

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 1985 CONSTRUCTION WORKERS PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE UMWA 1985 CONSTRUCTION WORKERS
2b Employer Identification Number (EIN): 52-6283006
2c Plan Sponsor's telephone number: 740-699-6121
2d Business code (see instructions): 213110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input 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	2317
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)	197
	6a(2)	195
	6b	1106
	6c	513
	6d	1814
	6e	467
	6f	2281
	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	0

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

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

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 checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" 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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan <u>UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF THE UMWA 1985 CONSTRUCTION WORKERS</u>	D Employer Identification Number (EIN) <u>52-6283006</u>

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

1a Enter the valuation date: Month 07 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>446409984</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>446409984</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>153944749</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>151737490</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>224099363</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>919518</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>19964579</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>20453528</u>

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

SIGN HERE <u>ROBERT MURRAY, ASA, EA</u> Type or print name of actuary <u>CHEIRON, INC.</u> Firm name <u>230 W. MONROE STREET, SUITE 650</u> <u>CHICAGO, IL 60606</u> Address of the firm	<u>02/20/2026</u> Date <u>23-09016</u> Most recent enrollment number <u>703-893-1456</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	446409984
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1596	159904293
(2) For terminated vested participants	538	50983546
(3) For active participants:		
(a) Non-vested benefits		1495272
(b) Vested benefits		11716252
(c) Total active	197	13211524
(4) Total	2331	224099363
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			3(b)		3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	294.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.69 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9 A
(2) Females	6c(2)	9F A
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.3 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	153827

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		10768
e Total charges. Add lines 9a through 9d.....	9e		164595
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		3485785
g Employer contributions. Total from column (b) of line 3.....	9g		
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		244005
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)		
(2) "RPA '94" override (90% current liability FFL)	9j(2)		
(3) FFL credit	9j(3)		164595
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		3894385
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		3729790
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 **07/01/2024** and ending **06/30/2025**

A Name of plan UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UMWA 1985 CONSTRUCTION WORKERS	D Employer Identification Number (EIN) 52-6283006	

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

GOLDPOINT PARTNERS

13-5582869

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

HARBOURVEST PARTNERS, LLC

74-3130888

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

CORBIN CAPITAL PARTNERS, LP

30-0299433

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

POMONA ASSOCIATES IX, LP

**780 THIRD AVENUE, 46TH FLOOR
NEW YORK, NY 10017**

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

HAMILTON LANE SECONDARY FUND II

26-2316056

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

HAMILTON LANE GP X LLC

61-1808970

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

NEWTOWER TRUST COMPANY

30-0872552

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

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

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

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

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

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

COLUMBIA THREADNEEDLE INVESTMENTS

41-1533211

(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?
51 68	NONE	138983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	134748	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE HEALTH PLAN

55-0765726

(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 14 15 36 50	NONE	240500	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)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	208621	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)

AMERICAN REALTY ADVISORS

33-0123114

(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	177042	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)

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 50 51 52	NONE	164139	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SLEVIN & HART PC

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	162935	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)

RIVERBRIDGE PARTNERS

41-1930193

(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?
51 68 71	NONE	153712	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SYSTEMATIC FINANCIAL MANAGEMENT LP

22-3367558

(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?
52	NONE	133132	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ASB CAPITAL MANAGEMENT

80-0618452

(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	130474	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)

NORTHERN TRUST COMPANY

36-2723087

(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	101945	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

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	NONE	83073	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)

CHEIRON

13-4215617

(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	69018	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	55500	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 51 52	NONE	47422	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON CAPITAL MANAGEMENT

04-2755549

(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?
51	NONE	41593	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)

CENTURION INSURANCE

13-3771734

(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	40338	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DONALD BARNETT

52-6283006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	35000	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)

WILLIAM HOWE

52-6283006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	35000	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)

FRED MARX

52-6283006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	35000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA THREADNEEDLE INVESTMENTS	51	134748
(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.	
COLUMBIA MANAGEMENT INVESTME 707 2ND AVE S MINNEAPOLIS, MN 55402 41-1533211	INVESTMENT MANAGEMENT FEES	
(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 <u>07/01/2024</u> and ending <u>06/30/2025</u>	
A Name of plan <u>UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE UMWA 1985 CONSTRUCTION WORKERS</u>	D Employer Identification Number (EIN) <u>52-6283006</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>20-1641876-001</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>14917048</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMALGAMATED LONGVIEW COLLECTIVE INV</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-001</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>47665400</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES MULTISECTOR INCOME FU</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS, SAYLES & CO., LP</u>		
c EIN-PN <u>20-8080381-001</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>15535540</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</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>12669939</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CTF OPPORTUNISTIC FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>90-6110062-001</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>14771636</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW MIDCAP 400 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-011</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>18971652</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 1000 GROWTH INDEX</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>42-2032996-019</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>49527751</u>

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 07/01/2024 and ending 06/30/2025	
A Name of plan UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UMWA 1985 CONSTRUCTION WORKERS	D Employer Identification Number (EIN) 52-6283006

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	377857	579034
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6025583	10813849
(2) U.S. Government securities	1c(2)	1640	620
(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)	46421771	51224449
(5) Partnership/joint venture interests	1c(5)	64721791	66150837
(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)	216637930	226568589
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	95713192	95769925
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	17178553	18461408

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	447078317	469568711
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	668333	785224
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	668333	785224
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	446409984	468783487

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	392983	
(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)	997914	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1390897
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1287061	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4861329	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6148390
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	154736005	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	147710965	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		7025040
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3289411	
(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)		23678463
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4404048
c Other income	2c		-2562613
d Total income. Add all income amounts in column (b) and enter total	2d		43373636

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18767145	
(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)		18767145
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	240500	
(3) Recordkeeping fees	2i(3)	4934	
(4) IQPA audit fees	2i(4)	55500	
(5) Investment advisory and investment management fees	2i(5)	1432786	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	69018	
(8) Legal fees	2i(8)	162935	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	106557	
(11) Other expenses	2i(11)	160758	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2232988
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21000133

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22373503
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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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		3000000
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		84167956
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.)		X	
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.		X	

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

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

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 567962.

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE UMWA 1985 CONSTRUCTION WORKERS</u>	D Employer Identification Number (EIN) <u>52-6283006</u>	

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

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 36-6947294

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

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

3	0
---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 52.1 % Private Equity: 10.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.7 %
 High-Yield Debt: _____ % Real Assets: 9.3 % Cash or Cash Equivalents: 2.2 % Other: 3.9 %

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

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

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

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

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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



**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN
AND TRUST**

FINANCIAL STATEMENTS

JUNE 30, 2025





**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of
United Mine Workers of America
1985 Construction Workers Pension Plan and Trust

Opinion

We have audited the accompanying financial statements of the United Mine Workers of America 1985 Construction Workers Pension Plan and Trust (the 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 benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion


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

Responsibilities of Management for the Financial Statements

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

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions on pages 19 through 25 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Other Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 18 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Other

We have previously audited the years ended June 30, 2023, 2022, and 2021 financial statements of the Plan (not presented herein) and our reports expressed an unmodified opinion on those statements. In our opinion, the abstracted information on page 16 is fairly stated in all material respects in relation to the basic financial statements from which it has been derived.

Calibre CPA Group, PLLC

Bethesda, MD
February 3, 2026



**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Common stock	\$ 51,224,449	\$ 46,421,771
Mutual funds	95,769,925	95,713,192
U.S. Government and government agency obligations	620	1,640
Limited partnerships	66,150,837	64,721,791
Common collective trusts	226,568,589	216,637,930
Hedge funds	18,017,119	16,712,643
Real estate investment trusts	444,289	465,910
Short-term investments	<u>10,813,849</u>	<u>6,025,583</u>
Total investments - at fair value	<u>468,989,677</u>	<u>446,700,460</u>
Receivables		
Accrued interest and dividends	178,135	151,205
Due from brokers for pending sales	<u>400,899</u>	<u>226,652</u>
Total receivables	<u>579,034</u>	<u>377,857</u>
Total assets	<u>469,568,711</u>	<u>447,078,317</u>
Liabilities		
Due to brokers for pending purchases	752,404	617,580
Temporary checking account overdraft	<u>32,820</u>	<u>50,753</u>
Total liabilities	<u>785,224</u>	<u>668,333</u>
Net assets available for benefits	<u>\$ 468,783,487</u>	<u>\$ 446,409,984</u>

See accompanying notes to financial statements.



**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 35,371,719	\$ 30,851,374
Partnership income - net	462,631	322,794
Interest	6,252,225	5,015,654
Dividends	<u>1,287,061</u>	<u>1,252,795</u>
	43,373,636	37,442,617
Less: investment expenses	<u>(1,432,786)</u>	<u>(1,602,400)</u>
Investment income - net	<u>41,940,850</u>	<u>35,840,217</u>
Deductions		
Benefits	18,767,145	19,960,258
Administrative expenses	<u>800,202</u>	<u>709,926</u>
Total deductions	<u>19,567,347</u>	<u>20,670,184</u>
Net change in net assets	22,373,503	15,170,033
Net assets available for benefits		
Beginning of year	<u>446,409,984</u>	<u>431,239,951</u>
End of year	<u>\$ 468,783,487</u>	<u>\$ 446,409,984</u>

See accompanying notes to financial statements.



UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The United Mine Workers of America 1985 Construction Workers Pension Plan and Trust (the Plan) was established effective July 1, 1985 as a result of the National Coal Mine Construction Agreement of 1985 between the Association of Bituminous Contractors, Inc. (the Association) and the International Union, United Mine Workers of America (the Union). The Plan provides pension and death benefits to certain retired construction workers, disabled construction workers, and the beneficiaries of deceased or disabled construction workers. In general, participants who have completed ten years (or, for those who have completed at least one hour of service after December 31, 1997, five years) of signatory credited service have a vested right to receive a pension. The amount of participants' pension benefits is generally determined based on their age at retirement and years of service.

The Plan was initially financed entirely by employer contributions at rates specified in applicable collective bargaining agreements as well as by investment earnings. During the years ended June 30, 2025 and 2024, employers were not required to make any contributions to the Plan under the collective bargaining agreement or to satisfy the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). At no time have participants been required to contribute to the Plan.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Investments - Investments are carried at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment custodian(s) and investment advisor(s).

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

The fair value of investments in limited partnerships and hedge funds valued at \$84,167,956 at June 30, 2025 and \$81,434,434 at June 30, 2024 is determined primarily based upon reported values of the underlying investments in the absence of readily determinable market values. Those estimated values may differ from the values that would have been used had readily determinable market values existed, and it is at least reasonably possible that these values may prove, even in the near term, to not represent the actual market values.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payment of Benefits - Benefit payments to participants are recognized upon distribution.

NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined that the Plan is a qualified pension plan under Section 401 (a) of the Internal Revenue Code (IRC) and that its Trust is tax-exempt under Section 501 (a) of the IRC.

The Plan obtained its latest determination letter on May 22, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust was tax-exempt as of the financial statement date.

The Plan follows the authoritative guidance relating to accounting for uncertainty in income taxes included in Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the year ended June 30, 2025, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax exempt status. As a result of its investment in certain partnerships, the Plan is subject to unrelated business income tax requirements on certain partnership income.



NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Union and the Association to continue the Plan in full force and effect. However, the Plan may be discontinued by joint action of the Union and the Association. In the event the Plan terminates, its net assets will be allocated in accordance with the law and as stated in the Plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Certain benefits under the Plan are insured by the PBGC if the Plan terminates.

The PBGC provides financial assistance to plans to help them avoid insolvency. Should a plan become insolvent, the PBGC guarantees certain benefits to participants; however, the benefits guaranteed are generally only a portion of the normal pension benefit. In addition, no benefit increases as a result of plan amendments in effect for less than five years are guaranteed.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by the Plan's actuary as of July 1, 2024. Had the valuation been performed as of June 30, 2024, there would be no material difference. Information shown in the report, which was prepared using the entry age normal actuarial cost method, included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 114,967,808
Other participants	<u>35,960,958</u>
	150,928,766

Nonvested benefits	<u>808,724</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 151,737,490</u>
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As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended June 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits

at beginning of year	\$ 157,553,642
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Change during the year attributable to

Plan amendments	\$ 5,903,020
Benefits accumulated	485,065
Actuarial loss	(2,619,895)
Benefits paid	(19,960,258)
Interest	<u>10,375,916</u>

Net change	<u>(5,816,152)</u>
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Actuarial present value of accumulated plan benefits

at end of year	<u>\$ 151,737,490</u>
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NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

Some of the significant actuarial assumptions and changes used in the determination of the actuarial valuation as of July 1, 2024 were as follows:

The Retirement Protection Act Current Liability interest rate was changed from 2.85% to 3.69%, and the mortality table was updated in compliance with the most recent Internal Revenue Service regulation.

Investment Rate of Return - 7.0% interest assumption (net of administrative and investment expenses).

Entry Age Normal Cost Method - Participants entry age normal cost is determined for each participant by calculating the level annual contribution required to fund that participant's expected benefits based on the current plan provisions over the participant's expected active working lifetime with the Plan at entry.

Past Service - For participants with credible past service data, service is calculated as of the valuation date based on actual hours worked. Participants without complete past service data assume two-thirds a year of signatory service for each year from assumed Entry Age to the year in which actual hours worked have been recorded. Service prior to April 1976 is estimated assuming two-thirds a year of signatory service for each year of employment after age 27.

Rate of Retirement - It is assumed that all eligible employees will retire in accordance with annual rates as shown below based on age:

<u>Age</u>	<u>Probability</u>
Younger than 55	0%
55	25%
56 - 58	20%
59	30%
60	40%
61 - 69	50%
70 and older	100%

Persons Included - Based on data provided to the actuary, all persons entitled to coverage under the Plan as of the valuation date are included in the calculations.

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



NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

Since information on the accumulated plan benefits of the Plan at June 30, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended June 30, 2025. The complete financial status of the Plan is presented as of June 30, 2024.

NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Description	June 30, 2025 Total	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at fair value				
Common stock	\$ 51,224,449	\$ 51,224,449	\$ -	\$ -
Mutual funds	95,769,925	95,769,925	-	-
U.S. Government and govern- ment agency obligations	620	620	-	-
Real estate investment trusts	444,289	444,289	-	-
Short-term investments	10,813,849	-	10,813,849	-
	158,253,132	\$ 147,439,283	\$ 10,813,849	\$ -
Investments measured at net asset value*	310,736,545			
Total investments	\$ 468,989,677			

Description	June 30, 2024 Total	Quoted Market Prices for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments at fair value				
Common stock	\$ 46,421,771	\$ 46,421,771	\$ -	\$ -
Mutual funds	95,713,192	95,713,192	-	-
U.S. Government and govern- ment agency obligations	1,640	1,640	-	-
Real estate investment trusts	465,910	465,910	-	-
Short-term investments	6,025,583	-	6,025,583	-
	148,628,096	\$ 142,602,513	\$ 6,025,583	\$ -
Investments measured at net asset value*	298,072,364			
Total investments	\$ 446,700,460			

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

Following are the descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2025 and 2024.

U.S. Government and government agency obligations: The fair value of the Plan's investments in U.S. Government and government agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Common stock, mutual funds and real estate investment trusts (REIT): The fair value of the Plan's investments in common stock, mutual funds and REITs are valued using the quoted prices of identical investments on the active markets they are traded.

Short-term investments: Estimate based on amortized cost which approximates fair value.

Limited partnerships: The fair value of the Plan's investments in limited partnerships are primarily estimated based on annual independent audits of the respective partnership and the Plan's percentage ownership in each of the respective partnerships.

Common collective trusts: The fair value of the Plan's investments in common collective trusts are valued using the units of participating representing an undivided interest in the underlying assets of the trust.

Hedge funds: The fair value of the Plan's investments in hedge funds are estimated based on their NAV as indicated by the management of the relevant funds.

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

The Plan's investment in investment entities valued at NAV is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or changed by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of June 30, 2025 and 2024 by investment strategy:

	6/30/2025 Fair Value (in millions)	6/30/2024 Fair Value (in millions)	6/30/2025 Unfunded Commitments (in millions)	6/30/2024 Unfunded Commitments (in millions)	Redemption Frequency	Redemption Notice Period
a. Limited partnerships	\$ 66.15	\$ 64.72	\$ 31.39	\$ 31.81	monthly	30 days
b. Common collective trusts	226.57	216.64	-	-	daily, monthly, and quarterly	30 days
c. Hedge funds	18.02	16.71	-	-	quarterly	65-92 days



NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

- a. The Plan invests in Corbin ERISA Opportunity Fund, LP, which does not file as a DFE. The fund's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit, and collateralized loan obligations.
- b. The Plan invests in several limited partnerships. The limited partnership interests generally have closed-end investment structures with a time horizon of approximately ten to twelve years. The Plan is a limited partner in these partnerships and funds capital calls up to its agreed commitment level for the duration of the investment period. The Plan will receive distributions from these private equity investments once portfolio investments are sold. As such, these investments are illiquid in nature.
- c. All report as DFE's and can be redeemed quarterly.

NOTE 7. SIGNIFICANT 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 the values of investment securities could be different at the reporting date and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 8. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's Trustees also serve as Trustees of the UMWA 1978 Retired Construction Workers Benefit Plan, and both plans use the services of the same contract administrator. Certain expenses are incurred on behalf of both plans, and such expenses are allocated between the plans based on a formula determined by the Trustees.



NOTE 8. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Plan also pays certain administrative expenses directly to service providers, including The Health Plan, the recordkeeper for the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

The Plan, upon the revocable direction of eligible participants, forwards a portion of an eligible participant's pension benefits to satisfy the participant's co-premium obligations to the 1978 Retired Construction Workers Benefit Plan. In the Plan years ended June 30, 2025 and 2024, the Plan paid \$4,823,232 and \$6,177,507, respectively, on behalf of the Plan's eligible participants.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's changes in net assets per the accompanying financial statements to the Form 5500:

	2025	2024
Additions per financial statements	\$ 41,940,850	\$ 35,840,217
Add: investment expenses	<u>1,432,786</u>	<u>1,602,400</u>
Income per the Form 5500	<u>\$ 43,373,636</u>	<u>\$ 37,442,617</u>
Deductions per financial statements	\$ 19,567,347	\$ 20,670,184
Add: investment expenses	<u>1,432,786</u>	<u>1,602,400</u>
Income per the Form 5500	<u>\$ 21,000,133</u>	<u>\$ 22,272,584</u>

NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been reviewed through February 3, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST

FIVE-YEAR SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR NET ASSETS

	Year Ended June 30,					Five Years Ended June 30, 2025
	2025	2024	2023	2022	2021	
Additions						
Investment income (net of investment expenses)	\$ 41,940,850	\$ 35,840,217	\$ 34,512,918	\$ (30,064,435)	\$ 108,622,639	\$ 190,852,189
Deductions						
Benefits	18,767,145	19,960,258	19,401,945	20,894,047	20,888,818	99,912,213
Administrative expenses	800,202	709,926	699,522	717,007	700,214	3,626,871
Total deductions	<u>19,567,347</u>	<u>20,670,184</u>	<u>20,101,467</u>	<u>21,611,054</u>	<u>21,589,032</u>	<u>103,539,084</u>
Net change	22,373,503	15,170,033	14,411,451	(51,675,489)	87,033,607	87,313,105
Net assets available for benefits						
Beginning of year	<u>446,409,984</u>	<u>431,239,951</u>	<u>416,828,500</u>	<u>468,503,989</u>	<u>381,470,382</u>	<u>381,470,382</u>
End of year	<u>\$ 468,783,487</u>	<u>\$ 446,409,984</u>	<u>\$ 431,239,951</u>	<u>\$ 416,828,500</u>	<u>\$ 468,503,989</u>	<u>\$ 468,783,487</u>



**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Professional fees		
Plan administrator	\$ 240,500	\$ 214,200
Legal	162,935	129,059
Actuarial	69,018	46,705
Audit fees	55,500	54,000
Payroll compliance review fees	4,934	1,480
Trustee fees	106,557	105,000
Printing	6,589	3,611
Dues and subscriptions	24,576	27,499
Insurance		
PBGC premiums	87,920	87,151
Fiduciary liability	40,338	35,929
Other	1,335	5,292
Total administrative expenses	\$ 800,202	\$ 709,926



**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

SCHEDULES OF INVESTMENT EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Columbia Threadneedle	\$ 138,983	\$ 160,777
Northern Trust Company	101,945	97,357
Pacific Investment Management Company	164,139	182,321
Systematic	133,132	123,036
Amalgamated Bank	47,422	43,071
American Realty Advisors	177,042	243,565
Loomis Sayles	83,073	76,842
Marco Consulting	208,621	191,771
ASB Real Estate	130,474	209,375
Riverbridge	153,712	115,606
Wellington	41,593	68,029
Other investment managers	<u>52,650</u>	<u>90,650</u>
Total investment expenses	<u>\$ 1,432,786</u>	<u>\$ 1,602,400</u>

UMWA 1985 Construction Workers Pension Plan

EIN: 52-6283006

Plan Number: 001

Attachments to 2024 Schedule MB of Form 5500

Schedule MB, line 6 -- Summary of Plan Provisions

Schedule MB, line 6 -- Statement of Actuarial Assumptions/Methods

Schedule MB, line 8b(1) -- Schedule of Projection of Expected Benefit Payments

Schedule MB, line 8b(2) -- Schedule of Active Participant Data

Schedule MB, line 8b(3) -- Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments

Schedule MB, line 11 -- Justification for Change in Actuarial Assumptions

Schedule MB, line 6 – Summary of Plan Provisions

1. Eligibility

Benefits are provided to certain employees pursuant to Article XIX of the National Coal Mine Construction Agreement of 1985. The Plan also provides benefits to certain construction workers based on employment prior to July 1, 1985, pursuant to an agreement to spin-off assets and liabilities from the United Mine Workers of America 1974 Pension Plan. This Plan is a continuation of a plan to which Section 404(c) of the Internal Revenue Code applies.

2. Signatory Service

Credited Signatory Service is used in determining eligibility for a pension and calculating the pension amount. Service after June 30, 1985, in a classified job for an employer signatory to the Wage Agreement, is computed as follows:

Hours of Service During a Calendar Year	Percentage of a Year of Credited Signatory Service	
	Prior to January 1, 1998	Post December 31, 1997
249 or less	0%	Pro-rata
250-499	25%	Pro-rata
500-749	50%	Pro-rata
750-999	75%	100%
1,000 or more	100%	100%

For service prior to June 30, 1985, participants are credited with non-signatory service.

3. Break in Service

Service shall be disregarded if it precedes a period of consecutive one-year breaks in signatory service equal to or exceeding the greater of (a) five, or (b) the aggregate number of years of signatory service before such breaks. In addition, any employment prior to a period of consecutive one-year breaks in signatory service shall be disregarded unless the employee completes 1,000 hours of signatory service within a 12-month period after the breaks in signatory service.

4. Normal Retirement

Age: Employees with at least one Hour of Service on or after February 7, 2002, can retire on the last day of the month in which their 60th birthday occurs, otherwise after attaining age 62.

Service: Employees must complete at least ten years of signatory service. However, if the participant has at least one Hour of Service on or after January 1, 1998, then the Normal Retirement requirement is only five years.



Schedule MB, line 6 – Summary of Plan Provisions

5. Normal Retirement Benefit

The benefit varies by the termination date.

Termination Between 9/30/84 and 11/28/88			
		10/01/84 to 09/30/87	10/01/87 to 11/20/88
Non-Signatory Service		\$7.50	\$7.50
Signatory Service	1 st 10 Years	\$16.50	\$17.00
	2 nd 10 Years	\$17.00	\$17.50
	3 rd 10 Years	\$17.50	\$18.00
	In Excess of 30 Years	\$18.00	\$18.50
Termination Between 9/30/84 and 11/28/88			
		10/01/84 to 09/30/87	10/01/87 to 11/20/88
Non-Signatory Service		\$7.50	\$7.50
Signatory Service	1 st 10 Years	\$16.50	\$17.00
	2 nd 10 Years	\$17.00	\$17.50
	3 rd 10 Years	\$17.50	\$18.00
	In Excess of 30 Years	\$18.00	\$18.50

Termination after 11/28/88 results in a single monthly benefit for each year of signatory service.

Payment Date	Monthly Benefit*
11/21/88 - 06/30/89	\$21
07/01/89 - 06/30/90	\$23
07/01/90 – 09/30/91	\$25
10/01/91 – 09/30/92	\$27
10/01/92 – 02/10/95	\$29
02/11/95 – 06/30/98	\$38
07/01/98 – 02/06/02	\$50
02/07/02 – 05/30/07	\$60
On or after 05/31/07	\$65

*Members that retired prior to July 1, 1998, receiving any form of benefit other than minimum disability pension receive a \$100 increase in their monthly pension. Surviving spouses receive an increase of \$75 in monthly benefits.

*Surviving spouses receiving a Surviving Spouse Benefit as of February 7, 2002, had a \$75 increase in their monthly benefit effective March 1, 2002.

6. Early Retirement

Employees working at least one hour after January 1, 1998, may retire at the age of 55 with only five years of signatory service. Employees that retired prior to January 1, 1998, must have ten years of signatory service to retire at age 55. The accrued normal retirement pension is reduced by one-third of one percent for each month by which retirement precedes the 60th birthday.

Schedule MB, line 6 – Summary of Plan Provisions

7. Disability Retirement

Upon the employee becoming totally and permanently disabled (according to Social Security criteria), he is eligible for a Normal Disability benefit if he has completed at least ten years of Signatory Service, or a Minimum Disability benefit if less than ten years of signatory service was completed. The benefit under Normal Disability is calculated according to the Normal Retirement Pension schedule in effect at the date disability occurs. The Minimum Disability benefit, after November 20, 1988, will be ten times the effective rate for the Normal Retirement Pension.

Retirees prior to July 1, 1998, receiving a minimum disability pension receive a monthly increase in benefits to \$375.

Retirees prior to March 1, 2002, receiving a minimum disability pension receive a monthly increase in benefits to \$475.

Retirees prior to May 31, 2007, receiving a minimum disability pension receive a monthly increase in benefits to \$500.

For the purposes of determining withdrawal liability, disability benefits are excluded for participants who do not have enough service as of the valuation date.

8. Deferred Vested Pension Benefit

Regular: Employees terminating employment after the completion of five years of Signatory Service and before becoming eligible for Early or Normal Retirement. The benefit is calculated with respect to the effective Normal Retirement Benefit schedule at the date of termination. There is a minimum monthly benefit of \$150.00 if an employee has accumulated 20 years of credited service.

Special: All employees who terminate on or after October 1, 1991, reach their 50th birthday, acquire 20 years of Signatory Service, and are either (a) laid off and have not refused recall or (b) terminated under Article IV, Section (i) of the National Coal Mine Construction Agreement (or physically unable to perform normal work) and are not employed in the construction industry thereafter. The benefit is calculated with respect to the effective Normal Retirement Benefit Schedule at the date of termination, reduced by ¼% for each month preceding Normal Retirement if age 62 or for those with a Normal Retirement age of 60, ⅓% for each month early.

9. Normal Form of Pension

The normal form of pension payable to an unmarried employee is a life annuity. The normal form for a married employee will be an unreduced pension payable for the lifetime of the participant with three-quarters of the monthly benefit payable to the spouse after the participant's death. If the actuarial present value of a participant's accrued benefit is not greater than \$5,000, and the participant is otherwise eligible for a pension benefit, the vested portion of such benefit will be distributed in a lump sum upon the participant's cessation of Credited Service.

Schedule MB, line 6 – Summary of Plan Provisions

10. Death Benefits

- **Pre-Retirement Surviving Spouse’s Pension Benefit**

Spouses of employees age 55 or older are eligible for an immediate pension at the time of the participant’s death. Deferred Vested participants must also have 20 years of credited service to be eligible for a death benefit. The benefit, payable as a life annuity to the eligible spouse, will be 75% of the pension that would have been received had retirement been declared on the day preceding the participant’s death. The spouse’s benefit for all employees with at least five years of signatory service and not satisfying the above requirements is 75% of the pension that the participant would have received had he terminated on the actual day of his death, survived to retire at age 55, and died on the following day.

- **Post-Retirement Surviving Spouse’s Death Pension Benefit**

Upon the death of an employee receiving pension benefits under the Plan, a 75% life annuity will be paid to the eligible spouse or beneficiary.

- **Pensioners Death Benefit (Life Insurance)***

\$10,000 life insurance payable to the spouse or related named beneficiary.

*Deferred vested pensioners with less than 20 years of creditable service are not covered.

11. Pension Supplements

Effective February 1, 2015, monthly pension supplements were extended at the following levels:

Medicare Status	Single	Family
No covered family member is Medicare-eligible	\$864	\$1,696
Pensioner or Surviving Spouse is Medicare eligible	\$504	\$1,052
Neither Pensioner nor Surviving Spouse is Medicare Eligible, but a covered family member is Medicare-eligible	N/A	\$1,436

12. Pension Increases

- **Age Retirees**

Monthly benefits have been increased as follows for retirees prior to the effective date.

Effective Date	Amount
03/01/88	\$ 50.00
07/01/89	\$ 12.00
07/01/90	\$ 12.50
10/01/91	\$ 100.00
03/01/95	\$ 75.00 (if terminated before 10/01/91) \$ 100.00 (if terminated after 10/01/91)
07/01/98	\$ 100.00
03/01/02	\$ 100.00
06/01/07	\$ 25.00



Plan Name: UMWA 1985 Construction Workers Pension Plan
Plan Sponsor EIN/PN: IN: 52-6283006 / 001

Schedule MB, line 6 – Summary of Plan Provisions

- **Beneficiaries**

Monthly benefits were increased by 50% on 03/01/88 and by certain fixed dollar amounts as follows:

Effective Date	Amount
07/01/89	\$ 5.00
07/01/90	\$ 6.50
10/01/91	\$ 25.00
03/01/95	\$ 50.00
07/01/98	\$ 75.00
03/01/02	\$ 75.00
06/01/07	\$ 25.00

- **Disability Retirees**

The minimum monthly benefit payable was increased from \$300 to \$375 effective 07/01/98, from \$375 to \$475 effective 03/01/02, and from \$475 to \$500 effective 06/01/07.

13. Changes in Plan Provisions since Last Valuation

The Trustees elected for the Plan to continue to pay temporary supplements to those retirees and beneficiaries receiving a monthly supplement for the upcoming plan year.



**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6283006
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Short-term investments					
	BLACKROCK LIQUID FUNDS	N/A	N/A	968	\$ 968	\$ 968
	NT COLLECTIVE SHORT TERM INVESTMENT FUND	N/A	N/A	9,234,386	9,234,386	9,234,387
	PIMCO SHORT TERM FLOATING NAV FUND	N/A	N/A	157,582	1,578,340	1,578,494
	Total short-term investments				<u>10,813,694</u>	<u>10,813,849</u>
	U.S. Government and government agency obligations					
	GNMAII POOL	04/20/26	4.88%	621	597	620
	Common stock					
	ABERCROMBIE & FITCH CO CL A CL A	N/A	N/A	1,850	87,629	153,273
	ACADEMY SPORTS & OUTDOORS INC COM	N/A	N/A	1,150	33,155	51,532
	ACUITY INC	N/A	N/A	175	22,290	52,210
	ACV AUCTIONS INC CL A CL A	N/A	N/A	12,636	163,189	204,956
	ADEIA INC COM	N/A	N/A	12,250	121,397	173,215
	ADR SILICON MOTION TECHNOLOGY CORP SPONSORED ADR REPSTG SHS	N/A	N/A	3,250	180,913	244,303
	AGILYSYS INC COM STK	N/A	N/A	1,781	143,464	204,174
	AGREE RLTG CORP COM	N/A	N/A	1,750	97,746	127,855
	ALARM COM HLDGS INC COM	N/A	N/A	4,450	167,486	251,737
	ALKAMI TECHNOLOGY INC COM	N/A	N/A	7,139	217,678	215,169
	ALNYLAM PHARMACEUTICALS INC COM	N/A	N/A	737	211,814	240,328
	AMER SPORTS INC COM EUR0.030058	N/A	N/A	4,669	183,410	180,970
	AMERICAN EAGLE OUTFITTERS INC NEW COM	N/A	N/A	5,550	73,425	53,391
	AMERICAN PUB ED INC COM STK	N/A	N/A	1,600	43,369	48,736
	AMERN WOODMARK CORP COM	N/A	N/A	2,050	136,707	109,409
	AMN HEALTHCARE SVCS INC COM	N/A	N/A	1,200	39,442	24,804
	AMPHASTAR PHARMACEUTICALS INC DEL COM	N/A	N/A	2,000	79,213	45,920
	ANGIODYNAMICS INC COM STK	N/A	N/A	10,900	138,526	108,128
	APPLOVIN CORP COM CLA COM CLA	N/A	N/A	650	206,017	227,552
	ASGN INCORPORATED COMN STK USD0.01	N/A	N/A	1,350	31,746	67,406
	ASTERA LABS INC COM	N/A	N/A	2,265	148,430	204,801
	ATLANTIC UN BANKSHARES CORP COM	N/A	N/A	8,490	255,137	265,567
	AXON ENTERPRISE INC COM	N/A	N/A	447	235,422	370,089
	AZENTA INC COM USD0.01	N/A	N/A	2,300	99,618	70,794
	BARRETT BUSINESS SVCS INC COM	N/A	N/A	3,001	121,071	125,112
	BEACON FINANCIAL CORP. COM USD0.01	N/A	N/A	5,250	131,738	131,460
	BIO-TECHNE CORP COM	N/A	N/A	3,687	188,085	189,696
	BJS WHSL CLUB HLDGS INC COM	N/A	N/A	1,434	157,754	154,628
	BLACKLINE INC COM	N/A	N/A	3,594	124,637	203,492
	BLOOMIN BRANDS INC COM	N/A	N/A	3,450	78,183	29,705
	BROADSTONE NET LEASE INC COM USD0.00025	N/A	N/A	6,150	104,205	98,708
	BRP INC COM SUB VTG BRP INC SUBORDINATE VTG NPV	N/A	N/A	1,250	86,617	60,588
	BWX TECHNOLOGIES INC COM	N/A	N/A	3,251	332,267	468,339
	CARDINAL HLTH INC	N/A	N/A	1,435	194,296	241,080
	CARPENTER TECHNOLOGY CORP COM	N/A	N/A	1,292	240,457	357,083
	CASEYS GEN STORES INC COM	N/A	N/A	727	218,508	370,966
	CATALYST PHARMACEUTICALS INC COM STK USD0.001 STK	N/A	N/A	900	19,836	19,530
	CCC INTELLIGENT SOLUTIONS HLDGS INC COM	N/A	N/A	36,162	332,175	340,284
	CELSIUS HLDGS INC COM NEW COM NEW	N/A	N/A	8,018	271,284	371,955
	CENTERSPACE	N/A	N/A	700	43,664	42,133
	CHEMED CORP NEW COM	N/A	N/A	520	106,404	253,204
	CHEWY INC CLASS A	N/A	N/A	7,470	315,398	318,371
	CHURCHILL DOWNS INC COM	N/A	N/A	1,125	31,143	113,625
	CLEARWATER ANALYTICS HLDGS INC CLA CLA	N/A	N/A	8,460	197,494	185,528
	CLOUDFLARE INC COM	N/A	N/A	2,021	214,617	395,772

**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6283006
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	COGNEX CORP COM	N/A	N/A	5,169	\$ 235,675	\$ 163,961
	COHERENT CORP COM	N/A	N/A	1,600	58,483	142,736
	COHU INC COM	N/A	N/A	5,500	102,907	105,820
	COINBASE GLOBAL INC COM CLA	N/A	N/A	827	159,471	289,855
	COLUMBIA BKG SYS INC COM	N/A	N/A	6,500	182,023	151,970
	COLUMBUS MCKINNON CORP NY COM	N/A	N/A	850	25,803	12,980
	COMFORT SYS USA INC COM	N/A	N/A	781	153,776	418,780
	COMMERCIAL METALS CO COM	N/A	N/A	2,900	55,136	141,839
	COMMUNITY WEST BANCSHARES NEW COM	N/A	N/A	1,050	14,933	20,486
	CROSS CTRY HEALTHCARE INC COM	N/A	N/A	3,850	39,930	50,243
	CSW INDUSTRIALS INC COM	N/A	N/A	625	231,311	179,269
	CURTISS WRIGHT CORP COM	N/A	N/A	565	42,368	276,031
	DATADOG INC COM USD0.00001 CLA	N/A	N/A	2,984	391,693	400,841
	DECKERS OUTDOOR CORP COM	N/A	N/A	882	97,417	90,908
	DELEK US HLDGS INC NEW COM	N/A	N/A	4,900	125,312	103,782
	DESCARTES SYS GROUP INC COM	N/A	N/A	3,829	148,539	389,199
	DIAMONDROCK HOSPITALITY CO COM STK	N/A	N/A	8,000	69,347	61,280
	DIME CMNTY BANCSHARES INC NEW COM	N/A	N/A	6,400	166,146	172,416
	DOORDASH INC CL A COM USD0.00001 CLASS A	N/A	N/A	1,457	258,335	359,165
	DOUBLEVERIFY HLDGS INC COM	N/A	N/A	10,399	260,195	155,673
	DOUGLAS DYNAMICS INC COM	N/A	N/A	1,950	46,048	57,467
	DOXIMITY INC COM USD0.001 CLA	N/A	N/A	7,885	205,887	483,666
	DRAFTKINGS INC NEW CLA	N/A	N/A	6,706	222,995	287,620
	DUOLINGO INC CL A COM CL A COM	N/A	N/A	342	109,647	140,227
	EASTERN BANKSHARES INC COM	N/A	N/A	10,250	162,012	156,518
	ELBIT SYS LTD	N/A	N/A	220	26,010	98,890
	EMCOR GROUP INC COM	N/A	N/A	850	44,157	454,657
	ENCOMPASS HEALTH CORP COM USD0.01	N/A	N/A	2,500	101,441	306,575
	ENHABIT INC COM	N/A	N/A	8,300	140,034	80,012
	ENSIGN GROUP INC COM STK	N/A	N/A	2,494	113,962	384,724
	EGT CORP COM	N/A	N/A	3,125	176,063	182,250
	EVEREST GROUP LTD	N/A	N/A	650	161,513	220,903
	EXELIXIS INC COM STK	N/A	N/A	6,300	128,959	277,673
	EXPEDIA GROUP INC COM USD0.001	N/A	N/A	910	162,522	153,499
	EXPONENT INC COM STK	N/A	N/A	2,357	71,197	176,091
	FERGUSON ENTERPRISES INC USD0.0001	N/A	N/A	777	167,853	169,192
	FIRST CMNTY BANKSHARES	N/A	N/A	3,050	51,698	119,469
	FIRST CTZNS BANCSHARES INC CL A CL A	N/A	N/A	119	36,459	232,820
	FIRST MERCHANTS CORP COM	N/A	N/A	4,250	122,958	162,775
	FIRST WATCH RESTAURANT GROUP INC COM	N/A	N/A	10,941	194,418	175,494
	FIVE BELOW INC COM USD0.01	N/A	N/A	3,707	318,604	486,284
	FLOOR & DECOR HLDGS INC CLA CLA	N/A	N/A	4,895	368,373	371,824
	FLUTTER ENTERTAINMENT PLC ORD EUR0.09	N/A	N/A	1,292	302,522	369,202
	FRESHPET INC COM	N/A	N/A	4,713	266,173	320,295
	FTI CONSULTING INC COM	N/A	N/A	175	7,107	28,263
	GENCOR INDS INC COM	N/A	N/A	6,350	99,848	88,900
	GENTEX CORP COM	N/A	N/A	2,050	44,312	45,080
	GIBRALTAR INDS INC COM	N/A	N/A	750	19,696	44,250
	GLAUKOS CORP COM	N/A	N/A	4,139	447,824	427,517
	GLOBANT SA USD1.20	N/A	N/A	2,686	174,362	243,996
	GOLDEN ENMT INC COM	N/A	N/A	1,900	63,221	55,917
	GOOSEHEAD INS INC COM CL A COM CL A	N/A	N/A	2,030	141,644	214,185
	GRAND CANYON ED INC COM STK	N/A	N/A	3,189	265,780	602,721
	GRANITE CONST INC COM	N/A	N/A	3,000	110,761	280,530
	GREIF INC.	N/A	N/A	1,700	112,034	110,483
	GRID DYNAMICS HOLDINGS INC COM USD0.0001 CLA	N/A	N/A	10,041	151,004	115,974

**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6283006
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	HANCOCK WHITNEY CORP	N/A	N/A	550	\$ 26,658	\$ 31,570
	HARMONIC INC COM	N/A	N/A	6,650	57,329	62,976
	HAYWARD HLDGS INC COM	N/A	N/A	7,850	74,738	108,330
	HEALTHPEAK OP LLC	N/A	N/A	8,400	145,905	147,084
	HEIDRICK & STRUGGLES INTL INC COM	N/A	N/A	3,000	82,143	137,280
	HELEN TROY LTD COM STK	N/A	N/A	1,250	98,578	35,475
	HELIX ENERGY SOLUTIONS GROUP INC COM STK	N/A	N/A	15,300	77,138	95,472
	HELMERICH & PAYNE INC COM	N/A	N/A	3,150	117,389	47,754
	HILLMAN SOLUTIONS CORP COM USD0.0001 CLA	N/A	N/A	21,263	193,971	151,818
	HILTON WORLDWIDE HLDGS INC COM NEW COM NEW	N/A	N/A	1,485	292,182	395,515
	HNI CORP COM	N/A	N/A	2,600	81,062	127,868
	HOWMET AEROSPACE INC COM USD1.00 WI	N/A	N/A	3,260	346,118	606,784
	HUBSPOT INC COM	N/A	N/A	439	304,640	244,361
	HUNTSMAN CORP COM STK	N/A	N/A	3,400	80,143	35,428
	ICF INTL INC COM STK	N/A	N/A	925	49,531	78,357
	IDEXX LABS INC COM	N/A	N/A	638	313,752	342,185
	INGLES MKTS INC CLA	N/A	N/A	1,300	95,563	82,394
	INMODE LTD COM ILS0.01	N/A	N/A	5,950	141,847	85,918
	INNOVIVA INC COM	N/A	N/A	11,450	158,807	230,031
	INSMED INC COM PAR \$.01	N/A	N/A	1,901	143,884	191,317
	INSPIRE MED SYS INC COM	N/A	N/A	977	203,045	126,785
	INSULET CORP COM STK	N/A	N/A	328	98,974	103,051
	INTEGRA LIFESCIENCES HLDG CORP COM DESP	N/A	N/A	5,500	138,342	67,485
	IPG PHOTONICS CORP COM	N/A	N/A	700	76,935	48,055
	ITRON INC COM STK NPV	N/A	N/A	750	38,699	98,723
	JAMF HLDG CORP COM	N/A	N/A	10,097	184,465	96,022
	JAZZ PHARMACEUTICALS PLC COM USD0.0001	N/A	N/A	2,100	263,604	222,852
	KADANT INC COM	N/A	N/A	1,199	97,775	380,623
	KAISER ALUM CORP COM PAR \$0.01 COM PAR \$.01	N/A	N/A	1,250	94,740	99,875
	KB HOME COM	N/A	N/A	2,700	80,442	143,019
	KBR INC COM	N/A	N/A	4,100	64,263	196,554
	KINSALE CAP GROUP INC COM	N/A	N/A	888	251,484	429,703
	KITE RLTY GROUP TR COM NEW COM NEW	N/A	N/A	4,500	95,837	101,925
	KORNIT DIGITAL LTD COMMON STOCK	N/A	N/A	7,886	266,397	157,010
	KULICKE & SOFFA INDS INC COM	N/A	N/A	1,000	47,192	34,600
	KVH INDS INC COM STK	N/A	N/A	6,150	72,343	32,780
	LA Z BOY INC COM	N/A	N/A	2,800	61,664	104,076
	LEIDOS HLDGS INC COM	N/A	N/A	900	54,365	141,984
	LIBERTY MEDIA CORP DEL COM LIBERTY FORMULA ONE SER C	N/A	N/A	1,951	183,339	203,880
	LIVE NATION ENTERTAINMENT INC	N/A	N/A	1,114	148,341	168,526
	LPL FINL HLDGS INC COM	N/A	N/A	1,125	266,947	421,841
	LSB INDS INC COM	N/A	N/A	9,900	121,835	77,220
	LSI INDS INC OHIO COM	N/A	N/A	13,900	123,742	236,439
	LUCKY STRIKE ENTERTAINMENT CORPORAT COM USD0.0001 CLA	N/A	N/A	3,550	36,346	32,412
	LXP INDUSTRIAL TRUST COM USD0.0001	N/A	N/A	15,300	144,914	126,378
	MADDEN STEVEN LTD COM	N/A	N/A	2,800	45,103	67,144
	MADISON SQUARE GARDEN ENTMT CORP CL A	N/A	N/A	4,900	181,621	195,853
	MADISON SQUARE GARDEN SPORTS CORP	N/A	N/A	725	123,721	151,489
	MAGNACHIP SEMICONDUCTOR CORP COM	N/A	N/A	9,900	103,060	39,402
	MAGNOLIA OIL & GAS CORP CL A CL A	N/A	N/A	16,550	250,936	372,044
	MARAVAI LIFESCIENCES HLDGS INC CL A CLA	N/A	N/A	7,400	93,862	17,834
	MASTERCRAFT BOAT HLDGS INC COM	N/A	N/A	5,400	107,405	100,332
	MEDPACE HLDGS INC COM	N/A	N/A	1,429	242,379	448,506
	METALLUS INC	N/A	N/A	7,100	99,538	109,411
	MILLER INDS INC TENN COM NEW	N/A	N/A	2,000	64,554	88,920
	MKS INC	N/A	N/A	1,200	71,643	119,232

**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

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

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Form 5500, Schedule H, Line 4i

E.I.N. 52-6283006
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		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	MONGODB INC CL A CLA	N/A	N/A	582	\$ 133,433	\$ 122,214
	MONOLITHIC PWR SYS INC COM	N/A	N/A	332	211,136	242,818
	MUELLER INDS INC COM	N/A	N/A	5,050	72,733	401,324
	NATERA INC COM	N/A	N/A	2,046	206,822	345,651
	NATIONAL HEALTHCARE CORP COM	N/A	N/A	650	44,075	69,557
	NEWMARK GROUP INC CLA CLA	N/A	N/A	6,850	85,012	83,228
	NOBLE CORPORATION PLC COM	N/A	N/A	2,950	129,194	78,323
	NOMAD FOODS LIMITED COMMON STOCK	N/A	N/A	8,000	153,818	135,920
	NORTHWESTERN ENERGY GROUP INC	N/A	N/A	6,300	268,481	323,190
	NRG ENERGY INC COM NEW	N/A	N/A	915	138,805	146,931
	OCEANFIRST FINL CORP COM	N/A	N/A	4,750	100,664	83,648
	OLD REPUBLIC INTERNATIONAL CORP COM STK USD1	N/A	N/A	5,200	83,071	199,888
	OMNICELL INC COM	N/A	N/A	600	17,078	17,640
	ONTO INNOVATION INC	N/A	N/A	900	31,703	90,837
	OPTION CARE HEALTH INC COM NEW COM NEW	N/A	N/A	6,386	205,371	207,417
	ORASURE TECHNOLOGIES INC COM	N/A	N/A	7,650	77,150	22,950
	ORTHOPEDIATRICS CORP COM	N/A	N/A	2,733	82,730	58,705
	OSHKOSH CORPORATION	N/A	N/A	450	44,804	51,093
	OSI SYS INC COM	N/A	N/A	1,550	151,549	348,533
	OVINTIV INC COM USD0.01	N/A	N/A	3,800	125,604	144,590
	OWENS CORNING NEW COM STK	N/A	N/A	1,275	76,986	175,338
	PAYLOCITY HLDG CORP COM	N/A	N/A	2,568	286,914	465,296
	PENNANT GROUP INC	N/A	N/A	6,790	228,877	202,682
	PERION NETWORK LTD PERION NETWORK LTD	N/A	N/A	2,950	72,686	29,943
	PERRIGO COMPANY LIMITED COM EURO.001	N/A	N/A	6,750	227,239	180,360
	PHREESIA INC COM	N/A	N/A	4,637	176,323	131,969
	PIEDMONT REALTY TRUST INC	N/A	N/A	6,750	87,156	49,208
	PIPER SANDLER COMPANIES COM USD0.01	N/A	N/A	1,075	47,335	298,786
	PLANET FITNESS INC CL A CLA	N/A	N/A	1,257	135,868	137,076
	POLARIS INC	N/A	N/A	1,150	106,250	46,748
	PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW	N/A	N/A	3,200	139,565	130,016
	POWER INTEGRATIONS INC COM	N/A	N/A	3,455	114,655	193,135
	PRINCETON BANCORP INC COM	N/A	N/A	1,750	57,243	53,445
	PRIVIA HEALTH GROUP INC COM	N/A	N/A	17,195	426,759	395,485
	PROGRESS SOFTWARE CORP COM	N/A	N/A	3,600	150,957	229,824
	PROVIDENT FINL SVCS INC COM	N/A	N/A	10,000	150,801	175,300
	PULTE GROUP INC	N/A	N/A	600	20,144	63,276
	QUANEX BLDG PRODS CORP COM STK	N/A	N/A	7,100	122,147	134,190
	QUIDELORTHO CORPORATION COM USD0.001	N/A	N/A	1,000	54,114	28,820
	RB GLOBAL INC COM NPV	N/A	N/A	3,847	138,718	408,513
	RBC BEARINGS INC COM	N/A	N/A	1,401	407,587	539,105
	REDDIT INC CL A CLA	N/A	N/A	988	150,541	148,763
	REGAL REXNORD CORPORATION COM STK USD0.01	N/A	N/A	875	66,421	126,840
	REPLUGEN CORP COM STK USD0.01	N/A	N/A	2,130	334,207	264,929
	REX AMERICAN RESOURCES CORP	N/A	N/A	4,250	97,435	207,018
	ROBINHOOD MKTS INC COM CLA COM CLA	N/A	N/A	6,223	282,286	582,659
	ROBLOX CORP COM USD0.0001 CLA	N/A	N/A	3,391	234,558	356,733
	ROCKET COS INC CLA CLA	N/A	N/A	4,645	67,144	65,866
	ROKU INC COM CLA COM CLA	N/A	N/A	2,639	190,625	231,942
	ROYAL CARIBBEAN GROUP COM STK	N/A	N/A	1,070	201,746	335,060
	SCIENCE APPLICATIONS INTL CORP NEW COM USD0.0001	N/A	N/A	1,025	88,565	115,425
	SEADRILL LIMITED	N/A	N/A	2,200	97,105	57,750
	SELECT WATER SOLUTIONS INC	N/A	N/A	6,150	47,000	53,136
	SELECTIVE INS GROUP INC COM	N/A	N/A	1,750	38,089	151,638
	SHARKNINJA COM USD0.0001	N/A	N/A	1,985	187,719	196,495

**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6283006
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
		Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	SILICOM LTD COM STK	N/A	N/A	3,900	\$ 136,265	\$ 61,152
	SIMPSON MFG INC COM	N/A	N/A	1,216	227,514	188,857
	SMITHFIELD FOODS INC COM	N/A	N/A	3,550	70,963	83,532
	SNOWFLAKE INC CL A CLA	N/A	N/A	1,837	330,388	411,065
	SOFI TECHNOLOGIES INC COM	N/A	N/A	8,336	153,794	151,799
	SONOS INC COM	N/A	N/A	7,000	127,403	75,670
	SPECTRUM BRANDS HLDGS INC COM USD0.01	N/A	N/A	1,900	118,296	100,700
	SPHERE ENTERTAINMENT CO COM USD0.01 CLASS A	N/A	N/A	1,900	67,349	79,420
	SPOTIFY TECHNOLOGY SA COM EUR0.025	N/A	N/A	1,075	241,387	824,891
	SPROUTS FMRS MKT INC COM	N/A	N/A	1,563	147,192	257,332
	SPS COMM INC COM	N/A	N/A	3,040	89,987	413,714
	STANLEY BLACK & DECKER INC COM	N/A	N/A	2,003	137,312	135,703
	STEVANATO GROUP S.P.A. COM NPV	N/A	N/A	7,069	209,615	172,696
	STIFEL FINL CORP COM	N/A	N/A	2,300	40,312	238,694
	STRIDE INC COM USD	N/A	N/A	1,975	46,444	286,750
	SUMMIT HOTEL PROPERTIES INC COM	N/A	N/A	4,900	47,629	24,941
	SUPERNUS PHARMACEUTICALS INC COM STK	N/A	N/A	1,200	41,086	37,824
	TAKE-TWO INTERACTIVE SOFTWARE INC COM STK USD0.01	N/A	N/A	1,526	264,707	370,589
	TALEN ENERGY CORP NEW COM	N/A	N/A	1,626	333,071	472,792
	TAPESTRY INC COM USD0.01	N/A	N/A	3,581	194,366	314,448
	TARGA RES CORP COM	N/A	N/A	3,102	344,653	539,996
	TEEKAY TANKERS LTD (BM) COM USD0.01 CLA	N/A	N/A	1,050	45,134	43,806
	TETRA TECH INC NEW COM	N/A	N/A	1,175	5,996	42,253
	TEXAS PAC LD CORP COM USD0.01	N/A	N/A	134	140,512	141,556
	TEXAS ROADHOUSE INC COMMON STOCK	N/A	N/A	967	154,236	181,225
	THE TRADE DESK INC COM CLA COM CLA	N/A	N/A	3,055	220,812	219,929
	TKO GROUP HLDGS INC COM	N/A	N/A	1,079	111,259	196,324
	TOAST INC COM USD0.000001 CLASS A	N/A	N/A	3,710	157,542	164,316
	TOPBUILD CORP COM	N/A	N/A	312	99,546	101,007
	TOWER SEMICONDUCTOR LTD	N/A	N/A	4,300	105,921	186,405
	TRANSCAT INC COM	N/A	N/A	2,508	265,936	215,588
	TRUSTCO BK CORP N Y COM NEW	N/A	N/A	6,300	183,953	210,546
	TWFG INC CLA COM CL A COM	N/A	N/A	2,918	93,054	102,130
	U-HAUL HOLDING COMPANY	N/A	N/A	1,350	39,610	73,400
	UMB FINL CORP COM STK	N/A	N/A	1,950	182,316	205,062
	UNITED BANKSHARES INC W VA COM	N/A	N/A	2,450	77,620	89,254
	UNITED CMNTY BK BLAIRSVILLE GA COM	N/A	N/A	4,750	86,105	141,503
	UNITED FIRE GROUP INC COM USD0.001	N/A	N/A	3,400	88,315	97,580
	UNIVERSAL DISPLAY CORP COM	N/A	N/A	650	60,733	100,399
	URBAN OUTFITTERS INC COM	N/A	N/A	3,950	101,954	286,514
	V2X INC COM USD0.01	N/A	N/A	1,900	87,562	92,245
	VERTIV HOLDINGS LLC COM USD0.0001	N/A	N/A	5,461	487,514	701,247
	VIKING HOLDINGS LTD	N/A	N/A	4,450	109,727	237,141
	VILLAGE SUPER MKT INC CL A NEW CL A NEW	N/A	N/A	2,650	61,544	102,025
	VISHAY INTERTECHNOLOGY INC COM STK	N/A	N/A	8,100	116,797	128,628
	VISTEON CORP COM NEW COM NEW	N/A	N/A	1,500	122,037	139,950
	VISTRA CORP COM USD0.01	N/A	N/A	3,213	367,239	622,712
	VULCAN MATERIALS CO COM	N/A	N/A	681	175,933	177,618
	WAFD INC COM STK USD1	N/A	N/A	7,600	170,020	222,528
	WEBSTER FNCL CORP WATERBURY CONN COM	N/A	N/A	5,100	232,164	278,460
	WEST PHARMACEUTICAL SVCS INC COM	N/A	N/A	1,177	411,267	257,528
	WILLIAMS SONOMA INC COM	N/A	N/A	875	32,039	142,949
	WILLSCOT HOLDINGS CORPORATION COM	N/A	N/A	6,873	90,139	188,320
	WORKIVA INC COM CL A COM CLA	N/A	N/A	4,607	135,484	315,349
	XPO INC COM	N/A	N/A	2,527	267,316	319,135
	ZSCALER INC COM	N/A	N/A	1,081	247,390	339,369
	Total common stock				<u>38,645,641</u>	<u>51,224,449</u>

**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 52-6283006
Plan No. 001

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par/Maturity Value or Shares			(d) Cost	(e) Current Value
	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
Limited partnerships					
AMERICAN CORE REALTY	N/A	N/A	131	\$ 11,052,823	\$ 15,738,998
GOLDPOINT PARTNERS SELECT MANAGER FUND IV, LP	N/A	N/A	7,953,631	3,794,781	9,906,671
KPS SPECIAL SITUATIONS FUND IV, LP	N/A	N/A	6,118,939	860,726	3,191,351
KPS SPECIAL SITUATIONS FUND V, LP	N/A	N/A	5,380,018	2,169,385	6,079,089
KPS SPECIAL SITUATIONS FUND VI	N/A	N/A	915,800	893,661	881,309
LANDMARK GROWTH CAPITAL PARTNERS, LF	N/A	N/A	1	1	34,083
HAMILTON LANE SECONDARY FUND III-A LP	N/A	N/A	1	1	78,683
HAMILTON LANE SECONDARY FUND IV-A LP	N/A	N/A	1	1	1,177,791
HAMILTON LANE SECONDARY FEEDER V-A LP	N/A	N/A	4,390,000	3,705,216	5,175,130
HAMILTON LANE SECONDARY OFFSHORE II	N/A	N/A	1	1	6,704
HAMILTON LANE PRIVATE EQUITY OFFSHORE FUND X	N/A	N/A	3,455,471	2,001,465	4,588,365
HARBOURVEST PARTNERS XI	N/A	N/A	5,619,833	4,600,241	8,643,719
HARBOURVEST PARTNERS XII	N/A	N/A	3,615,934	3,574,640	4,433,201
POMONA CAPITAL X	N/A	N/A	3,916,992	2,521,154	4,603,657
POMONA CAPITAL IX	N/A	N/A	107,448	1	1,612,086
Total limited partnerships				<u>35,174,097</u>	<u>66,150,837</u>
Common collective trusts					
CF AMAL LONGVIEW COLTV INVEST FD LARGE CAP 500	N/A	N/A	20,180	5,310,438	47,665,400
CF AMALGAMATED LONGVIEW 1000 VALUE-INITIAL SUBSCRIPTION	N/A	N/A	135,050	26,731,856	49,527,752
CF AMALGAMATED LONGVIEW LARGE CAP 1000 GROWTH INDEX FUND	N/A	N/A	69,683	15,443,745	52,509,622
CF AMALGAMATED LV 400 MIDCAF	N/A	N/A	5,422	13,983,689	18,971,652
CF ASB ALLEGIANCE REAL ESTATE FUND	N/A	N/A	8,756	10,050,185	12,669,938
CF LOOMIS SAYLES MULTISECTOR FULL DESCRIPTION TRUST CLB UNITS FD 30832	N/A	N/A	527,702	9,372,228	15,535,540
CF MULTI-EMPLOYER PROPERTY TRUST	N/A	N/A	1,170	2,652,891	14,917,049
CF WELLINGTON OPPORTUNISTIC FIXED INCOME	N/A	N/A	1,174,216	16,384,042	14,771,636
Total common collective trusts				<u>99,929,074</u>	<u>226,568,589</u>
Mutual funds					
MFO DFA WORLD EX US CORE EQUITY PORTFOLIO	N/A	N/A	1,582,767	19,353,719	24,295,473
MFO PIMCO ABS AND SHORT TERM INVESTMENT PORT	N/A	N/A	1,224,235	14,436,555	14,507,179
MFO PIMCO FDS PAC INVT MGMT SER ALL AST FD INSTL CL	N/A	N/A	1,380,889	16,589,291	15,548,815
MFO PIMCO FDS PAC INVT MGMT SER INTL PORTFOLIO INSTL CL	N/A	N/A	606,097	3,695,615	3,848,714
MFO PIMCO FDS PAC INVT MGMT SER INVT GRADE CR BD PORT INSTL CL	N/A	N/A	1,603,830	14,586,083	14,610,892
MFO PIMCO FDS PAC INVT MGMT SER PVT ACCPTPORTFOLIO SER MUN SECTOR	N/A	N/A	114,864	730,281	668,508
MFO PIMCO FDS PAC INVT MGMT SER REAL RETURN BD PORTFOLIO INSTL CL	N/A	N/A	261,729	3,198,995	3,164,307
MFO PIMCO FDS PAC INVT MGMT SER US GOVTSECTOR PORTFOLIO INSTL CL	N/A	N/A	1,271,509	9,088,330	7,972,361
MFO PIMCO FDS PAPS EMERGING MKTS PORTFOLIO INSTL CL	N/A	N/A	291,325	2,651,540	2,700,579
MFO PIMCO HI YIELD PORTFOLIO FD #477	N/A	N/A	94,799	677,951	681,604
MFO PIMCO PAPS MORTGAGE PORTFOLIO INSTL CL	N/A	N/A	982,490	8,471,283	7,771,493
Total mutual funds				<u>93,479,643</u>	<u>95,769,925</u>
Hedge funds					
CORBIN ERISA OPPORTUNITY FUND	N/A	N/A	9,300,000	9,300,000	18,017,119
Total hedge funds				<u>9,300,000</u>	<u>18,017,119</u>
Real estate investment trusts					
APPLE HOSPITALITY REIT INC COM NEW COM NEW	N/A	N/A	12,000	176,943	140,040
COMMUNITY HEALTHCARE TR INC REIT	N/A	N/A	5,100	116,328	84,813
SABRA HEALTH CARE REIT INC COM	N/A	N/A	11,900	181,297	219,436
Total real estate investment trusts				<u>474,568</u>	<u>444,289</u>
Total assets (held at end of year)				<u>\$ 287,817,314</u>	<u>\$ 468,989,677</u>

Plan Name: UMWA 1985 Construction Workers Pension Plan
 Plan Sponsor EIN/PN: IN: 52-6283006 / 001

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age/Service Distribution of Active Participants as of July 1, 2024											
AGE	COMPLETED YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 40	40 & Up	
Under 25	1	34	3	0	0	0	0	0	0	0	38
25-29	4	12	6	3	0	0	0	0	0	0	25
30-34	1	12	5	2	0	0	0	0	0	0	20
35-39	0	8	2	6	0	0	0	0	0	0	16
40-44	0	4	5	7	5	1	0	0	0	0	22
45-49	0	3	7	6	4	2	1	0	0	0	23
50-54	1	5	5	7	5	1	2	0	0	0	26
55-59	0	0	1	5	6	0	0	1	0	0	13
60-64	0	3	1	2	2	3	0	0	0	0	11
65-69	0	1	2	0	0	0	0	0	0	0	3
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Total	7	82	37	38	22	7	3	1	0	0	197
	Average Age = 39.5					Average Service = 8.2					



Plan Name: UMWA 1985 Construction Workers Pension Plan
Plan Sponsor EIN/PN: IN: 52-6283006 / 001

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Changes:

The RPA '94 current liability interest rate was changed from 2.85% to 3.69% to comply with appropriate guidance.

The RPA '94 current liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table to comply with appropriate guidance.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Rate of Investment Return

7.00% compounded annually (Actuarial Liability)
 3.69% compounded annually (Current Liability – RPA '94)

Investment returns are net of administrative and investment expenses.

2. Rate of Mortality

Funding:

Non-Annuitant Lives: Pri-2012 Employee Mortality Table with Blue Collar adjustment for Males and Females, projected forward with IRS 2024 Adjusted Scale MP-2021 with generational improvements

Healthy Annuitant: 125% of the Pri-2012 Non-Disabled Annuitants Mortality Table with Blue Collar adjustment for Males and Females, projected forward with IRS 2024 Adjusted Scale MP-2021 with generational improvements

Disableds: Pri-2012 Disabled Retiree Mortality Table, projected forward with IRS 2024 Adjusted Scale MP-2021 with generational improvements

RPA '94 Current Liability:

2024 Current Liability Combined Mortality Table as provided by IRS regulation.

3. Rate of Retirement

It is assumed that all eligible employees will retire in accordance with annual rates as shown below based on age:

Age	Probability
Younger than 55	0%
55	25%
56 - 58	20%
59	30%
60	40%
61 - 69	50%
70 and older	100%

Employees who terminate employment with entitlement to deferred vested pensions are assumed to commence receiving benefits at age 60, if their last day of work was on or after February 7, 2002, otherwise at age 62.



Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

4. Rate of Turnover

Termination of employment for reasons other than death, disability, or retirement is assumed to be in accordance with annual rates as shown below for illustrative years of service.

Years of Service	Turnover Percentage
0	40.0%
1	36.0%
2	32.0%
3	28.0%
4	24.0%
5	22.0%
6	20.0%
7	18.0%
8	16.0%
9	14.0%
10	12.0%
11	10.0%
12	9.0%
13	8.0%
14	7.0%
15	6.0%
16	5.0%
17	4.0%
18	3.0%
19	2.0%
20+	1.0%

5. Disability

Based upon a modification of the probability of disability as prescribed in the tenth valuation of the Railroad Retirement Board.

Age	Disabilities Per 1,000 Participants
30	0.022
35	0.202
40	0.375
45	0.997
50	1.823
55	3.503
60	6.203
65	0.00

6. Administrative Expenses

There is no explicit assumption for administrative expenses.

7. Past Service

For participants with credible past service data, service is calculated as of the valuation date based on actual hours worked. Participants without complete past service data assume two-thirds a year of signatory service for each year from assumed Entry Age to the year in which actual hours worked has been recorded. Service prior to April 1976 is estimated assuming two-thirds a year of signatory service for each year of employment after age 27.



Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

8. Future Service

Participants are assumed to earn 1.0 year of signatory service for each calendar year they remain active participants in the construction segment.

9. Marital Status

85% of participants are assumed to be married at retirement with wives four-years younger than husbands. Additionally, 80% of these married participants are assumed to elect a 75% Joint & Survivor annuity.

10. Pension Supplement Continuation

Pension supplements were assumed to be paid for an additional 12 months after the valuation date. The Board evaluates the financial feasibility of continuing these temporary supplements on an annual basis.

11. Rationale for Economic and Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 27 and No. 35, the economic and demographic assumptions used in this report were based on an experience study covering the period from July 1, 2018 through June 30, 2023. The results of this experience study were presented in August 2024.

12. Changes in Assumptions since Last Valuation

The RPA Current Liability interest rate was changed from 2.85% to 3.69%.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial Value of Assets is set equal to the Market Value of Assets as of the valuation date.

2. Funding Method: Entry Age Normal Cost Method

Under the Entry Age Normal Cost Method, the individual Entry Age Normal Cost is determined for each participant by calculating the level annual contribution required to fund that individual's expected benefits based on the current plan provisions over the participant's expected active working lifetime with the Plan at entry.

At the valuation date, the present value of future normal cost is calculated for each individual participant by multiplying the Entry Age Normal Cost by the present value of the participant's expected future active working lifetime with the Plan. The cost for each participant is then summed to yield the total plan present value of future normal costs.

The excess of the Present Value of Future Benefits for all individuals at the valuation date over the present value of future normal costs is called the Actuarial Liability.

The excess, if any, of the Actuarial Liability over the Actuarial Value of Assets is known as the unfunded accrued liability. If the Actuarial Value of Assets exceeds the Actuarial Liability, the Plan may have a surplus.

3. Modeling Disclosures

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

ProVal

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, normal costs, and project benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation report.

Projection Model

Projections in Section II of this actuarial valuation report were developed using *P-scan*, our proprietary tool for developing deterministic projections. *P-scan* is used to illustrate the impact on the future financial status of the Plan due to changes in active membership, investment experience and the collection of withdrawal liability payments. The model can show how sensitive the Plan is to changes in an individual assumption or changes in a combination of assumptions. The scenarios shown in this report are deterministic projections and the variables are not necessarily correlated.

4. Changes in Methods since the Last Valuation

None

Plan Name: UMWA 1985 Construction Workers Pension Plan
 Plan Sponsor EIN/PN: IN: 52-6283006 / 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year Ending June 30,	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	\$ 96,274	\$ 1,655,069	\$ 18,532,798	\$ 20,284,141
2026	\$ 169,940	\$ 1,782,064	\$ 12,244,371	\$ 14,196,376
2027	\$ 236,760	\$ 1,849,566	\$ 11,848,297	\$ 13,934,623
2028	\$ 290,244	\$ 1,950,088	\$ 11,443,314	\$ 13,683,645
2029	\$ 327,672	\$ 2,029,825	\$ 11,030,049	\$ 13,387,547
2030	\$ 364,649	\$ 2,125,976	\$ 10,608,586	\$ 13,099,210
2031	\$ 404,823	\$ 2,206,129	\$ 10,178,863	\$ 12,789,815
2032	\$ 439,556	\$ 2,339,737	\$ 9,740,699	\$ 12,519,992
2033	\$ 475,379	\$ 2,421,019	\$ 9,293,998	\$ 12,190,396
2034	\$ 502,475	\$ 2,516,253	\$ 8,838,962	\$ 11,857,690
2035	\$ 540,552	\$ 2,553,610	\$ 8,376,080	\$ 11,470,242
2036	\$ 573,375	\$ 2,542,297	\$ 7,906,177	\$ 11,021,849
2037	\$ 603,375	\$ 2,588,973	\$ 7,430,449	\$ 10,622,797
2038	\$ 635,306	\$ 2,602,246	\$ 6,950,487	\$ 10,188,038
2039	\$ 663,788	\$ 2,608,345	\$ 6,468,298	\$ 9,740,431
2040	\$ 686,210	\$ 2,588,723	\$ 5,986,240	\$ 9,261,173
2041	\$ 702,645	\$ 2,557,563	\$ 5,506,965	\$ 8,767,173
2042	\$ 731,416	\$ 2,526,377	\$ 5,033,495	\$ 8,291,288
2043	\$ 744,480	\$ 2,503,919	\$ 4,569,120	\$ 7,817,519
2044	\$ 755,931	\$ 2,442,644	\$ 4,117,316	\$ 7,315,891
2045	\$ 762,931	\$ 2,387,341	\$ 3,681,594	\$ 6,831,866
2046	\$ 766,479	\$ 2,322,827	\$ 3,265,373	\$ 6,354,680
2047	\$ 760,876	\$ 2,276,314	\$ 2,871,796	\$ 5,908,986
2048	\$ 764,915	\$ 2,222,887	\$ 2,503,680	\$ 5,491,482
2049	\$ 762,383	\$ 2,142,309	\$ 2,163,347	\$ 5,068,040
2050	\$ 754,622	\$ 2,074,427	\$ 1,852,468	\$ 4,681,517
2051	\$ 740,350	\$ 2,001,410	\$ 1,572,035	\$ 4,313,796
2052	\$ 736,656	\$ 1,905,791	\$ 1,322,251	\$ 3,964,698
2053	\$ 723,224	\$ 1,824,994	\$ 1,102,643	\$ 3,650,862
2054	\$ 715,278	\$ 1,748,900	\$ 912,039	\$ 3,376,218
2055	\$ 702,009	\$ 1,659,776	\$ 748,680	\$ 3,110,464
2056	\$ 685,089	\$ 1,560,704	\$ 610,369	\$ 2,856,162
2057	\$ 681,932	\$ 1,465,580	\$ 494,620	\$ 2,642,131
2058	\$ 662,131	\$ 1,378,498	\$ 398,776	\$ 2,439,405
2059	\$ 639,967	\$ 1,289,952	\$ 320,213	\$ 2,250,133
2060	\$ 618,136	\$ 1,200,921	\$ 256,400	\$ 2,075,457
2061	\$ 599,003	\$ 1,111,219	\$ 204,991	\$ 1,915,213
2062	\$ 575,903	\$ 1,024,708	\$ 163,888	\$ 1,764,498
2063	\$ 551,701	\$ 941,645	\$ 131,226	\$ 1,624,572
2064	\$ 525,727	\$ 862,278	\$ 105,408	\$ 1,493,413
2065	\$ 500,085	\$ 786,840	\$ 85,085	\$ 1,372,009
2066	\$ 471,763	\$ 715,513	\$ 69,133	\$ 1,256,409
2067	\$ 443,891	\$ 648,410	\$ 56,646	\$ 1,148,947
2068	\$ 416,507	\$ 585,599	\$ 46,885	\$ 1,048,992
2069	\$ 389,791	\$ 527,087	\$ 39,270	\$ 956,147
2070	\$ 363,848	\$ 472,818	\$ 33,335	\$ 870,001
2071	\$ 338,757	\$ 422,678	\$ 28,716	\$ 790,151
2072	\$ 314,585	\$ 376,502	\$ 25,123	\$ 716,209
2073	\$ 291,390	\$ 334,098	\$ 22,327	\$ 647,816
2074	\$ 269,236	\$ 295,271	\$ 20,141	\$ 584,648



Plan Name: UMWA 1985 Construction Workers Pension Plan
Plan Sponsor EIN/PN: IN: 52-6283006 / 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Note on Expected Annual Benefit Payments:

- Based on the 2024 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants, or expected expenses.
- Includes \$5,903,020 due to expected supplement payments

Plan Name: UMWA 1985 Construction Workers Pension Plan
Plan Sponsor EIN/PN: IN: 52-6283006 / 001

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

There are no employer contribution or withdrawal liability requirements for the current plan year or thereafter.

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>07/01/2024</u> and ending <u>06/30/2025</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

Part II	Basic Plan Information - enter all requested information
1a Name of plan UNITED MINE WORKERS OF AMERICA 1985 CONSTRUCTION WORKERS PENSION PLAN	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE UMW 1985 CONSTRUCTION WOR C/O THE HEALTH PLAN OF WV 1110 MAIN STREET WHEELING WV 26003-2704	1c Effective date of plan <u>07/01/1985</u> 2b Employer Identification Number (EIN) <u>52-6283006</u> 2c Plan Sponsor's telephone number <u>740-699-6121</u> 2d Business code (see instructions) <u>213110</u>

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

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

X SIGN HERE		3/5/26	FREDRICK M. MARX, TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	2,317
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	197
a(2) Total number of active participants at the end of the plan year	6a(2)	195
b Retired or separated participants receiving benefits	6b	1,106
c Other retired or separated participants entitled to future benefits	6c	513
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,814
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	467
f Total. Add lines 6d and 6e	6f	2,281
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information - Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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**UNITED MINE WORKERS OF AMERICA
1985 CONSTRUCTION WORKERS PENSION PLAN AND TRUST**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

Form 5500, Schedule H, Line 4j

E.I.N 52-6283006
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	NT Collective Short Term Investment Fund	\$ 40,582,669	N/A	\$ -	\$ -	\$ 40,582,669	\$ 40,582,669	N/A
	NT Collective Short Term Investment Fund	N/A	\$ 36,258,703	-	-	36,258,703	36,258,703	N/A
	MFO PIMCO Short Term Floating NAV II	32,466,277	N/A	-	-	32,466,277	32,466,277	N/A
	MFO PIMCO Short Term Floating NAV II	N/A	32,000,000	-	-	31,999,126	32,000,000	\$ 874

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan UMWA 1985 Construction Workers Pension Plan	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD of Trustees of the UMWA 1985 Construction Workers Pension Plan	D Employer Identification Number (EIN) 52-6283006	

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

1a Enter the valuation date: Month 7 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	446,409,984
(2) Actuarial value of assets for funding standard account	1b(2)	446,409,984
c (1) Accrued liability for plan using immediate gain methods	1c(1)	153,944,749
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	151,737,490
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	224,099,363
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	919,518
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	19,964,579
(3) Expected plan disbursements for the plan year.....	1d(3)	20,453,528

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

SIGN HERE		<u>2/20/2026</u>
	Signature of actuary	Date
	Robert Murray, ASA, EA	23-09016
	Type or print name of actuary	Most recent enrollment number
	Cheiron, Inc	(703) 893-1456
	Firm name	Telephone number (including area code)
	230 W. Monroe Street , Suite 650 Chicago IL 60606	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	446,409,984
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,596	159,904,293
(2) For terminated vested participants	538	50,983,546
(3) For active participants:		
(a) Non-vested benefits		1,495,272
(b) Vested benefits		11,716,252
(c) Total active	197	13,211,524
(4) Total	2,331	224,099,363
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			3(b)	0	3(c)

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	294.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- | | | | |
|--|---|---|---|
| a <input type="checkbox"/> Attained age normal | b <input checked="" type="checkbox"/> Entry age normal | c <input type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	0	0
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		10,768
e Total charges. Add lines 9a through 9d.....	9e		164,595
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		3,485,785
g Employer contributions. Total from column (b) of line 3.....	9g		0
h Amortization credits as of valuation date.....		Outstanding balance	
(1) ERISA FFL (accrued liability FFL).....	9h(1)	0	0
(2) "RPA '94" override (90% current liability FFL)	9h(2)		
(3) FFL credit	9h(3)		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		244,005
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	0	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	0	
(3) FFL credit	9j(3)		164,595
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		3,894,385
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		3,729,790
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No