

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>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) <u>DTE ENERGY CORPORATE SERVICES, LLC</u></p> <p><u>ONE ENERGY PLAZA</u> <u>240 GO</u> <u>DETROIT, MI 48226-1221</u></p>	<p>1c Effective date of plan <u>07/01/1960</u></p> <p>2b Employer Identification Number (EIN) <u>20-5898509</u></p> <p>2c Plan Sponsor's telephone number <u>313-235-8257</u></p> <p>2d Business code (see instructions) <u>221210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2025	MICHAEL COOPER
	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 <input type="checkbox"/> Same as Plan Sponsor THE DTE ENERGY COMPANY BENEFIT PLAN ADMINISTRATION COMMITTEE ONE ENERGY PLAZA DETROIT, MI 48226-1221	3b Administrator's EIN 38-3217752 3c Administrator's telephone number 313-235-8257
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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
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5 Total number of participants at the beginning of the plan year	5	2360
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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)	835
a(2) Total number of active participants at the end of the plan year	6a(2)	782
b Retired or separated participants receiving benefits.....	6b	1039
c Other retired or separated participants entitled to future benefits	6c	165
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1986
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	289
f Total. Add lines 6d and 6e	6f	2275
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	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 1C 3H

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 type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" 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 <u>0</u></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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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 SB (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>	Single-Employer Defined Benefit 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 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DTE ENERGY CORPORATE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-5898509</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>437402825</u>
	b Actuarial value	2b	<u>477250143</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1336</u>	<u>243687522</u>
	b For terminated vested participants	<u>189</u>	<u>8815987</u>
	c For active participants	<u>835</u>	<u>153781673</u>
	d Total	<u>2360</u>	<u>406285182</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>10152469</u>
	b Expected plan-related expenses	6b	<u>1240000</u>
	c Target normal cost	6c	<u>11392469</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			
	Signature of actuary	<u>09/19/2025</u>	Date
	<u>BRUCE R. MENZEL</u>	<u>23-05790</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>952-886-8000</u>	Telephone number (including area code)
	<u>MSC# 17704 PO BOX 551343 ATLANTA, GA 30355</u>		
	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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	107466447
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	17170802
9	Amount remaining (line 7 minus line 8)	0	90295645
10	Interest on line 9 using prior year's actual return of <u>10.14</u> %	0	9155978
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	99451623

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.17 %
15	Adjusted funding target attainment percentage	15	112.64 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 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 ▶	18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 11392469
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	45883096	4411963	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 15804432
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	15804432	15804432
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

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

A Name of plan DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 DTE ENERGY CORPORATE SERVICES, LLC	D Employer Identification Number (EIN) 20-5898509	

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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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)

ALIGHT SOLUTIONS LLC

82-1061233

(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 50	NONE KNOWN	154706	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)

DTE ENERGY CORPORATE SERVICES, LLC

20-5898509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	EMPLOYER	102991	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)

AON CONSULTING, INC.

22-2232264

(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 17 50	NONE KNOWN	86016	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)

PLANTE & MORAN, PLLC

33-1498605

(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 KNOWN	40600	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)

GEORGE JOHNSON & COMPANY

38-2029668

(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 KNOWN	14600	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"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DTE ENERGY CORPORATE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-5898509</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>DTE ENERGY CO. AFF EMP BEN PLANS MT</u>		
b Name of sponsor of entity listed in (a):	<u>DTE ENERGY CORPORATE SERVICES, LLC</u>		
c EIN-PN <u>25-6264027-021</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>424994111</u>
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 DTE ENERGY CORPORATE SERVICES, LLC	D Employer Identification Number (EIN) 20-5898509

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	437560709	424994111
(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)		

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	437560709	424994111
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	157884	71998
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	157884	71998
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	437402825	424922113

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)		17295031
(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		17295031

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28447582	
(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)		28447582
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)	102991	
(2) Contract administrator fees	2i(2)	154706	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14600	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	86016	
(8) Legal fees	2i(8)	2118	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	731514	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1091945
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29539527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12244496
l Transfers of assets:			
(1) To this plan	2l(1)		292655
(2) From this plan	2l(2)		528871

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: **GJC CPA'S & ADVISORS**

(2) EIN: **38-2029668**

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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DTE ENERGY COMPANY AFFILIATES EMPLOYEE BENEFIT PLANS MASTER TRUST	25-6264027	021

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 560262.

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

A Name of plan <u>DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DTE ENERGY CORPORATE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>20-5898509</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		0
---	--	---

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): 86-1061233

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		29
---	--	----

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 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: 49.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.6 %
 High-Yield Debt: 1.4 % Real Assets: 0.5 % Cash or Cash Equivalents: 0.0 % Other: 23.6 %

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 _____.

DTE Energy Company Defined Benefit Plans

DTE Energy Company Retirement Plan

DTE Gas Company Retirement Plan for Employees Covered by Collective
Bargaining Agreements

Shenango Incorporated Pension Plan

Financial Report
December 31, 2024

DTE Energy Company Defined Benefit Plans

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INDEPENDENT AUDITOR'S REPORT

October 1, 2025

To the Participants, Benefit Plan Administration Committee, Investment Committee,
Shenango Pension Board, and Shenango Pension Investment Committee
DTE Energy Company Defined Benefit Plans

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

We have performed audits of the financial statements of the DTE Energy Company Retirement Plan (the "DTE Retirement Plan"), the DTE Gas Company Retirement Plan for Employees Covered by Collective Bargaining Agreements (the "DTE Gas Union Retirement Plan"), and the Shenango Incorporated Pension Plan (the "Shenango Pension Plan"), collectively referred to as the "DTE Energy Company Defined Benefit Plans" (the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974, as amended ("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 accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, as well as the related notes to the financial statements.

The Plans' management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plans ("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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

The Plans' management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Notes 3, 4, and 6 to the financial statements, is complete and accurate.

Bank America Tower
110 N. Wacker Drive
Suite 2500
Chicago, Illinois 60606
Tel: (872) 465-1330

PNC Center
201 E. 5th Street
Suite 1900-1239
Cincinnati, Ohio 45202
Tel: (513) 766-9415

1001 Woodward Avenue
Suite 850
Detroit, Michigan 48226
Tel: (313) 965-2655

INDEPENDENT AUDITOR’S REPORT (CONTINUED)

Opinion

In our opinion, based on our audits and on the procedures performed as described in the “Auditor’s Responsibilities for the Audits of the Financial Statements” section:

- The amounts and disclosures in the 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 (“U.S. GAAP”).
- 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 the Plans’ management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“U.S. GAAS”). Our responsibilities under those standards are further described in the “Auditor’s Responsibilities for the Audits of the Financial Statements” section of our report. We are required to be independent of the Plans 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

The Plans’ management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 Plans’ ability to continue as going concerns for one year after the date that the financial statements are available to be issued.

INDEPENDENT AUDITOR’S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (continued)

The Plans’ management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans’ transactions that are presented and disclosed in the financial statements are in conformity with the Plans’ 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 Audits 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 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 U.S. 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 U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.
- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.
- We 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 Plans’ internal control. Accordingly, no such opinion is expressed.
- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audits of the Financial Statements (continued)

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 U.S. GAAP.

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 U.S. GAAP.

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

GJC CPA's & Advisors

Detroit, Michigan

DTE Energy Company Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2024

	DTE Retirement Plan	DTE Gas Union Retirement Plan	Shenango Pension Plan	Total (Memorandum Only)
Assets				
Plan's interest in DTE Energy Company Affiliates Employee Benefit Plans Master Trust	\$ 3,320,589,763	\$ 424,994,111	\$ 12,531,908	\$ 3,758,115,782
Employer contribution receivable	-	-	500,000	500,000
Net assets held in 401(h) account	371,402,709	-	-	371,402,709
Total assets	3,691,992,472	424,994,111	13,031,908	4,130,018,491
Liabilities				
Amounts related to obligation of section 401(h) account	371,402,709	-	-	371,402,709
Accrued liabilities	443,145	71,998	278	515,421
Total liabilities	371,845,854	71,998	278	371,918,130
Net Assets Available for Benefits	\$ 3,320,146,618	\$ 424,922,113	\$ 13,031,630	\$ 3,758,100,361

DTE Energy Company Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2023

	DTE Retirement Plan	DTE Gas Union Retirement Plan	Shenango Pension Plan	Total (Memorandum Only)
Assets				
Plan's interest in DTE Energy Company Affiliates Employee Benefit Plans Master Trust	\$ 3,509,262,306	\$ 437,560,709	\$ 13,301,212	\$ 3,960,124,227
Employer contribution receivable	-	-	500,000	500,000
Net assets held in 401(h) account	359,055,430	-	-	359,055,430
Total assets	3,868,317,736	437,560,709	13,801,212	4,319,679,657
Liabilities				
Amounts related to obligation of section 401(h) account	359,055,430	-	-	359,055,430
Accrued liabilities	1,046,082	157,884	3,030	1,206,996
Total liabilities	360,101,512	157,884	3,030	360,262,426
Net Assets Available for Benefits	\$ 3,508,216,224	\$ 437,402,825	\$ 13,798,182	\$ 3,959,417,231

DTE Energy Company Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2024			
	DTE Retirement Plan	DTE Gas Union Retirement Plan	Shenango Pension Plan	Total (Memorandum Only)
Additions				
Employer contributions	\$ -	\$ -	\$ 500,000	\$ 500,000
Plan's share of DTE Energy Company Affiliates Employee Benefit Plans				
Master Trust investment income	140,345,388	17,295,031	510,245	158,150,664
Total additions	140,345,388	17,295,031	1,010,245	158,650,664
Deductions				
Benefits paid directly to participants or beneficiaries	309,679,318	28,447,582	1,493,621	339,620,521
Pension Benefit Guaranty Corporation premiums	11,343,031	604,856	176,320	12,124,207
Administrative and investment expenses	7,101,907	1,015,960	104,939	8,222,806
Total deductions	328,124,256	30,068,398	1,774,880	359,967,534
Transfers	(290,738)	292,655	(1,917)	-
Net Decrease	(188,069,606)	(12,480,712)	(766,552)	(201,316,870)
Net Assets Available for Benefits				
Beginning of year	3,508,216,224	437,402,825	13,798,182	3,959,417,231
End of year	<u>\$ 3,320,146,618</u>	<u>\$ 424,922,113</u>	<u>\$ 13,031,630</u>	<u>\$ 3,758,100,361</u>

DTE Energy Company Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2024

	DTE Retirement Plan	DTE Gas Union Retirement Plan	Shenango Pension Plan	Total (Memorandum Only)
Actuarial Present Value of Accumulated Plan Benefits				
Vested benefits:				
Participants currently receiving benefit payments	\$ 2,051,248,417	\$ 192,940,303	\$ 9,895,108	\$ 2,254,083,828
Other participants	786,567,411	121,960,791	2,200,300	910,728,502
Total vested benefits	2,837,815,828	314,901,094	12,095,408	3,164,812,330
Nonvested benefits	14,137,417	9,534,130	-	23,671,547
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 2,851,953,245	\$ 324,435,224	\$ 12,095,408	\$ 3,188,483,877

DTE Energy Company Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2023

	DTE Retirement Plan	DTE Gas Union Retirement Plan	Shenango Pension Plan	Total (Memorandum Only)
Actuarial Present Value of Accumulated Plan Benefits				
Vested benefits:				
Participants currently receiving benefit payments	\$ 2,066,699,297	\$ 194,965,918	\$ 10,895,673	\$ 2,272,560,888
Other participants	761,801,169	108,111,890	2,502,674	872,415,733
Total vested benefits	2,828,500,466	303,077,808	13,398,347	3,144,976,621
Nonvested benefits	14,129,462	10,456,324	-	24,585,786
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 2,842,629,928	\$ 313,534,132	\$ 13,398,347	\$ 3,169,562,407

DTE Energy Company Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

	Year Ended December 31, 2024			
	DTE Retirement Plan	DTE Gas Union Retirement Plan	Shenango Pension Plan	Total (Memorandum Only)
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 2,842,629,928	\$ 313,534,132	\$ 13,398,347	\$ 3,169,562,407
Increase (decrease) during the year attributable to:				
Benefits accumulated and other plan experience	44,149,646	9,423,982	(337,693)	53,235,935
Interest due to the decrease in the discount period	207,459,028	23,329,241	886,492	231,674,761
Benefits paid	(309,679,318)	(28,447,582)	(1,493,621)	(339,620,521)
Changes in actuarial assumptions	67,393,961	6,595,451	(358,117)	73,631,295
Net increase (decrease)	9,323,317	10,901,092	(1,302,939)	18,921,470
Actuarial Present Value of Accumulated Plan Benefits - End of year	\$ 2,851,953,245	\$ 324,435,224	\$ 12,095,408	\$ 3,188,483,877

December 31, 2024 and 2023

Note 1 - Plan Description

The following descriptions of the DTE Energy Company Retirement Plan (the "DTE Retirement Plan"), the DTE Gas Company Retirement Plan for Employees Covered by Collective Bargaining Agreements (the "DTE Gas Union Retirement Plan"), and the Shenango Incorporated Pension Plan (the "Shenango Pension Plan") (collectively, the "Plans") provide only general information. Participants should refer to the respective Plan documents for a more complete description of each of the plans' provisions. The Plans are non-contributory defined benefit pension plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

General

DTE Energy Corporate Services, LLC ("DTE LLC"), a subsidiary of DTE Energy, DTE Electric Company ("DTE Electric"), DTE Gas Company ("DTE Gas"), Citizens Gas Fuel Company ("Citizens Gas"), certain non-regulated Participating Affiliates, and Shenango, LLC ("Shenango"), an affiliate of DTE Energy that ceased operations in 2016, provide retirement benefits to eligible participants as defined by each of the respective plans' provisions. DTE LLC, the specific employers listed above, and the Participating Affiliates are otherwise referred to as the "Company" or "Companies" or "Participating Employers."

The Plans' assets are held in the DTE Energy Company Affiliates Employee Benefit Plans Master Trust (the "Master Trust"), whose trustee is State Street Bank and Trust Company ("State Street").

Eligibility

DTE Retirement Plan:

The DTE Retirement Plan has three distinct subdivisions, which originate from the merger of former plans. These subdivisions are generally referred to as the DTE Traditional Plan, the MCN Plan and the DTE Cash Balance Plan.

The DTE Traditional Plan generally provides benefits to the following employee groups:

- Non-represented employees who were employed by DTE Electric before August 1, 2001 and continue to be non-represented employees of DTE Electric, DTE Gas or DTE LLC
- Formerly represented employees of DTE Electric, DTE Gas or DTE LLC who transferred to non-represented positions with these employers and that were participants in existing Company-sponsored final average pay defined benefit pension plans at the time of transfer
- Eligible employees represented by Local 39 of the United Government Security Officers of America ("Local 39") hired before August 9, 2010
- Eligible employees of the Company who are represented by Local 17 of the International Brotherhood of Electrical Workers ("Local 17") who are 18 years of age or older with at least six months of service
- Eligible employees of the Company who are represented by the Trade Division ("Trades") and Office of Professional and Technical Workers ("OPT") Agreements between DTE Energy and Local 223 of the Utility Workers Union of America ("Local 223") who are 18 years of age or older with at least six months of service and were generally hired before March 23, 2013

The MCN Plan is comprised of three parts:

- The MCN Cash Balance Plan, which provides benefits to non-represented employees of MCN Energy Group ("MCN"), MCN Energy Enterprises ("MCNIC") and Citizens Gas hired before July 1, 1998 that elected this part of the MCN Plan (or hired after June 30, 1998 and before August 1, 2001 that did not elect to participate in the DTE Cash Balance Plan) and represented employees of Citizens Gas generally hired before June 1, 2005

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

- The MCN Traditional Plan, which provides benefits to non-represented employees of MCN and MCNIC hired before July 1, 1998 that elected this part of the MCN Plan, non-represented employees of DTE Gas hired before August 1, 2001 who did not elect to participate in the DTE Cash Balance Plan and certain DTE Gas employees that transferred from a represented to a non-represented position before either January 1, 2005 or January 1, 2006
- The Citizens Gas Traditional Plan, which provides benefits to certain Citizens Gas terminated and retired employees. This component does not apply to any current active employees

The DTE Cash Balance Plan generally provides benefits to the following employee groups:

- Non-represented employees of the Company hired before August 1, 2001 that elected to participate in the DTE Cash Balance Plan who remained non-represented employees until June 1, 2002
- Non-represented employees of the Company hired after July 31, 2001 and before January 1, 2012 (January 1, 2003 for MCNIC)
- Employees of Citizens Gas represented by Local 223 (Gas Division) hired after May 31, 2005 and before January 1, 2014
- Employees of DTE Electric represented by Local 39 and participating in the DTE Cash Balance Plan as non-represented employees on August 9, 2010 or represented by Local 39 and hired after August 9, 2010 and before August 26, 2013
- Employees represented by Local 223 (Trades and OPT) hired after December 31, 2010 and before March 23, 2013 who affirmatively elected to participate in the DTE Cash Balance Plan

DTE Gas Union Retirement Plan:

The DTE Gas Union Retirement Plan generally provides benefits to certain employees of DTE LLC and DTE Gas who are 18 years of age or older, have six months of service, and are represented by the following unions and as of certain dates:

- Local 223 (Gas Division) and hired prior to March 23, 2013
- Local 223 (Gas Division) who were hired on March 25, 2013 and who chose to participate in the DTE Gas Union Retirement Plan on January 1, 2015
- Local 799C Transmission and Storage Operations ("Local 799C T&SO") of the International Chemical Workers Union Council of the United Food and Commercial Workers and hired prior to March 27, 2013
- Local 799C Northern, Local 70C or Local 132C of the International Chemical Workers Union Council of the United Food and Commercial Workers and hired prior to June 6, 2011

Employees represented by Local 223 (Gas Division) and Local 799C T&SO hired on or after January 1, 2011 but prior to March 23, 2013 (Local 223) or prior to March 27, 2013 (Local 799C T&SO) were eligible to choose between a traditional final average pay defined benefit plan ("Traditional Plan") option and a cash balance defined benefit plan ("Cash Balance Plan") option at the time of hire.

Shenango Pension Plan:

Non-union employees of Shenango hired on or before December 31, 2008, and union employees hired on or before May 5, 2013 who have completed one year of continuous service and have attained age 21, are eligible to participate in the Shenango Pension Plan. The Shenango Pension Plan is closed to non-union employees hired after December 31, 2008 and union employees hired after May 5, 2013.

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

Administration

DTE Energy Corporate Services, LLC is the sponsor of the Plans. The DTE Energy Benefit Plan Administration Committee ("BPAC"), as provided for in the respective plan's legal documents, is the plan administrator and has responsibility for the administration of the DTE Retirement Plan and DTE Gas Union Retirement Plan. The Shenango Pension Board ("SPB") is the plan administrator and has responsibility for the administration of the Shenango Pension Plan. The DTE Energy Investment Committee (the "Investment Committee") may wholly or partially amend the Master Trust at any time.

Certain administrative functions are performed by officers or employees of the Company.

Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Vesting

Participants are generally fully vested for retirement benefits after five years of service. For any cash balance components of any of the respective Plans, participants are fully vested for retirement benefits after three years of service.

Pension Benefits

Benefits available are determined under the terms of the plan document in effect at the time of an employee's retirement or termination of employment.

Early retirement benefits are available to participants who meet certain minimum age and service requirements as defined in the respective Plan documents.

Excluding the DTE Retirement Plan, employees that meet certain years of service requirements and become disabled prior to normal retirement age may be eligible for a benefit, depending on the type of disability. Requests for total and permanent disability retirement benefits are subject to review and approval by the Company. The disability benefit varies according to the respective plan documents.

DTE Retirement Plan and DTE Gas Union Retirement Plan:

Benefits paid to a participant will depend on the component of the respective plan in which an individual participates.

Eligible and vested employees under a traditional plan structure are entitled to normal monthly pension benefits that are based on final average compensation and credited service. Benefit payments begin at the participant's normal retirement age of 65. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination or they may elect to receive their benefits as a life annuity payable monthly from retirement.

Eligible and vested employees under a cash balance structure are entitled to benefits based on annual contribution credits and interest credits as defined in the respective plan documents. The monthly pension benefit at the normal retirement date is the actuarial equivalent of the participant's hypothetical cash balance account expressed as a single-life annuity. Employees may also elect to receive the value of their benefit in the form of a lump-sum distribution.

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

Shenango Pension Plan:

Eligible and vested employees under the Shenango Pension Plan that are governed by its salaried provisions are entitled to normal monthly pension benefits that are based on final average compensation and credited service. Benefit payments begin at the participant's normal retirement age of 65. The benefit of any employee whose participation is governed by the Shenango Pension Plan's salaried provisions was frozen as of December 31, 2008, using the number of years of service and final average compensation as of that date.

Participants covered under collective bargaining agreements are entitled to a minimum monthly pension benefit that is calculated in accordance with the applicable collective bargaining agreement and the Shenango Pension Plan document.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the DTE Retirement Plan or DTE Gas Union Retirement Plan dies prior to their normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the respective Plan.

401(h) Account

The DTE Retirement Plan includes a health and welfare component, in addition to normal retirement benefits, to fund a portion of the postretirement obligations for certain retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code of 1986 ("IRC"). A separate account in the Master Trust has been established and maintained for the net assets of the DTE Retirement Plan related to the health and welfare component (the "401(h) account"). In accordance with IRC Section 401(h), the DTE Retirement Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for eligible retirees and their beneficiaries. Any assets transferred to the 401(h) account from the DTE Retirement Plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the DTE Retirement Plan. There were no such transfers in the current plan year. The related obligations for health benefits are not included as obligations in the accompanying financial statements of the DTE Retirement Plan, but are reflected as obligations in the financial statements of the DTE Energy Company Comprehensive Retiree Group Health Care Plan. The DTE Retirement Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually or more frequently and are at the discretion of the Company.

Party-in-interest Transactions

Certain Master Trust assets are in investment funds managed by State Street. State Street is the trustee of the Plans, therefore these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plans are prepared on the accrual basis of accounting.

Memorandum Totals

The "Total (Memorandum Only)" columns in the accompanying financial statements represent the total balances and activity for the Plans currently participating in the Master Trust and are provided for information purposes only.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments held by the Master Trust are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plans' provisions, to the service employees have rendered through the valuation date. These include benefits expected to be paid to:

- (a) Retired or terminated employees or their beneficiaries
- (b) Beneficiaries of employees who have died
- (c) Present employees or their beneficiaries

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2024 and 2023 are summarized as follows:

Assumption	2024	2023
Actuarial cost method	Projected unit credit	Projected unit credit
Discount rate	7.40% (Shenango Pension Plan - 6.90%)	7.60% (Shenango Pension Plan - 7.00%)
Mortality assumption	Pri-2012 mortality table projected to 2021 using the MP-2021 improvement scale and projected beyond 2021 using a modified MP-2021 improvement scale	Pri-2012 mortality table projected to 2018 using the MP-2019 improvement scale and projected beyond 2018 using a modified MP-2021 improvement scale
Average retirement age	60	60

The foregoing actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

Trustee fees, investment management fees, recordkeeping fees, and other expenses incidental to the Plans are paid from Master Trust assets. The Master Trust reimburses certain administrative costs incurred by the Company. Other costs of administering the Plans are paid by the Company.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and accumulated plan benefits, as well as disclosure of contingent assets and liabilities, at the date of the financial statements and the reported amounts of changes in net assets and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plans and the accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 1, 2025, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

State Street (the "Trustee") holds the Master Trust's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, including Master Trust information included in Notes 4 and 6, are based solely on information certified by the Trustee.

Note 4 - Interest in Master Trust

The Plans' investments are in the Master Trust, which was established for the investment of assets of the Plans. Each participating benefit plan has an undivided interest in the Master Trust. The DTE Retirement Plan's assets include assets that are in a separate 401(h) account which is used to fund eligible health and welfare benefits.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon their pro-rata share in the investments of the Master Trust.

The Shenango Pension Plan has less than a 1% interest in the Master Trust at December 31, 2024 and December 31, 2023.

At December 31, 2024 and 2023, the Plans' approximate ownership interests in the Master Trust (rounded to the nearest 1%) were as follows:

	<u>2024</u>	<u>2023</u>
DTE Retirement Plan (including 9% and 8% related to the 401(h) account at December 31, 2024 and 2023, respectively)	90 %	90 %
DTE Gas Union Retirement Plan	<u>10</u>	<u>10</u>
Total - Master Trust	<u>100 %</u>	<u>100 %</u>

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Interest in Master Trust (Continued)

The net assets of the Master Trust, and each of the Plans' respective interests in the net assets of the Master Trust, at December 31, 2024 and 2023 are as follows:

	December 31, 2024			
	Master Trust Balances	Plan's Interest in Master Trust Balances		
		DTE Retirement Plan (including 401(h) account)	DTE Gas Union Retirement Plan	Shenango Pension Plan
Investments:				
Short term investment funds	\$ 78,991,917	\$ 70,622,656	\$ 8,129,543	\$ 239,718
Common and preferred stocks	107,056,994	95,714,214	11,017,893	324,887
Mutual funds	107,134,500	95,783,508	11,025,869	325,123
Government securities	775,674,753	693,491,349	79,829,453	2,353,951
Corporate debt instruments and loans	1,583,007,344	1,415,286,361	162,917,008	4,803,975
Other	4,752,768	4,249,208	489,137	14,423
Partnerships and joint venture interests	889,443,113	795,205,853	91,538,054	2,699,206
Hedge funds	121,473,453	108,603,237	12,501,579	368,637
Common/collective trusts, commingled equity funds and other investments at NAV	549,283,499	491,086,442	56,530,139	1,666,918
Total Master Trust investments	4,216,818,341	3,770,042,828	433,978,675	12,796,838
Other assets - Due from broker for securities purchased and other	88,089,594	78,756,426	9,065,841	267,327
Other liabilities - Due to broker for securities sold and other	(175,389,444)	(156,806,782)	(18,050,405)	(532,257)
Total Net Assets of the Master Trust	\$ 4,129,518,491	\$ 3,691,992,472	\$ 424,994,111	\$ 12,531,908

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Interest in Master Trust (Continued)

	December 31, 2023			
	Plan's Interest in Master Trust Balances			
	Master Trust Balances	DTE Retirement Plan (including 401(h) account)	DTE Gas Union Retirement Plan	Shenango Pension Plan
Investments:				
Short term investment funds	\$ 100,873,891	\$ 90,344,068	\$ 10,219,175	\$ 310,648
Common and preferred stocks	87,761,694	78,600,601	8,890,825	270,268
Mutual funds	86,668,101	77,621,164	8,780,037	266,900
Government securities	644,301,642	577,045,566	65,271,905	1,984,171
Corporate debt instruments and loans	1,545,462,616	1,384,137,943	156,565,314	4,759,359
Other	61,346,418	54,942,710	6,214,787	188,921
Partnerships and joint venture interests	860,581,391	770,748,735	87,182,436	2,650,220
Hedge funds	116,844,371	104,647,454	11,837,087	359,830
Common/collective trusts, commingled equity funds and other investments at NAV	849,586,071	760,901,173	86,068,539	2,616,359
Total Master Trust investments	4,353,426,195	3,898,989,414	441,030,105	13,406,676
Other assets - Due from broker for securities purchased and other	154,517,037	138,387,620	15,653,571	475,846
Other liabilities - Due to broker for securities sold and other	(188,763,575)	(169,059,298)	(19,122,967)	(581,310)
Total Net Assets of the Master Trust	\$ 4,319,179,657	\$ 3,868,317,736	\$ 437,560,709	\$ 13,301,212

The net investment income for the Master Trust, including \$14,518,439 of net income related to the 401(h) account, for the year ended December 31, 2024 is as follows:

Net investment income:	
Net realized and unrealized gains and other gains	\$ 74,102,970
Interest and dividend income	98,566,133
Total investment income - Net	\$ 172,669,103

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances whereby inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Master Trust's investments:

Short Term Investment Funds

Short term investment funds are valued based on quoted prices in actively traded markets.

Common and Preferred Stocks and Mutual Funds

Common and preferred stocks and mutual funds are valued at quoted prices reported in active markets.

Government Securities

Government securities are valued based on quotes received from independent pricing services or from dealers who make markets in such securities. Pricing services utilize matrix pricing, which considers readily available inputs such as the yield or price of securities of comparable quality, coupon, maturity and type. U.S. Government securities are considered by management to be traded in active markets. Therefore, government securities issued by the U.S. Government are classified as Level 1 within the fair value hierarchy.

Corporate Debt Instruments and Loans

Corporate debt instruments and loans are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

Partnerships and Joint Venture Interests

Investments in partnerships and joint venture interests are valued at the net asset value (NAV) per share (or its equivalent) of the funds based on the audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments.

Hedge Funds

Hedge Funds are valued by using NAV per unit as a practical expedient to measure fair value at year end, as quoted by the fund manager.

Common/Collective Trusts, Commingled Equity Funds and Other Investments Valued at NAV

Common/collective trusts, commingled equity funds and other investments valued at NAV are valued at the net asset value per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

Other

Other investments include insurance-linked securities, asset-backed securities, and derivatives that are comprised primarily of swaps and futures contracts. The insurance-linked and asset-backed securities are valued using quotations from brokers or pricing services. The derivatives are valued based upon the expected amount the Master Trust would receive or pay to exit the derivative at the reporting date.

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

The following tables present information about the Master Trust's investments measured at fair value on a recurring basis at December 31, 2024 and 2023:

	Master Trust Net Assets at December 31, 2024		
	Total	Level 1	Level 2
Investments at fair value:			
Short term investment funds	\$ 78,991,917	\$ 78,991,917	\$ -
Common and preferred stocks	107,056,994	107,056,994	-
Mutual funds	107,134,500	107,134,500	-
Government securities	775,674,753	691,896,653	83,778,100
Corporate debt instruments and loans	1,583,007,344	-	1,583,007,344
Other	4,752,768	(3,750,901)	8,503,669
Total	2,656,618,276	\$ 981,329,163	\$ 1,675,289,113
Investments measured at NAV:			
Partnerships and joint venture interests	889,443,113		
Hedge funds	121,473,453		
Common/collective trusts, commingled equity funds and other	549,283,499		
Total investments at fair value	\$ 4,216,818,341		
	Master Trust Net Assets at December 31, 2023		
	Total	Level 1	Level 2
Investments at fair value:			
Short term investment funds	\$ 100,873,891	\$ 100,873,891	\$ -
Common and preferred stocks	87,761,694	87,761,694	-
Mutual funds	86,668,101	86,668,101	-
Government securities	644,301,642	558,841,493	85,460,149
Corporate debt instruments and loans	1,545,462,616	-	1,545,462,616
Other	61,346,418	24,227,660	37,118,758
Total	2,526,414,362	\$ 858,372,839	\$ 1,668,041,523
Investments measured at NAV:			
Partnerships and joint venture interests	860,581,391		
Hedge funds	116,844,371		
Common/collective trusts, commingled equity funds and other	849,586,071		
Total investments at fair value	\$ 4,353,426,195		

Investments in Entities that Calculate NAV

The Master Trust holds shares or interests in investment companies at year end whereby the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

At year end, the fair value, unfunded commitments, and redemption rules of those investments are as follows:

	December 31, 2024	December 31, 2023	2024 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	Fair Value	Fair Value			
Investments:					
Partnerships and joint venture interests (1)	\$ 889,443,113	\$ 860,581,391	\$ 209,153,623	N/A	N/A 45 Days - 2 Years
Hedge funds (2)	121,473,453	116,844,371	-	Quarterly - Annually	
Common/collective trusts, commingled equity funds and other (3)	549,283,499	849,586,071	-	Daily - Monthly	1 - 10 Days
Total	\$ 1,560,200,065	\$ 1,827,011,833	\$ 209,153,623		

- (1) This class represents investments that include a diversified group of funds and strategies that primarily invests in private equity partnerships. This class also includes funds that invest in real estate and private debt. Funds in this class have original terms averaging 10 to 13 years and beyond, and cannot be redeemed within the fund without the consent of the applicable General Partner. Although it is not probable that such investments will be sold, it is possible to sell fund units in the secondary market.
- (2) This class represents hedge fund investments that include a diversified group of strategies that attempt to capture uncorrelated sources of return and provide additional diversification.
- (3) This class represents common/collective trusts, commingled equity funds and other funds valued at NAV invested broadly in U.S., developed international and emerging market equity securities and are not publicly traded.

Note 6 - Derivative Instruments

Derivatives may be utilized in a risk controlled manner, to potentially increase the portfolio beyond the market value of invested assets and/or reduce portfolio investment risk. Select investment managers are permitted to employ leverage (including through the use of derivatives or other tools) that may alter economic exposure.

The following are the estimated fair values of Master Trust derivative instruments at December 31, 2024 and 2023 shown at the gross amounts:

	2024		2023	
	Assets	Liabilities	Assets	Liabilities
Interest rate and other swaps	\$ 5,433,499	\$ (26,677,862)	\$ 20,392,174	\$ (1,721,811)
Credit default swaps	9,268,748	(8,502)	4,886,050	(2,910)
Options	398,036	(474,348)	43,187	(131,309)
Future contracts	794,972	(4,545,873)	26,393,625	(2,165,965)
Forwards	634,520	(177,549)	225,507	(494,451)
Total derivatives	\$ 16,529,775	\$ (31,884,134)	\$ 51,940,543	\$ (4,516,446)

The net fair value of Master Trust derivative instruments, and any associated collateral, are included in "Other" in Notes 4 and 5.

December 31, 2024 and 2023

Note 6 - Derivative Instruments (Continued)

The notional amount represents the contract amount, not the amount at risk. The following table presents the notional amounts of derivative instruments at the Master Trust level at December 31:

	2024		2023	
	Assets	Liabilities	Assets	Liabilities
Interest rate and other swaps	\$ 170,605,126	\$ 339,495,047	\$ 273,981,317	\$ 123,218,915
Credit default swaps	16,403,133	364,884,005	176,223,152	9,462,790
Options	28,839,550	62,078,910	15,398,600	32,479,391
Futures contracts	59,844,176	275,609,450	592,399,282	51,199,128
Total	<u>\$ 275,691,985</u>	<u>\$ 1,042,067,412</u>	<u>\$ 1,058,002,351</u>	<u>\$ 216,360,224</u>

For the year ended December 31, 2024, the amount of realized and unrealized gains or (losses) attributable to derivative instruments and recognized within the net Master Trust investment income is as follows:

Interest rate and other swaps	\$ (72,285,864)
Credit default swaps	3,192,320
Options	1,128,816
Futures contracts	(14,365,468)
Forwards	1,665,948
Total	<u>\$ (80,664,248)</u>

Note 7 - Plan Termination

The Company and the BPAC have the right to terminate any of the individual plans.

Should any of the Plans terminate at some future time, the net assets of a terminated plan will be available on a pro rata basis to provide participants' benefits under that terminated plan. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some plan benefits may be fully or partially provided for by the then-existing assets of the terminated plan and the PBGC guarantee, while other benefits may not be provided for at all.

Note 8 - Income Tax Status

The Plans received favorable determination letters with respect to the qualified tax-exempt status of each of the Plans pursuant to IRC section 401(a). The Plans have been amended since receiving the determination letters. The Plans' administrator, the Plans' tax counsel, and the Company's legal counsel believe that the plans are designed and are currently being operated in compliance with the applicable requirements of the IRC.

The Master Trust is subject to the provisions of IRC section 512, which pertain to unrelated business taxable income ("UBTI"). However, the tax expense and liability associated with UBTI is not considered material to the Master Trust or to the Plans' financial statements. In addition, the Plan administrator is not aware of any unrecognized tax benefits or liabilities as of December 31, 2024 or 2023.

December 31, 2024 and 2023

Note 9 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements of the DTE Retirement Plan to the net assets available for benefits per the Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Reconciliation of net assets available for benefits:		
Net assets available for benefits per the financial statements	\$ 3,320,146,618	\$ 3,508,216,224
Assets held in 401(h) account	<u>371,402,709</u>	<u>359,055,430</u>
Net assets available for benefits per Form 5500	<u>\$ 3,691,549,327</u>	<u>\$ 3,867,271,654</u>

There were no reconciling items at December 31, 2024 or December 31, 2023 between net assets available for benefits per the financial statements of the DTE Gas Union Retirement Plan or the Shenango Pension Plan to the respective Forms 5500.

The following is a reconciliation of various amounts included in the Statement of Changes in Net Assets Available for Benefits of the DTE Retirement Plan to Form 5500:

	<u>Year Ended December 31, 2024</u>		
	<u>Amounts per Financial Statements</u>	<u>401(h) Account</u>	<u>Form 5500</u>
Plan's share of DTE Energy Company Affiliates Employee Benefit Plans Master Trust net investment income	\$ 140,345,388	\$ 14,518,439	\$ 154,863,827
Benefits paid directly to participants or beneficiaries	(309,679,318)	(1,535,603)	(311,214,921)
Administrative and investment expenses, PBGC premiums, and transfers	(18,735,676)	(635,557)	(19,371,233)

There were no reconciling items for 2024 between the Statement of Changes in Net Assets Available for Benefits of the DTE Gas Union Retirement Plan or the Shenango Pension Plan to their respective Forms 5500.

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 26a – Schedule of Active Participant Data
as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		3	3	7						
35-39		1	5	17	27 \$99,939	1				
40-44		4	9	24 \$102,387	63 \$105,324	30 \$101,726	2			
45-49		3	5	22 \$103,036	46 \$100,651	54 \$101,654	20 \$100,435			
50-54		2	14	25 \$104,861	50 \$103,930	54 \$100,677	27 \$99,377	13	1	
55-59		2	14	17	36 \$97,348	33 \$102,200	19	38 \$98,528	13	
60-64		3	2	6	17	26 \$98,419	11	26 \$98,685	9	2
65-69			1		6	8	1	3	4	1
70+			1	1		1	1			1

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Schedule SB Attachment (Form 5500) —2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, Part V — Statement of Actuarial
Assumptions/Methods

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2023).
1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization corridors.
1st Segment Rate	3.62%.
2nd Segment Rate	4.46%.
3rd Segment Rate	4.52%.
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Social Security Wage Base Increases	Future wage indices are based on national wage increase of 3.50% per year.
Social Security COLA Increases	2.50%.
Optional Payment Form Election Percentage	35% Lump Sum (where available). 35% Life Annuity. 30% Joint and Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums.
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Represented: Age 61.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table 1.
Disability Rates	See Table 1.

Schedule SB Attachment (Form 5500) —2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Decrement Timing	Middle-of-year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2023 pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	5.59%.
2023 Plan Year	5.74%.
2024 Plan Year	5.59%
	The expected return on assets is limited by the third segment rate for the applicable plan year.
Trust Expenses Included in Target Normal Cost	Based on the average of the two prior years actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year, rounded up to the nearest \$10,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Actuarial Assumptions and Methods
Table 1 – Represented Employees

Represented Employee

Age	Retirement		Withdrawal	Disability		Salary Increase
	With Under 30 Years of Service	With 30 or More Years of Service		Male	Female	
20	0.00%	0.00%	1.00%	0.06%	0.06%	15.00%
21	0.00%	0.00%	1.00%	0.06%	0.06%	15.00%
22	0.00%	0.00%	1.00%	0.06%	0.06%	15.00%
23	0.00%	0.00%	1.00%	0.06%	0.06%	15.00%
24	0.00%	0.00%	1.00%	0.06%	0.06%	15.00%
25	0.00%	0.00%	1.00%	0.06%	0.06%	8.50%
26	0.00%	0.00%	1.00%	0.06%	0.06%	8.50%
27	0.00%	0.00%	1.00%	0.06%	0.06%	8.50%
28	0.00%	0.00%	1.00%	0.06%	0.08%	8.50%
29	0.00%	0.00%	1.00%	0.06%	0.08%	8.50%
30	0.00%	0.00%	1.00%	0.06%	0.08%	6.50%
31	0.00%	0.00%	1.00%	0.06%	0.10%	6.50%
32	0.00%	0.00%	1.00%	0.06%	0.10%	6.50%
33	0.00%	0.00%	1.00%	0.06%	0.10%	6.50%
34	0.00%	0.00%	1.00%	0.06%	0.10%	6.50%
35	0.00%	0.00%	1.00%	0.06%	0.10%	4.50%
36	0.00%	0.00%	1.00%	0.06%	0.10%	4.50%
37	0.00%	0.00%	1.00%	0.06%	0.10%	4.50%
38	0.00%	0.00%	1.00%	0.06%	0.10%	4.50%
39	0.00%	0.00%	1.00%	0.06%	0.10%	4.50%
40	0.00%	0.00%	1.00%	0.06%	0.10%	4.00%
41	0.00%	0.00%	1.00%	0.06%	0.10%	4.00%
42	0.00%	0.00%	1.00%	0.06%	0.10%	4.00%
43	0.00%	0.00%	1.00%	0.06%	0.10%	4.00%
44	0.00%	0.00%	1.00%	0.06%	0.10%	4.00%
45	1.00%	1.00%	1.00%	0.06%	0.10%	3.50%
46	1.00%	1.00%	1.00%	0.06%	0.10%	3.50%
47	1.00%	1.00%	1.00%	0.07%	0.10%	3.50%
48	1.00%	1.00%	1.00%	0.08%	0.11%	3.50%
49	1.00%	1.00%	1.00%	0.09%	0.12%	3.50%
50	1.00%	1.00%	1.00%	0.11%	0.13%	3.50%
51	1.00%	1.00%	1.00%	0.13%	0.15%	3.50%
52	1.00%	1.00%	1.00%	0.15%	0.16%	3.50%
53	1.00%	1.00%	1.00%	0.18%	0.18%	3.50%
54	1.00%	1.00%	1.00%	0.20%	0.20%	3.50%
55	2.00%	5.00%	1.00%	0.23%	0.21%	3.00%
56	2.00%	5.00%	1.00%	0.26%	0.23%	3.00%
57	2.00%	10.00%	1.00%	0.29%	0.25%	3.00%
58	5.00%	17.50%	1.00%	0.32%	0.27%	3.00%
59	7.50%	17.50%	1.00%	0.35%	0.28%	3.00%
60	10.00%	17.50%	1.00%	0.38%	0.30%	3.00%
61	15.00%	17.50%	1.00%	0.42%	0.32%	3.00%
62	22.50%	30.00%	1.00%	0.46%	0.34%	3.00%
63	22.50%	25.00%	1.00%	0.50%	0.35%	3.00%
64	22.50%	25.00%	1.00%	0.55%	0.36%	3.00%
65	30.00%	30.00%	0.00%	0.00%	0.00%	3.00%
66	30.00%	30.00%	0.00%	0.00%	0.00%	3.00%
67	30.00%	30.00%	0.00%	0.00%	0.00%	3.00%
68	30.00%	30.00%	0.00%	0.00%	0.00%	3.00%
69	30.00%	30.00%	0.00%	0.00%	0.00%	3.00%
70+	100.00%	100.00%	0.00%	0.00%	0.00%	3.00%

SCHEDULE SB (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>	Single-Employer Defined Benefit 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 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Dte Energy Corporate Services, Llc	D Employer Identification Number (EIN) 20-5898509	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	437,402,825
	b Actuarial value	2b	477,250,143
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,336	243,687,522
	b For terminated vested participants	189	8,815,987
	c For active participants	835	153,781,673
	d Total	2,360	406,285,182
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.19%
6	Target normal cost		
	a Present value of current plan year accruals	6a	10,152,469
	b Expected plan-related expenses	6b	1,240,000
	c Target normal cost	6c	11,392,469

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	BRUCE R. MENZEL <i>BRM</i>		
	Signature of actuary	9/19/2025	Date
	BRUCE R. MENZEL	2305790	Most recent enrollment number
	Aon Consulting, Inc.	952-886-8000	Telephone number (including area code)
	MSC# 17704 PO Box 551343 Atlanta GA 30355	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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 11,392,469
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	45,883,096		4,411,963	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 15,804,432
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	15,804,432	15,804,432	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 22 – Description of Weighted Average
Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Represented Employees with Under 30 Years of Service

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
45.5	1.00%	1.0000	0.46
46.5	1.00%	0.9900	0.46
47.5	1.00%	0.9801	0.47
48.5	1.00%	0.9703	0.47
49.5	1.00%	0.9606	0.48
50.5	1.00%	0.9510	0.48
51.5	1.00%	0.9415	0.48
52.5	1.00%	0.9321	0.49
53.5	1.00%	0.9227	0.49
54.5	1.00%	0.9135	0.50
55.5	2.00%	0.9044	1.00
56.5	2.00%	0.8863	1.00
57.5	2.00%	0.8686	1.00
58.5	5.00%	0.8512	2.49
59.5	7.50%	0.8086	3.61
60.5	10.00%	0.7480	4.53
61.5	15.00%	0.6732	6.21
62.5	22.50%	0.5722	8.05
63.5	22.50%	0.4435	6.34
64.5	22.50%	0.3437	4.99
65.5	30.00%	0.2664	5.23
66.5	30.00%	0.1864	3.72
67.5	30.00%	0.1305	2.64
68.5	30.00%	0.0914	1.88
69.5	30.00%	0.0640	1.33
70	100.00%	0.0448	3.13
	Weighted Average		61.93

Schedule SB Attachment (Form 5500) —2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
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Represented Employees with 30 or More Years of Service

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
45.5	1.00%	1.0000	0.46
46.5	1.00%	0.9900	0.46
47.5	1.00%	0.9801	0.47
48.5	1.00%	0.9703	0.47
49.5	1.00%	0.9606	0.48
50.5	1.00%	0.9510	0.48
51.5	1.00%	0.9415	0.48
52.5	1.00%	0.9321	0.49
53.5	1.00%	0.9227	0.49
54.5	1.00%	0.9135	0.50
55.5	5.00%	0.9044	2.51
56.5	5.00%	0.8592	2.43
57.5	10.00%	0.8162	4.69
58.5	17.50%	0.7346	7.52
59.5	17.50%	0.6060	6.31
60.5	17.50%	0.5000	5.29
61.5	17.50%	0.4125	4.44
62.5	30.00%	0.3403	6.38
63.5	25.00%	0.2382	3.78
64.5	25.00%	0.1787	2.88
65.5	30.00%	0.1340	2.63
66.5	30.00%	0.0938	1.87
67.5	30.00%	0.0657	1.33
68.5	30.00%	0.0460	0.94
69.5	30.00%	0.0322	0.67
70	100.00%	0.0225	1.58
	Weighted Average		60.03

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 26b – Schedule of Projection of Expected
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	775,325	171,874	20,278,240	21,225,438
2025	1,724,631	189,221	20,025,618	21,939,469
2026	2,768,750	276,383	19,753,311	22,798,444
2027	3,845,740	382,071	19,453,298	23,681,108
2028	5,087,910	398,318	19,124,761	24,610,988
2029	6,147,378	445,426	18,774,734	25,367,538
2030	7,160,257	484,578	18,399,837	26,044,671
2031	8,240,194	517,731	18,007,416	26,765,342
2032	9,344,849	589,000	17,579,039	27,512,889
2033	10,373,389	651,957	17,122,074	28,147,420
2034	11,316,736	668,199	16,635,931	28,620,866
2035	12,110,102	661,989	16,117,857	28,889,948
2036	13,004,248	669,167	15,567,700	29,241,115
2037	13,653,832	689,063	14,985,060	29,327,956
2038	14,238,749	692,262	14,370,122	29,301,133
2039	14,781,537	694,326	13,730,305	29,206,169
2040	15,258,931	694,444	13,054,071	29,007,446
2041	15,699,469	697,865	12,350,555	28,747,888
2042	16,037,437	696,057	11,623,196	28,356,691
2043	16,234,937	695,398	10,876,382	27,806,717
2044	16,447,114	689,658	10,115,510	27,252,282
2045	16,503,901	676,601	9,346,897	26,527,399
2046	16,425,615	655,752	8,577,535	25,658,902
2047	16,273,436	635,178	7,814,900	24,723,514
2048	16,079,033	637,942	7,071,251	23,788,226
2049	15,760,181	614,238	6,345,119	22,719,538
2050	15,383,441	591,586	5,648,229	21,623,257
2051	14,924,665	564,868	4,987,111	20,476,644
2052	14,371,494	537,254	4,367,356	19,276,104
2053	13,816,892	514,778	3,793,339	18,125,009
2054	13,185,094	485,719	3,268,075	16,938,888
2055	12,519,093	456,193	2,793,165	15,768,450
2056	11,822,756	426,402	2,368,826	14,617,984
2057	11,112,756	396,578	1,993,994	13,503,327
2058	10,388,068	366,964	1,666,561	12,421,593

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	9,663,997	337,803	1,383,564	11,385,364
2060	8,940,598	309,333	1,141,444	10,391,375
2061	8,229,534	281,779	936,287	9,447,600
2062	7,537,635	255,365	764,035	8,557,035
2063	6,869,813	230,291	620,649	7,720,752
2064	6,229,693	206,699	502,253	6,938,645
2065	5,620,593	184,693	405,223	6,210,508
2066	5,045,450	164,329	326,243	5,536,023
2067	4,505,586	145,625	262,374	4,913,586
2068	4,001,704	128,556	211,042	4,341,302
2069	3,533,934	113,056	170,043	3,817,034
2070	3,102,075	99,035	137,511	3,338,621
2071	2,705,639	86,389	111,856	2,903,884
2072	2,343,887	75,016	91,757	2,510,661
2073	2,015,916	64,824	76,109	2,156,850

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	July 1, 1960. Most recently amended for benefit changes effective for the 2021 Plan Year.
Participation	Employees become participants upon attainment of age 18 and completion of six months of Service. The plan was closed to Local 70, 132, and 799 Northern employees hired on or after June 6, 2011. The plan was closed to Local 223 employees hired on or after March 23, 2013 and to Local 799 T&SO employees hired on or after March 27, 2013.
Normal Retirement	
Eligibility	Age 65.
Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)	The monthly benefit is the sum of (a) + (b) with a minimum benefit equal to (c). This benefit cannot be less than the Prior Plan Accrued Benefit on December 31, 1991. (a) 1.33% of Final Average Monthly Earnings × Years of Credited Service. (b) 0.5% of Final Average Monthly Earnings in excess of Covered Compensation × Years of Credited Service up to 35 years. (c) The following minimum benefit applies for employees eligible for retirement as of December 31, 1998. As of December 31, 1998, the formula is frozen as a minimum benefit for employees who meet the eligibility requirements for Early Retirement: 1.4% of Final Average Monthly Earnings × Years of Credited Service up to 22.5 years + 0.5% of Final Average Monthly Earnings in excess of Covered Compensation × Years of Credited Service up to 22.5 years + 0.3% of Final Average Monthly Earnings × Years of Credited Service.
Amount for Benefit Service on or after January 1, 2005 (alternative effective dates for certain groups)	The monthly benefit is (a) with a minimum benefit equal to (b). This benefit, plus the benefit for service prior to January 1, 2005, cannot be less than the Prior Plan Accrued Benefit on December 31, 1991. (a) 1.5% of Average Final Normal Compensation × Years of Service. (b) \$168 times Years of Credited Service.
Local 70, 132, 799 Northern who are active on June 8, 2010	June 8, 2008 negotiations changed the pension formula for service on or after June 8, 2010 from 1.5% to 1.6% average final compensation. Pension formula for service prior to June 8, 2010 remains at 1.5% of average annual compensation.

Schedule SB Attachment (Form 5500) –2024 Plan Year
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Amount of Minimum Benefit at Age 65 for Disability Retirees 1.4% of Final Average Monthly Earnings times Years of Credited Service up to 22.5 years + 0.5% of Final Average Monthly Earnings in excess of Covered Compensation × Years of Credited Service up to 22.5 years + 0.3% of Final Average Monthly Earnings × Years of Credited Service.

Early Retirement

Eligibility Age 45 and 15 years of Eligibility Service.

Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups) A monthly benefit equal to the Normal Retirement Benefit, based on service prior to January 1, 2005, at the time of retirement. The benefit is reduced by 5/12% for each month commencement precedes age 62. Prior to age 55 reductions are actuarially equivalent to age 55.

Amount for Benefit Service on or After January 1, 2005 (alternative effective dates for certain groups) A monthly benefit equal to the Normal Retirement Benefit, based on service on or after January 1, 2005, at the time of retirement. The benefit is reduced according to the schedule below:

Age When Allowance Commences	30 or More Years of Service	Less Than 30 Years of Service
45	27%	27%
46	29%	29%
47	31%	31%
48	34%	34%
49	37%	37%
50	40%	40%
51	43%	43%
52	46%	46%
53	49%	49%
54	53%	53%
55	80%	66%
56	88%	74%
57	96%	82%
58	100%	90%
59	100%	98%
60	100%	100%
61	100%	100%
62	100%	100%
63	100%	100%
64	100%	100%

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
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Temporary Total and Permanent Disability

Eligibility	<p>DTE Gas Union employee at the time of disability and one Year of Eligibility Service for occupational disability or five Years of Eligibility Service for non-occupational disability (ten Years of Eligibility Service for Local 70, 132, and 799 Northern employees who had less than three years of service on June 6, 2011).</p> <p>Local 70, 132, and 799 Northern employees hired after June 6, 2011 are not eligible.</p>
Amount of Benefit	<p>Minimum disability benefits are also available to occupational and non-occupational disabilities based on the benefit formula prior to 1991 based on Final Average Monthly Earnings and Credited Service at the time of disability.</p> <p>Temporary TPD benefit continues until age 65, early retirement, recovery, or death. At age 65 the greater of the Normal Retirement Benefit or special Minimum Normal Retirement Benefit for Disabled Retirees is payable.</p>

Vested Termination

Eligibility	<p>Five Years of Vesting Service.</p>
Amount of Benefit	<p>A monthly benefit payable at age 65 equal to the Normal Retirement Benefit. An actuarially reduced pension, based on service after January 1, 2005 (alternative effective dates for certain groups) is payable at age 45 or later if the participant terminated with 15 or more years of Eligibility Service. After 15 years of Eligibility Service, the minimum annual benefit is \$168 multiplied by ratio of Credited Service at deferred vested retirement to expected Credited Service at retirement.</p> <p>The monthly benefit based on service prior to January 1, 2005 is payable at age 65. This benefit is also available as a lump sum or an actuarially reduced annuity at termination. If a Participant does not elect an immediate lump sum or annuity at termination, a reduced benefit may begin as early as age 55 with actuarial equivalent reductions as specified in the plan document.</p>

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
Collective Bargaining Agreements
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Preretirement Surviving Spouse

Eligibility

All plan participants.

Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)

In general, following the death of an active Participant, the surviving spouse receives an immediate monthly life annuity equal to [(a) + (b)] × (c) below.

- (a) 20% of the Participant's Primary Monthly Earnings.
- (b) 5% of the Participant's Primary Monthly Earnings for each dependent child (maximum of 20%) payable to age 21 for each child.
- (c) Service prior to January 1, 2005 divided by Eligibility Service.

If the Participant does not have a surviving spouse, the benefit described in (b) is payable to the dependent children.

The minimum benefit payable to the surviving spouse following the death of an active Participant is the contingent benefit determined in accordance with a 50% Joint and Survivor Life Annuity payable commencing on the date the Participant would have been eligible to receive an Early Retirement Benefit (but not earlier than the Participant's date of death).

Amount for Benefit Service on or after January 1, 2005 (alternative effective dates for certain groups)

In general, following the death of an active Participant, the surviving spouse receives a monthly Life Annuity equal to a 50% Joint & Survivor Life Annuity payable commencing on the date the Participant would have been eligible to receive an Early Retirement Benefit (but not earlier than the Participant's date of death).

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
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Supplemental Early Retirement Monthly Benefit

Eligibility	Early Retirement with 30 or more Years of Eligibility Service. The total benefit plus supplement cannot exceed \$2,200.
Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)	\$2,200 prorated for service prior to January 1, 2005, minus the reduced Early Retirement Benefit. The supplement is payable to age 62 or commencement of Social Security benefits, if later.
Amount for Benefit Service on or After January 1, 2005 (alternative effective dates for certain groups)	\$2,200 minus \$20 per month for each year of service less than 30 years, prorated for service after January 1, 2005, minus the reduced Early Retirement Benefit. The supplement is payable to age 62.

Special Supplemental Benefit

Eligibility	Incumbent service consumption technicians whose pay rates were frozen on April 1, 1997.
Amount of Account	\$3,000 on January 1, 2001. This account earns interest at prime rate of interest and is available as a lump sum at retirement.

Special Lump Sum Payments

Eligibility	Participants retired before January 1, 1995.
Benefit	Payment equal to discounted value of 2% times 12 months of initial pension benefit. Lump sums paid in February 2008, 2009, and 2010.

Alternative Effective Dates and Eligibility for COLA

Special Benefit for Participants Hired Before January 1, 1995	All benefits and provisions for service on or after January 1, 2005 apply to service on or after January 1, 2003 for employees hired before January 1, 1995. COLA applies on benefits accrued through December 31, 2004 with an adjustment for final average pay at termination.
Greater Michigan Locals	All January 1, 2005 dates in the plan provisions above have an effective date of January 1, 2006.

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
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Form of Benefit

Normal Form for Service Prior to January 1, 2005 (alternative effective dates for certain groups)	<p>For a single Participant, the Normal Form of Benefit is a Life Annuity.</p> <p>For a married Participant, the Normal Form of Benefit is a 10-year Certain Annuity that is payable during the Participant's lifetime and 50% of the benefit continuing to the spouse after the Participant's death with half of the Participant's payment guaranteed for a 10-year period after retirement. The benefit is reduced for form of payment. If the spouse predeceases the Participant, the Participant's benefit is increased to an unreduced Life Annuity.</p>
Normal Form for Service on or After January 1, 2005 (alternative effective dates for certain groups)	<p>For a single Participant, the Normal Form of Benefit is a Life Annuity.</p> <p>For a married Participant, the Normal Form of Benefit is an annuity which is payable during the Participant's lifetime and 50% of the benefit continuing to the spouse after the Participant's death. If the spouse predeceases the Participant, the Participant's benefit increases to a Life Annuity benefit unreduced for form of payment.</p>
Optional Forms for Service Prior to January 1, 2005 (alternative effective dates for certain groups)	<p>The optional forms of payment are as follows.</p> <ul style="list-style-type: none">▪ Life Annuity.▪ 10-Year Certain and Life.▪ 100%, or 50% Joint and Survivor Annuity with (or without) a 10-year certain guarantee and a pop-up feature (if terminated or retired on or after January 1, 1992).▪ 100%, 50% Joint and Survivor annuity and a pop-up feature (if terminated or retired on or after January 1, 1992).▪ 75% actuarially equivalent Joint and Survivor Annuity for married participants.▪ Up to 70% of the benefit as a Lump Sum (in 10% increments) with the rest in any other Optional Form above. The Lump Sum will not include early retirement subsidies, supplement, or the value of COLA, if applicable. However, the residual annuity will be adjusted for total COLA, if applicable.▪ 100% Lump Sum.▪ Terminated vested participants may elect a lump sum or immediate life annuity, 50% J&S or 75% J&S, if married, at termination, on the pre-2005 benefit.

Schedule SB Attachment (Form 5500) –2024 Plan Year
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- Optional Forms for Service on or After January 1, 2005 (alternative effective dates for certain groups)
- Life Annuity.
 - 100% or 50% Joint and Survivor Annuity with a pop-up feature with any beneficiary if terminate on or after January 1, 1994).
 - 75% actuarially equivalent Joint and Survivor Annuity for married participants.
 - 100% Lump Sum

Definitions

<p>Final Average Monthly Earnings for Service Prior to January 1, 2005 (alternative effective dates for certain groups)</p>	<p>Average Primary Monthly Earnings for highest 60 consecutive calendar months out of the last 15 Years of Credited Service. Earnings for any month computed at basic hourly, weekly, monthly, or annual rate, excluding amounts deferred under a nonqualified deferred compensation agreement, bonuses, overtime, and other premium pay, but including qualified elected deferrals, any shift differential, and sales commission earned during the month.</p>
<p>Average Normal Compensation for Service on or After January 1, 2005 (alternative effective dates for certain groups)</p>	<p>Average Normal Compensation for Local 223 Gas and Local 223 T&SO and Local 799 T&SO represented participants is based on the highest nonconsecutive 260 weeks over the last 10 years. Normal Compensation includes base pay and lump sums awarded in lieu of base pay increases, if negotiated. After the highest 260 weeks are determined, shift differential, overtime, and Sunday pay are included. For Local 132, 70, and 799N, highest 60 nonconsecutive months over the last 10 years are used effective January 1, 2012.</p>
<p>Primary Social Security Benefit</p>	<p>Social Security primary insurance amount assuming no future Earnings.</p>
<p>Years of Credited Service Prior to January 1, 2005 (alternative effective dates for certain groups)</p>	<p>An employee receives one Year of Credited Service for each 12-month period, beginning on his anniversary date, during which he has 2,080 or more hours of employment. Proportionate credit is given for 1,000 to 2,080 hours of employment.</p>
<p>Years of Credited Service on or After January 1, 2005 (alternative effective dates for certain groups)</p>	<p>Years and fractional years measured from the later of date of hire or January 1, 2005.</p>
<p>Years of Service Prior to January 1, 2005 (alternative effective dates for certain groups)</p>	<p>An employee receives one Year of Service for each 12-month period, beginning on the employee’s anniversary date, in which he has 1,000 or more hours of employment. Years of Service completed prior to attainment of age 18 are excluded.</p>
<p>Years of Service on or After January 1, 2005 (alternative effective dates for certain groups)</p>	<p>Years and fractional years measured from the later of date of hire or January 1, 2005.</p>

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
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Prior Plan Accrued Benefit	The monthly benefit as of December 31, 1991 is the sum of (a) + (b) – (c). (a) 2% of Final Average Monthly Earnings as of December 31, 1991 × Years of Credited Service on December 31, 1991 (maximum 22.5 years). (b) 0.3% of Final Average Monthly Earnings as of December 31, 1991 × all Years of Credited Service through December 31, 1991. (c) 40% of monthly Primary Social Security Benefits as of December 31, 1991 × Years of Credited Service as of December 31, 1991 × a fraction. The numerator of the fraction is Years of Credited Service (maximum 22.5 years), the denominator is 22.5.
Covered Compensation	35-year average of the Social Security Wage Base.
Eligibility Service	Sum of Credited Service under any of the plan formulas in the DTE Retirement Plan and Years of Credited Service under the DTE Gas Union Plan.

DTE Cash Balance Formula

Participation	Local 223 Gas, Local 223 T&SO, and Local 799 T&SO employees who were hired on or after January 1, 2011 and before March 23, 2013 (March 27, 2013 for Local 799 T&SO), and who choose to participate in the DTE Cash Balance Formula.
Amount of Benefit for DTE Cash Balance Plan	Cash balance account based on annual contributions of 7% of pay for Service up to 30 years and 7.5% of pay for Service over 30 years. Annual Interest Credits based on the annual rate of interest on 30-year Treasury securities for September of the prior year. Participants in the DTE Cash Balance Formula are not eligible for a supplemental benefit.
Vesting Eligibility	Three years of Vesting Service based on elapsed time.
Optional Forms	A member may elect to convert his Normal Form of Benefit into a benefit of equivalent actuarial value in accordance with certain options permitted under the plan. The optional forms of payment are as follows. <ul style="list-style-type: none"> ▪ Life Annuity. ▪ 100% or 50% Joint and Survivor Annuity. ▪ 75% actuarially equivalent Joint and Survivor Annuity. ▪ Cash balance lump sum.

Schedule SB Attachment (Form 5500) –2024 Plan Year
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Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump-sum payments from the 2023 plan year IRC section 417(e)(3) mortality table to the 2024 plan year IRC section 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not terminated) basis using personnel data furnished as of January 1, 2024 by DTE Energy Company. Asset information and dates and amounts of contributions are based on information supplied by DTE Energy Company.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 53,222,750	January 1, 2023	14	\$ 5,079,727
Shortfall	\$ (7,339,654)	January 1, 2024	15	\$ (667,764)