		2d Business code (see instructions)	212110
DC 20037-1879			

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

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

SIGN HERE	<i>Michael Buckner</i>	<u>9/24/25</u>	Michael Buckner
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michael O. McKown</i>	<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 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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 447
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6a(2) 6b 437 6c 6d 437 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

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

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

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

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

Receipt Confirmation Code _____