Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES

1b Three-digit plan number (PN) ▶ 527

1c Effective date of plan 01/01/1995

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)
ALTRIA CLIENT SERVICES LLC

P. O. BOX 85088
RICHMOND, VA 23285-5088

6601 WEST BROAD STREET
RICHMOND, VA 23230-1723

2b Employer Identification Number (EIN)
47-2929146

2c Plan Sponsor's telephone number
804-274-2200

2d Business code (see instructions)
312200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	THOMAS HOUGHTALING
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THOMAS H WATSON PLAN ADMINISTRATOR

ALCS BENEFITS
6601 W BROAD ST
RICHMOND, VA 23230

3b Administrator's EIN: 88-1380953

3c Administrator's telephone number: 804-274-2200

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**	1741
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)**	1293
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1255
b	Retired or separated participants receiving benefits	**6b**	418
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1673
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4H

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 527

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRIA CLIENT SERVICES LLC

D Employer Identification Number (EIN)
47-2929146

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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(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)

FIDELITY INVESTMT INSTIT OP CO INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50 64	RECORDKEEPER	103790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHARF INVESTMENTS LLC

26-3775085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	93320	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	83000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

THE HARTFORD

06-0838648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 50	CONTRACT ADMINISTRATOR	34914	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	19200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JPMORGAN CHASE BANK NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 50 62	TRUSTEE	10372	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 527

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALTRIA CLIENT SERVICES LLC

D Employer Identification Number (EIN)
47-2929146

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ALCS L-T DISABILITY TRUST

b Name of sponsor of entity listed in (a): ALTRIA CLIENT SERVICES LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
51-0194366-001	M	16128976

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES

B Three-digit plan number (PN) ▶ 527

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRIA CLIENT SERVICES LLC

D Employer Identification Number (EIN)
47-2929146

Part I Asset and Liability Statement

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.

Assets		(a) Beginning of Year	(b) End of Year
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)	10866	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	415332	399313
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	19889168	16128976
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	20315366	16528289
Liabilities			
1g Benefit claims payable	1g	489018	366973
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	44641	40558
1k Total liabilities (add all amounts in lines 1g through1j)	1k	533659	407531
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	19781707	16120758

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1444982
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1444982
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4761419	
(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)		4761419
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)	34914	
(3) Recordkeeping fees	2i(3)	103497	
(4) IQPA audit fees	2i(4)	83000	
(5) Investment advisory and investment management fees	2i(5)	93759	
(6) Bank or trust company trustee/custodial fees	2i(6)	10120	
(7) Actuarial fees	2i(7)	19200	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	22	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		344512
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5105931
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3660949
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		60000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

Long-Term Disability Plan for Hourly Employees

Financial Statements
at December 31, 2025 and 2024

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

Report of Independent Auditors

To the Administrator of the Long-Term Disability Plan for Hourly Employees

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

We have performed an audit of the accompanying financial statements of the Long-Term Disability Plan for Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and of changes in plan's benefit obligations for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

Schedule H - Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 ("supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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

PricewaterhouseCoopers LLP

Richmond, Virginia
October 2, 2026

LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

At December 31,	2025	2024
Assets:		
Interest-bearing cash	**$ 399,313**	$ 415,332
Plan's interest in Trust	**16,128,976**	19,889,168
Receivable from Plan Sponsor	**—**	10,866
	16,528,289	20,315,366
Liabilities:		
Accrued general and administrative expenses	**40,558**	44,641
Net assets available for benefits	**$ 16,487,731**	$ 20,270,725

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

LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31,	**2025**
Additions to net assets attributed to:	
Interest and dividend income from Trust	**$ 428,881**
Net appreciation in fair value of investments from Trust	**1,016,101**
Total additions	**1,444,982**
Deductions from net assets attributed to:	
Claims paid	**(4,883,464)**
General and administrative expenses	**(344,512)**
Total deductions	**(5,227,976)**
Net decrease	**(3,782,994)**
Net assets available for benefits:	
Beginning of year	**20,270,725**
End of year	**$ 16,487,731**

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

LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS

At December 31,	**2025**	**2024**
Amounts currently payable:		
Claims incurred but not reported	**$ 287,401**	$ 210,213
Postemployment benefit obligations at present value of estimated amounts, net of amounts currently payable:		
Approved disability benefits payable	**2,524,828**	2,327,921
Pending disability benefits payable	**79,572**	241,796
Total obligations other than postretirement benefit obligations	**2,891,801**	2,779,930
Postretirement benefit obligations:		
Approved disability benefits payable	**33,275,479**	35,066,046
Pending disability benefits payable	**—**	37,009
Total postretirement benefit obligations	**33,275,479**	35,103,055
Total benefit obligations	**$ 36,167,280**	$ 37,882,985

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

LONG-TERM DISABILITY PLAN FOR HOURLY EMPLOYEES
STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS

For the year ended December 31,	2025
Amounts currently payable:	
Balance at beginning of year	$ 210,213
Claims incurred, including benefits reclassified to amounts currently payable	4,960,652
Claims paid	(4,883,464)
Balance at end of year	287,401
Postemployment benefit obligations:	
Balance at beginning of year	2,569,717
Interest	135,628
Plan experience	483,189
Benefits reclassified to amounts currently payable	(627,946)
Changes in actuarial assumptions	43,812
Net increase during the year	34,683
Balance at end of year	2,604,400
Postretirement benefit obligations:	
Balance at beginning of year	35,103,055
Interest	1,804,487
Plan experience	152,080
Benefits reclassified to amounts currently payable	(4,588,397)
Changes in actuarial assumptions	804,254
Net decrease during the year	(1,827,576)
Balance at end of year	33,275,479
Total benefit obligations at end of year	$ 36,167,280

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

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

1. Description of the Plan

The following brief description of the Long-Term Disability Plan for Hourly Employees (the "Plan") is provided for general information purposes only. The provisions of the Plan are detailed in the official Plan document, which legally governs the operations of the Plan. Participants should refer to the Summary Plan Description document or the Plan document for more complete information.

General

The Plan is a non-contributory welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan covers hourly-paid active employees of Philip Morris USA Inc., and eligible employees of U.S. Smokeless Tobacco Company LLC and John Middleton Co. (collectively the "Participating Companies"). The Participating Companies are subsidiaries of Altria Group, Inc. ("Altria"). Plan benefits are paid from a trust known as the Altria Client Services Long-Term Disability Trust (the "Trust") that constitutes a voluntary employees' beneficiary association ("VEBA") within the meaning of Section 501(c)(9) of the Internal Revenue Code of 1986, as amended (the "Code").

The administration of the Plan has generally been delegated to the Administrator, as defined in the Plan document (the "Plan Administrator"). The Plan is sponsored by Altria Client Services LLC, as defined in the plan document (the "Plan Sponsor"). The Altria Group Benefits Investment Committee is responsible for the operation and management of the investment of the assets of the Trust. Collectively, these individuals or entities serve as the Fiduciaries to the Plan.

Plan Participation and Plan Benefits

The Plan was established to provide financial assistance to employees in the event they can no longer work because of a disabling illness or injury which qualifies them for disability benefits under the Social Security Act, or for eligible employees not eligible for disability benefits under the Social Security Act, as determined by the Plan Administrator. Active, eligible hourly, full-time employees become participants in the Plan after completing three months of active service.

After a six-month waiting period, benefits paid under the Plan are based on the employee's base pay and years of service at the time the Social Security Administration determines the employee is disabled. If the employee is disabled before age 65 and has completed less than 15 years of service, the maximum benefit payable from the Plan after all deductible benefits (e.g., workers' compensation, Social Security disability, etc.) have been subtracted may not exceed 50% of the employee's base pay at the date of his or her disability, and benefits plus income from all company-contributed sources cannot exceed 70% of annual base earnings. If the employee has completed 15 years or more of service and is eligible for a benefit from the Altria Retirement Plan, benefits payable before age 65 are based on the greater of the formula described above or a formula based on benefits earned under the Altria Retirement Plan, which are offset (reduced) by the benefits actually paid from the Altria Retirement Plan. Employees who are considered "match-eligible" under the Deferred Profit-Sharing Plan for Hourly Employees, meaning employees eligible to make employee contributions and receive company contributions who are not accruing additional benefit service under the Altria Retirement Plan, are only eligible for the less than 15 years of service benefits described in this paragraph and are not eligible for post-age 65 benefits under the Plan discussed below.

In general, benefits are recalculated at age 65, provided an eligible employee has completed at least five years of service. The new benefit amount is the difference between (i) the amount the employee would have received from the Altria Retirement Plan had they continued working to age 65 at the same base pay at the time of their disability and (ii) the actual benefit paid from the Altria Retirement Plan.

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

Benefits under the Plan are paid in the form of monthly income replacement. No lump sum or annuity conversion options are available under the Plan.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements are prepared using the accrual basis of accounting. As part of the preparation of the financial statements, the Plan's management performed an evaluation of subsequent events occurring after the Statement of Net Assets Available for Benefits date of December 31, 2025, through October 2, 2026, the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to use estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, and claims payable at the date of the financial statements. Actual results could differ from those estimates.

Interest in Trust

The Trust, a master trust for which JPMorgan Chase Bank, N.A. (the "Trustee") serves as the trustee, holds the investments of the Plan and the Long-Term Disability Plan for Salaried Employees maintained for the employees of Altria and certain of its subsidiaries.

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

The Plan's undivided interest in the Trust's net assets is reflected in the Statements of Net Assets Available for Benefits. Interest and dividend income and net appreciation (depreciation) in the fair value of investments reflected in the Statement of Changes in Net Assets Available for Benefits represent the Plan's allocated share of the Trust's investment activities.

Valuation of the Trust's Investments and Income Recognition

The Trust investment assets are reported at fair value. See Note 5 - *Fair Value Measurements* for a detailed discussion of fair value measurements.

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

Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Employer Contributions
Participating Companies pay the entire cost of the benefits payable under the Plan and the expenses of the Trust. However, the Participating Companies do not have a legal obligation to make any contributions to the Trust. This includes any liability to fund any deficit in net assets of the Plan.

Annually, Altria determines if employer contributions will be made to the Trust to fund the obligations with respect to the Plan. As a part of this evaluation, Altria periodically obtains from Willis Towers Watson (the "Actuary") an actuarial calculation of the maximum allowable tax deductible contribution for the plan year determined in accordance with the Code pertaining to qualified asset account limits for welfare benefit funds. Contribution decisions consider such factors as expected investment performance or contemplated plan design changes. As a result, the amount contributed may vary from year to year based upon all these factors. There were no employer contributions in 2025.

Changes in Disability Benefits
Changes in disability benefits during the year include increases in the estimated actuarial liabilities for amounts which are expected to be payable in future years for claims reported and approved, pending claims, and claims incurred but not reported, offset by reductions for claims paid during the year. Liabilities for claims were discounted to their estimated present values at a rate of 5.10% in 2025 and 5.50% in 2024.

Approved claims represent claims currently in pay status, and pending claims are for participants who have completed the required six-month waiting period but are pending disability approval under the Plan.

Plan obligations at December 31 for claims incurred but not reported are estimated by the Actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Postretirement and Postemployment Benefit Obligations
Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31 of the respective year. Postretirement benefits include future benefits expected to be paid to or for currently disabled, retired or terminated employees who are at least age 65 and their beneficiaries and dependents.

The actuarial present value of the expected postretirement benefit obligation is determined by the Actuary. It is calculated by applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant adjusted for the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as those for death, withdrawal or retirement) between the valuation date and the expected date of payment.

Postemployment benefit obligations at December 31 for future disability payments to eligible employees less than 65 years old are estimated by the Actuary in accordance with accepted actuarial principles. Such estimated amounts are reported on the Statements of Plan's Benefit Obligations at present value.

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

The more significant assumptions underlying the actuarial computations at December 31, 2025 and 2024 are as follows:

Discount rate	5.10% for 2025 and 5.50% for 2024
Termination rates	2025 and 2024: Based on 2016 Group Long-Term Disability Table ("GLTD") termination rates modified as follows: 60% of 2016 GLTD in years 1-2; 80% in years 3-4; 100% thereafter
Statutory benefits	Actual benefits are used for approved disabled employees. For pending disabled employees, the benefit from the Plan is estimated based on the Plan provisions, reported income and the estimated Social Security disability offset.
Administrative expenses	2025 and 2024: 5% expense load

The foregoing assumptions are based on the presumption that the Plan will continue indefinitely. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the Plan's benefit obligations.

The net decrease in the Plan's benefit obligations during 2025 is primarily due to claims paid, partially offset by interest cost and lower discount rate.

Payment of Claims
Claim payments to participants are recorded when paid.

3. Trustee Certification

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments, investment related receivables and liabilities held as of December 31, 2025 and 2024, and related investment income for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

The certified information as of December 31, 2025 and 2024 and for the year ended December 31, 2025 is as follows:

	2025	2024
Plan's interest in Trust	**$ 16,128,976**	$ 19,889,168

Plan's interest in investment income from Trust:	2025
Interest and dividend income	**$ 428,881**
Net appreciation in fair value of investments	**1,016,101**
Total Plan's interest in investment income from Trust	**$ 1,444,982**

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

4. Trust Investments

At December 31, 2025 and 2024, the Plan's undivided interest in the Trust's net assets was approximately 42% and 46%, respectively.

At December 31, 2025 and 2024, the net assets of the Trust were as follows:

	2025		2024	
	Master Trust Balances	Plan's interest in Master Trust Balances	Master Trust Balances	Plan's interest in Master Trust Balances
Assets:				
Interest-bearing cash	**$ 514,932**	**$ 216,014**	$ 1,807,316	$ 826,370
Investment assets at fair value:				
Common stock	**25,599,551**	**10,739,015**	27,704,230	12,667,366
U.S. Government securities	**10,823,429**	**4,540,430**	11,026,603	5,041,758
Corporate debt instruments	**338,435**	**141,974**	1,553,080	710,124
Preferred stock	**1,054,793**	**442,486**	1,244,601	569,076
Total investment assets at fair value	**37,816,208**	**15,863,905**	41,528,514	18,988,324
Receivables:				
Interest and dividends	**116,942**	**49,057**	162,880	74,474
Total assets	**38,448,082**	**16,128,976**	43,498,710	19,889,168
Liabilities:				
Pending securities purchased	—	—	—	—
Net assets	**$ 38,448,082**	**$ 16,128,976**	$ 43,498,710	$ 19,889,168

The Trust's investment activities for the year ended December 31, 2025 were as follows:

Interest and dividend income	**$ 972,468**
Net appreciation in fair value of investments	**2,226,695**
Investment income	**$ 3,199,163**

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

5. Fair Value Measurements

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

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

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

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

The Trust held no investments classified in Level 3 of the fair value hierarchy at December 31, 2025 and 2024. Following is a description of the valuation methodologies used for investments measured at fair value.

Trust Investments:

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

U.S. Government Securities
U.S. Government securities consist of investments in U.S. treasury inflation protected securities, U.S. treasury nominal securities and U.S. municipal bonds. U.S. Government securities are valued at a price that is based on a compilation of primarily observable market information, such as broker quotes. Matrix pricing, yield curves and indices are used when broker quotes are not available.

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

Other Financial Statement Line Items:

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

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

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The table below reports by level, within the fair value hierarchy, the Trust investments at fair value as of December 31, 2025:

(In Millions)	Level 1	Level 2	Total
Common stock	$ 26	$ —	$ 26
U.S. Government securities	—	11	11
Preferred stock	1	—	1
Total investments at fair value	$ 27	$ 11	$ 38

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

(In Millions)	Level 1	Level 2	Total
Common stock	$ 28	$ —	$ 28
U.S. Government securities	—	11	11
Corporate debt instruments	—	2	2
Preferred stock	1	—	1
Total investments at fair value	$ 29	$ 13	$ 42

6. Termination Priorities

Altria has reserved the right to terminate the Plan. In the event of a termination of the Plan (including a discontinuance of contributions having the effect of a Plan termination), the Plan provides that the Trust's net assets with respect to the Plan shall be used to provide for the full payment of disability allowances or, if insufficient funds are available, a pro rata share according to the amount of the respective allowances.

7. Tax Status

On October 17, 1974, the Internal Revenue Service ("IRS") determined that the Trust from which benefits under the Plan are payable is a VEBA that is exempt from federal income taxes under Section 501(c)(9) of the Code. By letters dated October 14, 1977 and September 27, 2006, the IRS confirmed that changes to the Trust had not impacted this status. On May 14, 2018, the Plan Administrator informed the IRS of the removal of the Survivor Income Benefit Plan for Salaried Employees as a plan funded through the VEBA, as well as the 2017 change in the name of the VEBA Trust from Altria Client Services Long-Term Disability and Survivor Income Benefit Trust. The Plan Administrator believes that the Trust provides only benefits that may be provided by a VEBA ("permissible benefits") as described in the Regulations under Section 501(c)(9) of the Code, and the Trust continues to operate in accordance with the terms of the trust agreement by paying only permissible benefits in a manner that does not jeopardize the tax status of the Trust. In addition, the Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The tax provisions of the Plan have been analyzed as of December 31, 2025 and 2024 and there

Long-Term Disability Plan for Hourly Employees
Notes to Financial Statements

are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

8. Related Party and Party-in-Interest

Fidelity Workplace Services LLC, the record keeper, utilizes an interest-bearing omnibus account which holds funds related to pending disbursement of participant benefits. While in Fidelity's custody the funds in the omnibus account earn interest that is allocated to the Plan. This investment and transactions in this investment do not constitute prohibited transactions under ERISA.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	**$ 16,487,731**	$ 20,270,725
Claims incurred but not reported	**(287,401)**	(210,213)
Pending disability benefits payable	**(79,572)**	(278,805)
Net assets available for benefits per the Form 5500	**$ 16,120,758**	$ 19,781,707

The following is a reconciliation of claims paid per the financial statements to the Form 5500 for the year ended December 31, 2025:

	2025
Claims paid per the financial statements	**$ 4,883,464**
Increase in claims incurred but not reported	**77,188**
Decrease in pending disability benefits payable	**(199,233)**
Claims paid per the Form 5500	**$ 4,761,419**

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

Long-Term Disability Plan for Hourly Employees
Schedule H – Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Benefits Administrator Account	Interest-bearing cash Average interest rate for 2025 4.09%	$ 399,313	$ 399,313
*	Altria Client Services Long-Term Disability Trust	Plan's interest in Trust [1]	$12,443,960	$16,128,976

* indicates party-in-interest

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

Long-Term Disability Plan for Hourly Employees
Schedule H – Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Benefits Administrator Account	Interest-bearing cash Average interest rate for 2025 4.09%	$ 399,313	$ 399,313
*	Altria Client Services Long-Term Disability Trust	Plan's interest in Trust [1]	$12,443,960	$16,128,976

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