

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: UAW MASTER PENSION TRUST; 1b Three-digit plan number (PN): 006; 1c Effective date of plan; 2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL UNION, UAW; 2b Employer Identification Number (EIN): 38-0679801; 2c Plan Sponsor's telephone number: 313-926-5000; 2d Business code (see instructions)

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

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

Table with 4 columns: Label (SIGN HERE), Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> 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 type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> 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 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)

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>UAW MASTER PENSION TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL UNION, UAW</b>		<b>D</b> Employer Identification Number (EIN) <b>38-0679801</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-1211670</b>	<b>68241</b>	<b>030413</b>		<b>01/01/2024</b>	<b>12/31/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	29392053

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

<b>A</b> Name of plan <b>UAW MASTER PENSION TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL UNION, UAW</b>	<b>D</b> Employer Identification Number (EIN) <b>38-0679801</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**BAIRD ADVISORS**

**39-6037917**

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

**AG CAPITAL RECOVERY VIII HLGS LP**

**98-1125840**

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

**APOLLO INVESTMENT FUND VIII LP**

**80-0877171**

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

**ENTRUST SPECIAL OPPORT FUND II LP**

**26-3538071**

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

FIRST RESERVE FUND XIII LP

98-1046110

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

GLOBAL INFRASTRUCTURE PARTNERS II-A

45-1475809

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

HIG ADVANTAGE BUYOUT FUND LP

36-4867059

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

MESIROW FINANCIAL CAPITAL PARTNERS

26-4042914

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

MONOMY CAPITAL PARTNERS AIV III LP

38-3140311

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

NB PRIVATE DEBT FUND II LP

47-4358986

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

OAKTREE ENHANCED INCOME FUND, L.P.

45-5123340

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

STONEPEAK INFRASTRUCTURE FUND LP

47-5207798

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

WARBURG PINCUS PRIVATE EQUITY XI,LP

45-3414550

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

ARTIS TECHBIO I LP

83-3940889

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

BARDIN HILL OPPORT CREDIT FUND LP

98-1532032

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

BCP SPECIAL OPPORT OFFSHORE FDER II

98-1481286

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

CIREP V INSTITUTIONAL FEEDER, LP

98-1504449

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

FRANCISCO PARTNERS AGILITY II-A LP

98-1519803

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

KOLBERG TE INVESTORS IX, LP

84-3726326

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

LIGHTSPEED VENTURE PARTNERS XIII,LP

98-1534383

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

ISQ GLOBAL INFRASTRUCTURE FUND III

98-1550767

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

DUNE REAL ESTATE FUND III LP

80-0881180

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

DUNE REAL ESTATE FUND IV LP

82-1846668

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

EPHPC PARTNERS LP

82-1240961

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

FRANCISCO PARTNERS VI-B LP

98-1520786

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

HIGHSTAR CAPITAL IV, LP

27-1782444

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

LIGHTSPEED VENTURE PTNRS SELECT IV

98-1534630

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

NB PRIVATE DEBT FUND III LP

82-2900910

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

STARWOOD DISTRESSED OPP FD IX LP

45-3722767

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

STARWOOD INTER OPP FUND X LP

98-1163586

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

STARWOOD OPP FUND X US LP

46-5025918

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

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

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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)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	520000	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)

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27 24 50 51	NONE	479331	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)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 99 52 19 51 18	NONE	194864	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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)

STATE STREET BANK AND TRUST CO

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 99 62 63 28	NONE	189883	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	164164	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	156052	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	155263	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>UAW MASTER PENSION TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>006</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL UNION, UAW</u>	<b>D</b> Employer Identification Number (EIN) <u>38-0679801</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA SA</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE PRUDENTIAL INSURANCE CO OF AMERICA</u>		
<b>c</b> EIN-PN <u>22-1211670-038</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29392053</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET US CORE PLUS LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT COMPANY LLC</u>		
<b>c</b> EIN-PN <u>20-1575788-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87998061</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>HIGH YIELD OF JPMORGAN CHASE BANK</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK NA</u>		
<b>c</b> EIN-PN <u>20-4786224-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11444345</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND OF JPMORGAN CHASE BANK</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK NA</u>		
<b>c</b> EIN-PN <u>20-3847783-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93134267</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STRATEGIC PROPERTY OF JPMORGAN CHAS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK NA</u>		
<b>c</b> EIN-PN <u>13-6038770-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31429605</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT DURATION BOND OF JPMORGAN CHA</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK NA</u>		
<b>c</b> EIN-PN <u>45-4795637-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3829588</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL 3000(R) INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-041</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>390949211</u>





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JAW MASTER PENSION TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>006</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL UNION, JAW</b>	<b>D</b> Employer Identification Number (EIN) <b>38-0679801</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	15052589	2362102
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	36628120	35298432
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	19375145	55338303
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	50805454	69024493
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	8895298	5414862
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	4516363	7275312
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	3033610	3033610
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	195358825	169359894
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	704312	565856
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	673730793	693781815
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	31459956	29392053
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	78203505	87998061
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	39752480	46176780
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	1742689	933057

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1159259139	1205954630
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	55451814	60238313
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	55451814	60238313
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1103807325	1145716317

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2506782	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1152767	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	626059	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	23538	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	171676	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4480822
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	11840	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2977060	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2988900
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	405610168	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	416442016	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-10831848
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1205444	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		99757525
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-686311
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		-205445
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		40578
<b>c</b> Other income .....	<b>2c</b>		9025666
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		105775331

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1674485	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	189884	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1864369
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1864369

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		103910962
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		6108029
(2) From this plan .....	<b>2l(2)</b>		68109999

**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:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.



## U.A.W. MASTER PENSION TRUST

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN No.: 38-0679801  
Plan No.: 006

(c.) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Number of Shares or Par Value	(d) Cost	(e) Current Value
<b>Interest-bearing cash</b>							
	Cash At Other Banks	Interest-bearing cash	12/31/60	1.000	97,923	\$ 97,923	\$ 97,923
	CRH America Finance, Inc.	Interest-bearing cash	01/16/25	4.720	250,000	249,082	249,082
	DTE Electric Company	Interest-bearing cash	01/10/25	4.650	100,000	99,677	99,677
	Intercontinental Exchange	Interest-bearing cash	01/06/25	4.720	250,000	249,377	249,377
	Virginia Electric and Power	Interest-bearing cash	01/13/25	4.690	250,000	249,088	249,088
	Futures Goldman COC	Interest-bearing cash	N/A	N/A	520,000	520,000	520,000
	CCGSCHUS9 HSBC COC USD	Interest-bearing cash	N/A	N/A	134,000	134,000	134,000
	Goldman CCP USD	Interest-bearing cash	N/A	N/A	48,000	48,000	48,000
	CCGSZUS9 Goldman Sach COC	Interest-bearing cash	N/A	N/A	926,000	926,000	926,000
	MNEQ Hldgs Inc	Interest-bearing cash	N/A	N/A	175	3,435	3,435
	STIF 25 BPS	Interest-bearing cash	12/31/50	1.000	52,761,721	52,761,721	52,761,721
	Total interest-bearing cash					<u>55,338,303</u>	<u>55,338,303</u>
<b>U.S. Government securities</b>							
	US Treasury N/B	U.S. Gov't securities	02/15/25	2.000	3,900,000	4,201,251	3,888,885
	SMALL BUSINESS ADMINISTRATION	U.S. Gov't securities	03/01/25	4.950	6,782	6,782	6,777
	SMALL BUSINESS ADMINISTRATION	U.S. Gov't securities	04/01/25	5.110	2,769	2,769	2,763
	FED HM LN PC POOL C80304	U.S. Gov't securities	06/01/25	8.500	43	45	43
	US Treasury N/B	U.S. Gov't securities	11/15/25	2.250	2,300,000	2,359,631	2,260,647
	US Treasury N/B	U.S. Gov't securities	11/30/25	0.375	2,000,000	2,000,156	1,931,320
	FNMA POOL AH0969	U.S. Gov't securities	12/01/25	3.500	6,766	7,164	6,716
	US Treasury N/B	U.S. Gov't securities	12/31/25	0.375	2,100,000	2,093,930	2,022,153
	US Treasury N/B	U.S. Gov't securities	01/31/26	0.375	200,000	198,789	191,902
	US Treasury N/B	U.S. Gov't securities	02/15/26	1.625	900,000	868,369	874,287
	US Treasury N/B	U.S. Gov't securities	02/28/26	0.500	300,000	295,930	287,421
	US Treasury N/B	U.S. Gov't securities	04/30/26	2.375	2,400,000	2,495,411	2,341,848
	FNMA POOL 313721	U.S. Gov't securities	08/01/26	1.000	3,937	4,037	3,960
	GNMA II POOL 080023	U.S. Gov't securities	12/20/26	1.000	4,222	4,301	4,241
	FED HM LN PC POOL G00723	U.S. Gov't securities	05/01/27	8.500	556	581	565
	FED HM LN PC POOL G00886	U.S. Gov't securities	11/01/27	8.500	905	946	910
	TENN VALLEY AUTHORITY	U.S. Gov't securities	03/15/28	3.875	500,000	495,935	493,245
	FNMA POOL 490449	U.S. Gov't securities	03/01/29	6.000	1,099	1,100	1,129
	TSY INFL IX N/B	U.S. Gov't securities	04/15/29	2.125	3,265,632	3,272,340	3,269,583
	US Treasury N/B	U.S. Gov't securities	09/30/29	3.875	1,100,000	1,109,752	1,076,075
	US Treasury N/B	U.S. Gov't securities	10/31/29	4.125	300,000	299,224	296,544
	GNMA II POOL 002909	U.S. Gov't securities	04/20/30	8.000	1,632	1,640	1,677
	GNMA II POOL 002946	U.S. Gov't securities	07/20/30	8.000	5,856	5,884	6,099
	US Treasury N/B	U.S. Gov't securities	11/30/30	4.375	2,400,000	2,401,406	2,391,264
	US Treasury N/B	U.S. Gov't securities	01/31/31	4.000	500,000	502,207	487,825
	US Treasury N/B	U.S. Gov't securities	04/30/31	4.625	600,000	597,867	605,070
	US Treasury N/B	U.S. Gov't securities	07/31/31	4.125	1,000,000	1,005,469	980,080
	US Treasury N/B	U.S. Gov't securities	08/15/33	3.875	700,000	680,777	666,204
	TSY INFL IX N/B	U.S. Gov't securities	01/15/34	1.750	1,232,256	1,232,951	1,181,339
	TSY INFL IX N/B	U.S. Gov't securities	07/15/34	1.875	100,596	101,996	97,478
	Government National Mortgage A GNR 2004 93 PD	U.S. Gov't securities	11/16/34	5.000	28,766	32,856	28,674
	FNMA POOL 803876	U.S. Gov't securities	12/01/34	5.500	12,509	12,498	12,656
	FNMA POOL 995112	U.S. Gov't securities	07/01/36	1.000	7,833	7,852	7,906
	FNMA POOL 902174	U.S. Gov't securities	11/01/36	6.000	3,280	3,428	3,401
	Government National Mortgage A GNR 2008 60 JN	U.S. Gov't securities	07/20/38	5.500	10,290	11,892	10,394
	FNMA POOL 995938	U.S. Gov't securities	01/01/39	1.000	1,803	1,895	1,869
	GNMA POOL 683054	U.S. Gov't securities	02/15/39	5.000	3,400	3,694	3,387
	US Treasury N/B	U.S. Gov't securities	05/15/39	4.250	600,000	798,349	569,088
	FED HM LN PC POOL G05922	U.S. Gov't securities	07/01/39	5.500	14,004	14,864	14,100
	FNMA POOL MA3773	U.S. Gov't securities	09/01/39	4.000	104,935	111,740	99,848
	FNMA POOL AE0811	U.S. Gov't securities	09/01/39	1.000	25,333	27,648	26,255
	Government National Mortgage A GNR 2009 77 KJ	U.S. Gov't securities	09/20/39	5.000	20,694	23,591	20,769
	US Treasury N/B	U.S. Gov't securities	11/15/39	4.375	100,000	133,669	95,843
	US Treasury N/B	U.S. Gov't securities	02/15/40	4.625	100,000	139,764	98,446
	GNMA POOL 736727	U.S. Gov't securities	05/15/40	5.000	32,055	34,824	31,737
	FNMA POOL 559802	U.S. Gov't securities	09/01/40	1.000	4,883	4,890	4,894
	US Treasury N/B	U.S. Gov't securities	11/15/40	1.375	100,000	96,219	61,894
	FNMA POOL AE9732	U.S. Gov't securities	12/01/40	4.000	48,796	50,930	46,040
	Fannie Mae	U.S. Gov't securities	12/25/40	4.500	190,269	209,296	182,517
	FNMA POOL AI0144	U.S. Gov't securities	04/01/41	4.000	3,147	3,258	2,966
	FNMA POOL AL3365	U.S. Gov't securities	05/01/41	1.000	47,637	52,095	49,391
	US Treasury N/B	U.S. Gov't securities	08/15/44	3.125	1,000,000	1,009,417	776,620
	FNMA POOL FM2984	U.S. Gov't securities	08/01/45	1.000	671,174	618,319	626,749
	US Treasury N/B	U.S. Gov't securities	08/15/45	2.875	100,000	109,647	73,757
	US Treasury N/B	U.S. Gov't securities	02/15/46	2.500	310,000	309,275	211,990
	US Treasury N/B	U.S. Gov't securities	08/15/46	2.250	1,000,000	847,574	645,560
	US Treasury N/B	U.S. Gov't securities	08/15/47	2.750	300,000	294,103	210,978
	US Treasury N/B	U.S. Gov't securities	11/15/47	2.750	1,000,000	974,674	701,680
	FED HM LN PC POOL G08793	U.S. Gov't securities	12/01/47	4.000	131,546	127,065	122,149





## U.A.W. MASTER PENSION TRUST

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN No.: 38-0679801  
Plan No.: 006

(c ) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Number of Shares or Par Value	(d) Cost	(e ) Current Value
	FED HM LN PC POOL ZM5146	U.S. Gov't securities	12/01/47	4.000	130,323	\$ 125,966	\$ 120,851
	FNMA POOL FS8343	U.S. Gov't securities	10/01/48	1.000	408,903	398,105	379,343
	FNMA POOL FS8344	U.S. Gov't securities	06/01/49	1.000	129,782	125,564	120,352
	FNMA POOL BW7013	U.S. Gov't securities	08/01/52	5.000	160,392	152,724	155,322
	FED HM LN PC POOL SD6584	U.S. Gov't securities	09/01/52	3.500	4,299,998	3,934,834	3,805,326
	FNMA POOL MA5072	U.S. Gov't securities	07/01/53	5.500	1,579,945	1,548,469	1,561,649
	FNMA POOL FS7303	U.S. Gov't securities	07/01/53	1.000	490,683	474,889	474,579
	FNMA POOL MA5137	U.S. Gov't securities	09/01/53	5.000	3,861,472	3,737,181	3,732,345
	FED HM LN PC POOL SD8384	U.S. Gov't securities	12/01/53	6.000	2,566,782	2,607,991	2,580,232
	US Treasury N/B	U.S. Gov't securities	08/15/54	4.250	900,000	929,637	821,880
	GNMA II TBA 30 YR 2.5	U.S. Gov't securities	01/15/55	2.500	300,000	255,773	250,500
	FNMA TBA 30 YR 2.5	U.S. Gov't securities	01/15/55	2.500	1,300,000	1,077,629	1,058,694
	FNMA TBA 30 YR 5	U.S. Gov't securities	01/15/55	5.000	6,100,000	5,911,281	5,886,927
	FNMA TBA 30 YR 3	U.S. Gov't securities	02/13/55	3.000	2,100,000	1,785,328	1,783,530
	FNMA TBA 30 YR 4	U.S. Gov't securities	02/13/55	4.000	3,500,000	3,181,035	3,199,770
	FNMA TBA 30 YR 2	U.S. Gov't securities	02/15/55	2.000	100,000	78,672	77,828
	FNMA TBA 30 YR 5.5	U.S. Gov't securities	02/15/55	5.500	5,600,000	5,556,469	5,521,880
	FNMA TBA 30 YR 6	U.S. Gov't securities	02/15/55	6.000	400,000	400,672	401,500
	FNMA TBA 30 YR 6.5	U.S. Gov't securities	02/15/55	6.500	1,400,000	1,425,676	1,427,734
	FNMA TBA 30 YR 4.5	U.S. Gov't securities	03/15/55	4.500	5,900,000	5,541,391	5,544,643
	Total U.S. Government securities					<u>71,563,252</u>	<u>69,024,493</u>
	<b>Corporate debt instruments - preferred</b>						
	Westlake Automobile Receivable Wlke 2022 3A A2 144A	Corp.debt - preferred	07/15/25	5.240	-	-	-
	Hertz Vehicle Financing LLC	Corp.debt - preferred	06/25/26	1.990	200,000	187,250	198,460
	Hertz Vehicle Financing LLC	Corp.debt - preferred	09/25/26	3.730	300,000	299,992	298,350
	Commonspirit Health	Corp.debt - preferred	11/01/27	6.073	100,000	100,000	102,883
	JPMorgan Chase + Co	Corp.debt - preferred	02/24/28	1.000	900,000	842,778	865,746
	Octane Receivables Trust	Corp.debt - preferred	03/20/28	4.180	19,136	19,134	19,111
	Intercontinental Exchange	Corp.debt - preferred	09/01/28	3.625	100,000	95,272	95,857
	Morgan Stanley	Corp.debt - preferred	01/16/30	1.000	900,000	893,763	901,287
	Bank of America Corp	Corp.debt - preferred	02/07/30	1.000	900,000	846,486	862,497
	Catamaran CLO LTD	Corp.debt - preferred	04/22/30	1.000	63,927	63,940	63,956
	Netflix Inc	Corp.debt - preferred	06/15/30	4.875	100,000	100,000	99,555
	KKR Financial CLO LTD	Corp.debt - preferred	07/15/30	1.000	73,797	73,797	73,777
	Venture CDO LTD	Corp.debt - preferred	07/20/30	1.000	110,523	110,523	110,519
	Sound Point CLO LTD	Corp.debt - preferred	07/25/30	1.000	43,738	43,738	43,757
	Marble Point CLO X LTD	Corp.debt - preferred	10/15/30	1.000	31,689	31,689	31,706
	Elevation CLO LTD	Corp.debt - preferred	10/25/30	1.000	40,348	40,348	40,365
	Midocean Credit CLO	Corp.debt - preferred	02/20/31	1.000	62,482	62,482	62,547
	SVB Finl Tr	Corp.debt - preferred	11/07/32	11.000	200	196,411	196,411
	JPMorgan Chase + Co	Corp.debt - preferred	01/25/33	1.000	100,000	100,000	86,437
	Prov St Joseph Hlth OBL	Corp.debt - preferred	10/01/33	5.403	100,000	100,000	99,904
	Bain Capital Credit Clo, LT BCC 2021 6A A1R 144A	Corp.debt - preferred	10/21/34	1.000	700,000	700,000	700,000
	Long Beach Mortgage Loan Trust LBMLT 2004 4 1A1	Corp.debt - preferred	10/25/34	1.000	102,258	97,703	99,175
	Baptist Healthcare	Corp.debt - preferred	08/15/50	3.540	200,000	200,000	140,884
	Microsoft Corp	Corp.debt - preferred	06/01/60	2.675	200,000	205,590	117,134
	Navient Student Loan Trust	Corp.debt - preferred	04/15/69	1.330	115,531	101,726	104,544
	Total corporate debt instruments - preferred					<u>5,512,622</u>	<u>5,414,862</u>
	<b>Corporate debt instruments - all other</b>						
	Infor Inc	Corp.debt - all other	07/15/25	1.750	200,000	199,764	196,282
	Broadcom Inc	Corp.debt - all other	08/14/26	1.000	49,979	49,854	49,854
	Vmware Inc	Corp.debt - all other	05/15/27	4.650	100,000	111,529	99,577
	Wells Fargo + Company	Corp.debt - all other	06/17/27	1.000	100,000	103,135	97,687
	Mileage Plus Hldings LLC	Corp.debt - all other	06/20/27	6.500	50,000	54,000	50,315
	Aircastle Ltd	Corp.debt - all other	01/26/28	2.850	200,000	197,086	186,086
	Ford Motor Credit Co LLC	Corp.debt - all other	02/16/28	2.900	200,000	178,760	184,568
	Goldman Sachs Group Inc	Corp.debt - all other	03/15/28	1.000	400,000	400,000	388,972
	Ford Motor Credit Co LLC	Corp.debt - all other	05/12/28	6.800	250,000	249,967	258,337
	Bayer US Finance II LLC	Corp.debt - all other	12/15/28	4.375	200,000	187,132	192,336
	Hudson Pacific Properties	Corp.debt - all other	04/01/29	4.650	100,000	101,246	75,362
	Highwoods Realty LP	Corp.debt - all other	02/15/30	3.050	100,000	94,171	88,191
	Kilroy Realty LP	Corp.debt - all other	02/15/30	3.050	100,000	92,905	87,768
	Equifax Inc	Corp.debt - all other	05/15/30	3.100	100,000	103,567	90,717
	Vmware Inc	Corp.debt - all other	05/15/30	4.700	200,000	224,509	195,674
	Relx Capital Inc	Corp.debt - all other	05/22/30	3.000	100,000	105,113	90,852
	Amdocs Ltd	Corp.debt - all other	06/15/30	2.538	400,000	396,357	347,640
	American Tower Corp	Corp.debt - all other	06/15/30	2.100	300,000	298,275	257,082
	Dell Int LLC / EMC Corp	Corp.debt - all other	07/15/30	6.200	100,000	114,215	104,802
	Firstenergy Corp	Corp.debt - all other	09/01/30	2.250	200,000	200,284	171,522
	Wells Fargo + Company	Corp.debt - all other	04/04/31	1.000	1,100,000	1,044,934	1,064,778
	Ares CLO LTD	Corp.debt - all other	04/22/31	1.000	231,410	231,410	231,826



# U.A.W. MASTER PENSION TRUST

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN No.: 38-0679801  
Plan No.: 006

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Number of Shares or Par Value	(d) Cost	(e) Current Value
	Duke Energy Corp	Corp.debt - all other	06/15/31	2.550	100,000	\$ 99,868	\$ 85,379
	Ford Motor Credit	Corp.debt - all other	06/17/31	3.625	200,000	200,000	172,972
	Ally Financial Inc	Corp.debt - all other	11/01/31	8.000	100,000	121,625	110,563
	Ally Financial Inc	Corp.debt - all other	11/01/31	8.000	100,000	119,125	110,434
	Yum Brands Inc	Corp.debt - all other	01/31/32	4.625	100,000	100,000	92,404
	Eversource Energy	Corp.debt - all other	03/01/32	3.375	200,000	199,594	175,052
	Pilgrim S Pride Corp	Corp.debt - all other	03/01/32	3.500	100,000	100,000	86,231
	Goldman Sachs Group Inc	Corp.debt - all other	04/22/32	1.000	300,000	300,000	255,639
	Broadcom Inc	Corp.debt - all other	11/15/32	4.300	300,000	334,842	282,942
	Goldman Sachs Group Inc	Corp.debt - all other	02/24/33	1.000	700,000	593,019	603,309
	Barings Loan Partners CLO LTD	Corp.debt - all other	07/20/33	1.000	250,000	250,000	250,398
	AT+T Inc	Corp.debt - all other	12/01/33	2.550	254,000	255,490	204,605
	Ace Securities Corp.	Corp.debt - all other	12/25/34	1.000	9,224	8,544	8,175
	Targa Resources Corp	Corp.debt - all other	02/15/35	5.500	100,000	99,943	98,382
	Nationstar Home Equity Loan Tr	Corp.debt - all other	04/25/37	1.000	70,183	67,595	69,050
	Dell Int LLC / EMC Corp	Corp.debt - all other	07/15/46	8.350	11,000	14,015	13,991
	Oracle Corp	Corp.debt - all other	07/15/46	4.000	100,000	115,807	76,957
	Oracle Corp	Corp.debt - all other	04/01/60	3.850	100,000	114,456	68,601
	Total corporate debt instruments - all other					<u>7,832,136</u>	<u>7,275,312</u>
<b>Corporate stocks - common</b>							
	Ullico Inc	Corporate stock - common	N/A	N/A	154,776	<u>3,869,400</u>	<u>3,033,610</u>
<b>Partnerships/joint venture interests</b>							
	AG Capital Recovery VIII LP	Partnership/joint venture int.	N/A	N/A	1	1	16,827
	Apollo Investment Fund VIII	Partnership/joint venture int.	N/A	N/A	1	1	595,306
	Artis Ventures III LP	Partnership/joint venture int.	N/A	N/A	13,359,644	13,359,644	16,015,699
	Bardin Hill Opportunistic Credit Offshore LP	Partnership/joint venture int.	N/A	N/A	11,385,437	11,385,437	16,581,747
	BCP Special Opportunites Offshore Feeder II LP	Partnership/joint venture int.	N/A	N/A	9,440,308	9,440,307	13,450,393
	CIREP V Institutional Feeder, LP	Partnership/joint venture int.	N/A	N/A	12,082,705	12,082,705	15,719,709
	Dune Real Estate Fund III LP	Partnership/joint venture int.	N/A	N/A	182,216	182,216	907,878
	Dune Real Estate Fund IV LP	Partnership/joint venture int.	N/A	N/A	13,466,948	13,466,948	12,951,182
	Entrust Special Opps Fund III	Partnership/joint venture int.	N/A	N/A	1	1,027	759,769
	First Reserve Fund XIII LP	Partnership/joint venture int.	N/A	N/A	5,156,909	5,156,909	3,871,359
	Francisco Partner Agility II A LP	Partnership/joint venture int.	N/A	N/A	1,972,621	1,972,621	3,707,228
	Francisco Partners VI B LP	Partnership/joint venture int.	N/A	N/A	7,803,955	7,803,955	10,998,811
	Global Infrastructure Partners II-A, LP	Partnership/joint venture int.	N/A	N/A	1	1	864,619
	HIG Advantage Buyout Fund LP	Partnership/joint venture int.	N/A	N/A	11,743,798	11,743,798	16,733,610
	Highstar Capital IV LP	Partnership/joint venture int.	N/A	N/A	2,464,578	2,464,578	347,848
	Kohlberg IX TE Investors, LP	Partnership/joint venture int.	N/A	N/A	12,924,715	12,924,715	22,358,688
	Lightspeed Vent Pfr Fund XIII Limited Partnership	Partnership/joint venture int.	N/A	N/A	1,887,479	1,887,479	2,710,783
	Lightspeed Vent Pfr Select IV Limited Partnership	Partnership/joint venture int.	N/A	N/A	13,160,507	13,160,507	15,792,862
	Mesirow Fin. Cap. Ptners X LP	Partnership/joint venture int.	N/A	N/A	1	1	1,019,305
	Monomoy Capital Part AIV III LP	Partnership/joint venture int.	N/A	N/A	1	1	10,026,768
	Oaktree Enhanced Income Fd, LP	Partnership/joint venture int.	N/A	N/A	1	1	9,934
	OZ Credit Opps Overseas Fd GS	Partnership/joint venture int.	N/A	N/A	1	1	10,946
	Starwood Distressed Opp Fd IX	Partnership/joint venture int.	N/A	N/A	1	1	760,237
	Starwood Inter Opp Fund X	Partnership/joint venture int.	N/A	N/A	1	1	10,687
	Starwood Opp Fund X US	Partnership/joint venture int.	N/A	N/A	1	1	614,743
	Stonepeak Infrastructure Fund	Partnership/joint venture int.	N/A	N/A	4,298	4,298	1,121,607
	Warburg Pincus Pvt Eqty XI	Partnership/joint venture int.	N/A	N/A	1	1	1,401,349
	Total partnerships/joint venture interests					<u>117,037,155</u>	<u>169,359,894</u>
<b>Loans secured by mortgages</b>							
	MLCC Mortgage Investors Inc	Loans secured by mortgage	04/25/29	1.000	1,526	1,373	1,403
	Freddie Mac	Loans secured by mortgage	02/15/33	5.500	2,652	3,036	2,690
	Bear Stearns Adjustable Rate M BSARM 2002 11 1A2	Loans secured by mortgage	02/25/33	1.000	543	554	420
	Sequoia Mortgage Trust	Loans secured by mortgage	07/20/33	1.000	2,126	1,926	2,085
	Bear Stearns Adjustable Rate M BSARM 2003 4 2A1	Loans secured by mortgage	07/25/33	1.000	10,001	9,825	9,108
	WAMU Mortgage Pass Through Cer Wamu 2003 AR8 A	Loans secured by mortgage	08/25/33	1.000	1,216	1,162	1,178
	Prime Mortgage Trust	Loans secured by mortgage	02/25/34	1.000	1,225	1,225	1,155
	HarborView Mortgage Loan Trust	Loans secured by mortgage	06/19/34	1.000	9,621	9,237	8,721
	JP Morgan Mortgage Trust	Loans secured by mortgage	02/25/35	1.000	410	387	384
	Countrywide Home Loans	Loans secured by mortgage	03/25/35	1.000	61,454	59,073	58,343
	Structured Asset Mortgage Inve Sami 2004 AR7 A1A	Loans secured by mortgage	04/19/35	1.000	19,099	17,953	18,310
	Banc Of America Funding Corpor BAFC 2005 D A1	Loans secured by mortgage	05/25/35	1.000	5,492	5,456	5,076
	Bear Stearns Alt A Trust	Loans secured by mortgage	05/25/35	1.000	19,934	20,139	18,730
	Structured Asset Mortgage Inve Sami 2005 AR5 A3	Loans secured by mortgage	07/19/35	1.000	6,824	6,696	6,473
	Bear Stearns Alt A Trust	Loans secured by mortgage	09/25/35	1.000	5,678	5,604	3,281
	Citigroup Mortgage Loan Trust	Loans secured by mortgage	09/25/35	1.000	10,906	10,721	10,766
	Freddie Mac	Loans secured by mortgage	01/15/36	5.500	7,410	8,494	7,596
	Bear Stearns Adjustable Rate M BSARM 2005 12 13A1	Loans secured by mortgage	02/25/36	1.000	1,604	1,349	1,115
	FannieMae Whole Loan	Loans secured by mortgage	12/25/42	1.000	9,443	9,903	9,285



# U.A.W. MASTER PENSION TRUST

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN No.: 38-0679801  
Plan No.: 006

(c ) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Number of Shares or Par Value	(d) Cost	(e ) Current Value
	Pacific Gas + Electric	Loans secured by mortgage	10/01/54	5.900	300,000	\$ 298,557	\$ 295,884
	Towd Point Mortgage Trust	Loans secured by mortgage	06/25/57	1.000	12,426	12,847	12,062
	Towd Point Mortgage Trust	Loans secured by mortgage	10/25/59	1.000	96,483	97,418	91,791
	Total loans secured by mortgages					582,935	565,856
	<b>Municipal bonds</b>						
	Illinois St	Municipal bond	07/01/35	7.350	78,571	86,164	83,769
	New York NY City Transitional	Municipal bond	05/01/37	4.375	385,000	383,014	353,545
	Public Pwr Generation AGY NE R	Municipal bond	01/01/41	7.242	170,000	170,000	185,540
	Clark Cnty NV ARPT Revenue	Municipal bond	07/01/45	6.820	100,000	100,000	111,380
	Total municipal bonds					739,178	734,234
	<b>Other</b>						
	317U7PSA7 PIMCO	Options	01/06/25	0.000	(400,000)	(1,160)	-
	317U7PSA8 PIMCO	Options	01/06/25	0.000	(400,000)	(1,160)	(5,971)
	317U7UDA3 PIMCO	Options	01/21/25	0.000	(200,000)	(615)	(414)
	317U7UEA2 PIMCO	Options	01/21/25	0.000	(200,000)	(615)	(401)
	317U7VZA7 PIMCO	Options	01/27/25	0.000	(100,000)	(324)	(264)
	317U7W0A3 PIMCO	Options	01/27/25	0.000	(100,000)	(324)	(295)
	SWPC0JJ30 CDS USD R F	Swap fixed income	12/20/25	1.000	200,000	204,667	201,684
	SWPC0JJ30 CDS USD P V	Swap fixed income	12/20/25	1.000	(200,000)	(200,000)	(200,000)
	SWPC0JTH8 CDS USD R F	Swap fixed income	12/20/25	5.000	100,000	119,300	104,519
	SWPC0JTH8 CDS USD P V	Swap fixed income	12/20/25	1.000	(100,000)	(100,000)	(100,000)
	SWPC0JYY5 CDS USD R F	Swap fixed income	06/20/26	1.000	300,000	302,075	303,897
	SWPC0JYY5 CDS USD P V	Swap fixed income	06/20/26	1.000	(300,000)	(300,000)	(300,000)
	SWPC0JZ99 CDS USD R F	Swap fixed income	06/20/26	1.000	1,500,000	1,535,682	1,517,832
	SWPC0JZ99 CDS USD P V	Swap fixed income	06/20/26	1.000	(1,500,000)	(1,500,000)	(1,500,000)
	SWPC0KBG6 CDS USD R F	Swap fixed income	12/20/26	1.000	100,000	99,754	100,724
	SWPC0KBG6 CDS USD P V	Swap fixed income	12/20/26	1.000	(100,000)	(100,000)	(100,000)
	SWPC0KBZ4 CDS USD P V	Swap fixed income	12/20/26	1.000	(300,000)	(300,000)	(300,000)
	SWPC0KBZ4 CDS USD R F	Swap fixed income	12/20/26	1.000	300,000	307,133	304,458
	SWPC0KWJ7 CDS USD R F	Swap fixed income	06/20/27	1.000	100,000	94,089	100,684
	SWPC0KWJ7 CDS USD P V	Swap fixed income	06/20/27	1.000	(100,000)	(100,000)	(100,000)
	SWPC0LTK6 CDS USD R F	Swap fixed income	06/20/28	1.000	200,000	200,121	203,438
	SWPC0LTK6 CDS USD P V	Swap fixed income	06/20/28	1.000	(200,000)	(200,000)	(200,000)
	SWPC0LPD6 CDS USD R F	Swap fixed income	06/20/28	1.000	200,000	201,702	204,305
	SWPC0LPD6 CDS USD P V	Swap fixed income	06/20/28	1.000	(200,000)	(200,000)	(200,000)
	SWPC0LX54 CDS USD R F	Swap fixed income	06/20/28	1.000	200,000	198,941	203,335
	SWPC0LX54 CDS USD P V	Swap fixed income	06/20/28	1.000	(200,000)	(200,000)	(200,000)
	SWU01O3D3 IRS USD R F	Swap fixed income	06/21/28	3.250	2,200,000	2,168,308	2,142,792
	SWU01O3D3 IRS USD P V	Swap fixed income	06/21/28	1.000	(2,200,000)	(2,200,000)	(2,200,000)
	BWU025T01 IRS USD P F	Swap fixed income	12/18/28	3.750	(2,600,000)	(2,600,000)	(2,571,811)
	BWU025T01 IRS USD R V	Swap fixed income	12/18/28	1.000	2,600,000	2,556,488	2,600,000
	SWPC0M2L1 CDS USD R F	Swap fixed income	12/20/28	1.000	100,000	99,751	101,782
	SWPC0M2L1 CDS USD P V	Swap fixed income	12/20/28	1.000	(100,000)	(100,000)	(100,000)
	SWU021X80 IRS USD R F	Swap fixed income	02/22/29	3.940	200,000	200,000	199,175
	SWU021X80 IRS USD P V	Swap fixed income	02/22/29	1.000	(200,000)	(200,000)	(200,000)
	SWU0223X6 IRS USD R F	Swap fixed income	02/27/29	3.970	400,000	400,000	398,801
	SWU0223X6 IRS USD P V	Swap fixed income	02/27/29	1.000	(400,000)	(400,000)	(400,000)
	SWPC0MWQ7 CDS USD R F	Swap fixed income	12/20/29	1.000	15,900,000	16,256,752	16,255,174
	SWPC0MWQ7 CDS USD P V	Swap fixed income	12/20/29	1.000	(15,900,000)	(15,900,000)	(15,900,000)
	SWPC0MZ84 CDS USD R F	Swap fixed income	12/20/29	5.000	800,000	858,660	861,738
	SWPC0MZ84 CDS USD P V	Swap fixed income	12/20/29	1.000	(800,000)	(800,000)	(800,000)
	BWU02A3T7 IRS USD R V	Swap fixed income	06/30/31	1.000	3,300,000	3,303,873	3,300,000
	BWU02A3T7 IRS USD P F	Swap fixed income	06/30/31	3.300	(3,300,000)	(3,300,000)	(3,157,692)
	BWU025TV5 IRS USD R V	Swap fixed income	12/18/33	1.000	3,000,000	2,888,511	3,000,000
	BWU025TV5 IRS USD P F	Swap fixed income	12/18/33	3.750	(3,000,000)	(3,000,000)	(2,929,535)
	BWU02ANQ1 IRS USD R V	Swap fixed income	09/16/34	1.000	300,000	300,000	300,000
	BWU02ANQ1 IRS USD P F	Swap fixed income	09/16/34	3.277	(300,000)	(300,000)	(280,748)
	SWU02BRN2 IRS USD P V	Swap fixed income	10/11/34	1.000	(200,000)	(200,000)	(200,000)
	SWU02BRN2 IRS USD R F	Swap fixed income	10/11/34	3.450	200,000	200,000	189,850
	SWU02BUZ1 IRS USD R F	Swap fixed income	10/17/34	3.395	200,000	200,000	188,949
	SWU02BUZ1 IRS USD P V	Swap fixed income	10/17/34	1.000	(200,000)	(200,000)	(200,000)
	SWU02C785 IRS USD R F	Swap fixed income	10/30/24	3.465	300,000	300,000	285,055
	SWU02C785 IRS USD P V	Swap fixed income	10/30/24	1.000	(300,000)	(300,000)	(300,000)
	SWU02C9O8 IRS USD P V	Swap fixed income	11/01/34	1.000	(100,000)	(100,000)	(100,000)
	SWU02C9O8 IRS USD R F	Swap fixed income	11/01/34	3.455	100,000	100,000	94,934
	SWU02C9P5 IRS USD R F	Swap fixed income	11/01/34	3.470	100,000	100,000	95,055
	SWU02C9P5 IRS USD P V	Swap fixed income	11/01/34	1.000	(100,000)	(100,000)	(100,000)
	SWU02CDQ8 IRS USD R F	Swap fixed income	11/05/34	3.435	400,000	400,000	379,063
	SWU02CDQ8 IRS USD P V	Swap fixed income	11/05/34	1.000	(400,000)	(400,000)	(400,000)
	SWU02CFC7 IRS USD R F	Swap fixed income	11/06/34	3.535	200,000	200,000	191,145



# U.A.W. MASTER PENSION TRUST

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

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN No.: 38-0679801  
Plan No.: 006

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Maturity Date	Rate of Interest	Number of Shares or Par Value	(d) Cost	(e) Current Value
	SWU02CFC7 IRS USD P V	Swap fixed income	11/06/34	1.000	(200,000)	\$ (200,000)	\$ (200,000)
	SWU02CFB9 IRS USD R F	Swap fixed income	11/06/34	3.515	300,000	300,000	286,235
	SWU02CFB9 IRS USD R F	Swap fixed income	11/06/34	1.000	(300,000)	(300,000)	(300,000)
	SWU02CPX0 IRS USD P V	Swap fixed income	11/19/34	1.000	(100,000)	(100,000)	(100,000)
	SWU02CPX0 IRS USD R F	Swap fixed income	11/19/34	3.792	100,000	100,000	97,640
	SWU01O3J0 IRS USD R F	Swap fixed income	06/21/43	3.000	2,500,000	2,330,884	2,140,140
	SWU01O3J0 IRS USD P V	Swap fixed income	06/21/43	1.000	(2,500,000)	(2,500,000)	(2,500,000)
	SWU01Y6U0 IRS USD R F	Swap fixed income	10/12/53	3.830	300,000	300,000	293,550
	SWU01Y6U0 IRS USD P V	Swap fixed income	10/12/53	1.000	(300,000)	(300,000)	(300,000)
	Total other					<u>122,493</u>	<u>198,823</u>
	<b>Common collective trusts</b>						
	JPM High Yield Fund	Common collective trust	N/A	N/A	383,524	5,021,103	11,444,345
	JPM Core Bond Fund	Common collective trust	N/A	N/A	4,391,055	69,665,506	93,134,267
	JPM Strategic Proprt	Common collective trust	N/A	N/A	2,842,765	14,612,247	31,429,605
	MSCI ACWI Investable Markets Index	Common collective trust	N/A	N/A	5,397,179	82,804,735	162,994,799
	STT Russell 3000 Index Fund	Common collective trust	N/A	N/A	5,662,566	66,141,124	390,949,211
	JPM Short Duration Bond	Common collective trust	N/A	N/A	300,596	<u>3,144,230</u>	<u>3,829,588</u>
	Total common collective trusts					<u>241,388,945</u>	<u>693,781,815</u>
	<b>Pooled separate account</b>						
	Prisa Real Estate Fund	Pooled separate account	N/A	N/A	377	<u>14,729,320</u>	<u>29,392,053</u>
	<b>Registered investment companies</b>						
	Baird Short Term Bond Fund	Registered investment co.	N/A	N/A	399,023	3,855,424	3,774,761
	PIMCO Inv1 Grade Credit Bond Portfolio	Registered investment co.	N/A	N/A	178,920	1,647,803	1,592,388
	PIMCO ABS and Short-Term Portfolio	Registered investment co.	N/A	N/A	643,856	7,544,878	7,468,730
	PIMCO Short Term Portfolio	Registered investment co.	N/A	N/A	2,577,332	24,201,108	23,041,348
	PIMCO Emerging Mkts Portfolio	Registered investment co.	N/A	N/A	117,800	1,054,310	1,093,184
	PIMCO Short Term Fltg Nav Portfolio	Registered investment co.	N/A	N/A	919,074	<u>9,206,294</u>	<u>9,206,369</u>
	Total registered investment companies					<u>47,509,817</u>	<u>46,176,780</u>
	<b>103-12 investment entity</b>						
	WA US Core Plus LLC	103-12 investment entity	N/A	N/A	3,959,240	<u>53,638,587</u>	<u>87,998,061</u>
	Total assets (held at end of year)					<u>\$ 619,864,143</u>	<u>\$ 1,168,294,096</u>

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) M  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>UAW MASTER PENSION TRUST</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>006</b>
<b>2a</b> 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) <b>INTERNATIONAL UNION, UAW</b>  <b>8000 EAST JEFFERSON</b>  <b>DETROIT MI 48214-3963</b>	<b>1c</b> Effective date of plan  <b>2b</b> Employer Identification Number (EIN) <b>38-0679801</b> <b>2c</b> Plan Sponsor's telephone number <b>313-926-5000</b> <b>2d</b> Business code (see instructions)

**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.

<b>SIGN HERE</b>	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<i>Shawn P. Fain</i> <b>Signature of DFE</b>	10/3/2025 Date	<b>SHAWN P. FAIN</b> Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

## SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN No.: 38-0679801  
Plan No.: 006

(a)/(b) Identity of Issuer Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense of Transaction	(g) Cost	(h) Current Value	(i) Net Gain or (Loss) on Sale
<u>Purchases</u>						
STIF 25 BPS 1.000% 12/31/2050	\$ 287,536,696	\$ -	\$ -	\$ 287,536,696	\$ 287,536,696	\$ -
Pimco Fds Short Term Fltg Nav	38,529,698	-	-	38,529,698	38,529,698	-
STT Russell 3000 Index Fund	78,211,244	-	-	78,211,244	78,211,244	-
<u>Sales</u>						
STIF 25 BPS 1.000% 12/31/2050	-	252,477,518	-	252,477,518	252,477,518	-
Pimco Fds Short Term Fltg Nav	-	42,700,000	-	42,691,882	42,700,000	8,118
Russell 3000 Index Fund	-	118,392,993	-	84,129,880	118,392,996	34,263,113
STT Russell 3000 Index Fund	-	70,000,000	-	12,070,120	70,000,000	57,929,880