

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SHENANGO INCORPORATED PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SHENANGO, LLC</u></p> <p><u>ONE ENERGY PLAZA</u> <u>240 GO</u> <u>DETROIT, MI 48226-1221</u></p>	<p>1c Effective date of plan <u>03/01/1950</u></p> <p>2b Employer Identification Number (EIN) <u>25-1104158</u></p> <p>2c Plan Sponsor's telephone number <u>313-235-8257</u></p> <p>2d Business code (see instructions) <u>324190</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	SHARI KIRBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	368
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	156
	6c	77
	6d	233
	6e	127
	6f	360
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>SHENANGO INCORPORATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHENANGO, LLC</u>	D Employer Identification Number (EIN) <u>25-1104158</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>13780996</u>		
b Actuarial value	2b	<u>15023344</u>		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	<u>271</u>	<u>12575553</u>	<u>12575553</u>	
b For terminated vested participants	<u>97</u>	<u>2945847</u>	<u>2945847</u>	
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>	
d Total	<u>368</u>	<u>15521400</u>	<u>15521400</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	<u>5.07 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>0</u>		
b Expected plan-related expenses	6b	<u>250000</u>		
c Target normal cost	6c	<u>250000</u>		

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

SIGN HERE <u>BRUCE R. MENZEL</u> Signature of actuary <u>AON CONSULTING, INC.</u> Type or print name of actuary <u>MSC# 17704</u> <u>PO BOX 551343</u> <u>ATLANTA, GA 30355</u> Firm name Address of the firm	<u>09/19/2025</u> Date <u>23-05790</u> Most recent enrollment number <u>952-886-8000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1289191
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	560000
9	Amount remaining (line 7 minus line 8)	0	729191
10	Interest on line 9 using prior year's actual return of <u>10.04</u> %	0	73211
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		307332
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		30856
c	Total available at beginning of current plan year to add to prefunding balance		338188
d	Portion of (c) to be added to prefunding balance		338188
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1140590

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.44 %
15	Adjusted funding target attainment percentage	15	89.44 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.85 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/02/2025	500000	0					
			Totals ▶	18(b)	500000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 460397	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	250000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1638646	187530	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	437530	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	437530	437530
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	460397	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	460397	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	437530	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SHENANGO INCORPORATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHENANGO, LLC	D Employer Identification Number (EIN) 25-1104158	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PLANTE & MORAN, PLLC

33-1498605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	29500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE KNOWN	26808	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)

MILLER, CANFIELD, PADDOCK AND STONE

150 WEST JEFFERSON
SUITE 2500
DETROIT, MI 48226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	18655	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GEORGE JOHNSON & COMPANY

38-2029668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	10650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SHENANGO INCORPORATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHENANGO, LLC</u>	D Employer Identification Number (EIN) <u>25-1104158</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DTE ENERGY CO. AFF EMP BEN PLANS MT</u>		
b Name of sponsor of entity listed in (a): <u>DTE ENERGY CORPORATE SERVICES, LLC</u>		
c EIN-PN <u>25-6264027-021</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12531908</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHENANGO INCORPORATED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHENANGO, LLC	D Employer Identification Number (EIN) 25-1104158

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	13301212	12531908
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13801212	13031908
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3030	278
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3030	278
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13798182	13031630

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	500000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		510245
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1010245

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1493621	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1493621
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10650	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	26808	
(8) Legal fees	2i(8)	26376	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	208925	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		272759
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1766380

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-756135
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		10417

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GJC CPA'S & ADVISORS**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS	20-5898509	005
DTE ENERGY COMPANY AFFILIATES EMPLOYEE BENEFIT PLANS MASTER TRUST	25-6264027	021

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560276.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SHENANGO INCORPORATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHENANGO, LLC</u>	D Employer Identification Number (EIN) <u>25-1104158</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 20-2387942

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

DTE Energy Company Defined Benefit Plans

DTE Energy Company Retirement Plan

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

Shenango Incorporated Pension Plan

Financial Report
December 31, 2024

DTE Energy Company Defined Benefit Plans

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INDEPENDENT AUDITOR'S REPORT

October 1, 2025

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

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

We have performed audits of the financial statements of the DTE Energy Company Retirement Plan (the "DTE Retirement Plan"), the DTE Gas Company Retirement Plan for Employees Covered by Collective Bargaining Agreements (the "DTE Gas Union Retirement Plan"), and the Shenango Incorporated Pension Plan (the "Shenango Pension Plan"), collectively referred to as the "DTE Energy Company Defined Benefit Plans" (the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, as well as the related notes to the financial statements.

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

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

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PNC Center
201 E. 5th Street
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1001 Woodward Avenue
Suite 850
Detroit, Michigan 48226
Tel: (313) 965-2655

INDEPENDENT AUDITOR’S REPORT (CONTINUED)

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

The Plans’ management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

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

INDEPENDENT AUDITOR’S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (continued)

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

Auditor’s Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with U.S. GAAS:

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

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

GJC CPA's & Advisors

Detroit, Michigan

DTE Energy Company Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2024

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

DTE Energy Company Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2023

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

DTE Energy Company Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

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

DTE Energy Company Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2024

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

DTE Energy Company Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2023

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

DTE Energy Company Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

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

December 31, 2024 and 2023

Note 1 - Plan Description

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

General

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

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

Eligibility

DTE Retirement Plan:

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

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

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

The MCN Plan is comprised of three parts:

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

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

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

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

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

DTE Gas Union Retirement Plan:

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

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

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

Shenango Pension Plan:

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

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

Administration

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

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

Funding

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

Vesting

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

Pension Benefits

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

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

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

DTE Retirement Plan and DTE Gas Union Retirement Plan:

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

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

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

December 31, 2024 and 2023

Note 1 - Plan Description (Continued)

Shenango Pension Plan:

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

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

Death Benefits

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

401(h) Account

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

Party-in-interest Transactions

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

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Memorandum Totals

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

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

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

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

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

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

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

Actuarial Assumptions

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

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

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

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

Administrative Expenses

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

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Risks and Uncertainties

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

Subsequent Events

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

Note 3 - Certified Information

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

Note 4 - Interest in Master Trust

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

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

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

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

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

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Interest in Master Trust (Continued)

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

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

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Interest in Master Trust (Continued)

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

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

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

Note 5 - Fair Value Measurements

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

Level 1

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

Level 2

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

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

Level 3

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

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

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

Short Term Investment Funds

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

Common and Preferred Stocks and Mutual Funds

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

Government Securities

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

Corporate Debt Instruments and Loans

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

Partnerships and Joint Venture Interests

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

Hedge Funds

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

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

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

Other

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

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

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

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

Investments in Entities that Calculate NAV

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

DTE Energy Company Defined Benefit Plans

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements (Continued)

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

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

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

Note 6 - Derivative Instruments

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

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

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

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

December 31, 2024 and 2023

Note 6 - Derivative Instruments (Continued)

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

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

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

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

Note 7 - Plan Termination

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

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

Note 8 - Income Tax Status

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

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

December 31, 2024 and 2023

Note 9 - Reconciliation of the Financial Statements to Form 5500

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
Shenango Incorporated Pension Plan
EIN: 251104158 PN: 001

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

Interest Rates	Based on segment rates with a four-month lookback (as of September2023).
1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization corridors.
1st Segment Rate	3.62%.
2nd Segment Rate	4.46%.
3rd Segment Rate	4.52%.
Optional Payment Form Election Percentage	100% Life Annuity.
Retirement Age	
Terminated Vested Participants	Age 61.
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 65% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500) –2024 Plan Year
Shenango Incorporated Pension Plan
EIN: 251104158 PN: 001

Expected Return on Assets

2022 Plan Year	5.59%.
2023 Plan Year	5.74%.
2024 Plan Year	5.59%

The expected return on assets is limited by the third segment rate for the applicable plan year.

Trust Expenses Included in Target Normal Cost

Based on the average of the two prior years actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year, rounded up to the nearest \$10,000.

Actuarial Method

Standard unit credit cost method.

Valuation Date

January 1,2024.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan SHENANGO INCORPORATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHENANGO, LLC	D Employer Identification Number (EIN) 25-1104158	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	13,780,996
	b Actuarial value	2b	15,023,344
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	271	12,575,553
	b For terminated vested participants	97	2,945,847
	c For active participants	0	0
	d Total	368	15,521,400
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.07%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	250,000
	c Target normal cost	6c	250,000

Statement by Enrolled Actuary

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

SIGN HERE	BRUCE R. MENZEL BRM	9/19/2025
	Signature of actuary	Date
	BRUCE R. MENZEL	2305790
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	952-886-8000
	Firm name	Telephone number (including area code)
	MSC# 17704 PO Box 551343 Atlanta GA 30355	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,289,191
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	560,000
9	Amount remaining (line 7 minus line 8)	0	729,191
10	Interest on line 9 using prior year's actual return of <u>10.04</u> %	0	73,211
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		307,332
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		30,856
	c Total available at beginning of current plan year to add to prefunding balance		338,188
	d Portion of (c) to be added to prefunding balance		338,188
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,140,590

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.44%
15	Adjusted funding target attainment percentage	15	89.44%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.85%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/02/2025	500,000	0				
Totals ▶			18(b)	500,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	460,397
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	250,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,638,646	187,530	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	437,530	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	437,530	437,530
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	460,397	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	460,397	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	437,530	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.07%	Interest Adjusted Contribution
September 2, 2025	\$ 500,000	610	\$ 460,397
Total Contribution	\$ 500,000		\$ 460,397

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Schedule SB, Part V – Summary of Plan Provisions

Union Employees

Effective Date	March 1, 1950. Most recently amended for benefit changes effective for the 2020 Plan Year.
Plan Eligibility	<p>All union employees at Shenango Incorporated participate after attaining age 21 and one year of service.</p> <p>The plan was closed and frozen to union employees May 5, 2013.</p> <p>Annuities were purchased for certain non-Class 4 retirees and beneficiaries effective December 17, 2021. These participants are no longer due benefits from the plan.</p>
Continuous Service	<p>All service from last date of hire to retirement or break in service, including any service reinstated after a prior break in service. A break in service occurs at the time of:</p> <ul style="list-style-type: none">▪ Quit;▪ Discharge;▪ Termination due to shutdown of facility;▪ Absence which continues for more than three years;▪ Failure to report to work for seven days; or▪ Absence due to disability exceeding three years.
Credited Service	Continuous service prior to May 5, 2013
Average Earnings	Average earnings are equal to the average earnings over the highest five consecutive Calculation Years of continuous service out of the last 10 Calculation Years prior to the earlier of retirement or May 5, 2013. The first Calculation Year is the 12 calendar months preceding the earlier of May 5, 2013 and termination, and remaining Calculation Years are each 12-month period prior the first Calculation Year.

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Retirement Dates

Normal Retirement	Age 65 with at least five years of continuous service.
62/15 Retirement	Age 62 to age 65 with at least 15 years of continuous service.
30-Year Retirement	Under age 62 with at least 30 years of continuous service.
60/15 Retirement	Age 60 to age 62 with at least 15 years but less than 30 years of continuous service.
Disability Retirement	Under age 65 with at least 15 years of continuous service for participants who are totally and permanently incapacitated.
70/80 Retirement	Occurs when the participant is affected by special circumstances, such as permanent shutdown, prolonged layoff, or disability. This must occur before the age of 62, but after attainment of 15 years of continuous service, with either: (1) Attainment of age 55 with age plus continuous service totaling at least 70; or (2) Combined age plus continuous service totaling at least 80.
Rule of 65 Retirement	After 20 years of continuous service but prior to age 55 with age plus continuous service totaling at least 65. Rule of 65 Retirement occurs only when participant is unemployed because of shutdown of a division, prolonged layoff, or disability and the participant is not provided with suitable long-term employment.
Deferred Vested Pension (40/15)	After termination of employment prior to retirement with at least 15 years of continuous service and after age 40. Benefits are payable at age 62 without actuarial reduction or after age 60 with actuarial reduction.
Deferred Vested Pension (5 Year)	After termination of employment prior to retirement with at least five years of continuous service but less than 15 years or prior to age 40. Benefits are payable at age 65 without actuarial reduction or after age 60 with actuarial reduction.

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Retirement Benefits

Special Payment	<p>Equal to 14 weeks (13 weeks if eligible for less than five weeks of regular vacation in the year of retirement) of vacation pay reduced by any regular vacation pay received in the year of retirement. The Special Payment replaces the first three months of retirement benefit and is payable under all forms of retirement except Disability or Deferred Vested retirement.</p> <p>Vacation pay is frozen on May 5, 2013.</p>
Increased Pension	<p>A \$400 per month increase in pension prorated for continuous service is payable until age 62 for a 70/80 Retirement, Rule of 65 Retirement, or a Disability Retirement providing the participant is not entitled to Social Security Disability Benefits.</p>
Normal Retirement Benefit	<p>Equal to the greater of (a) or (b) as follows.</p> <ul style="list-style-type: none">(a) 1.1% of average monthly earnings times total years of credited service at normal retirement plus 1% of average monthly earnings times each year of credited service in excess of 30 years.(b) \$38.50 per year of credited service plus \$1.50 for credited service in excess of 15 years plus \$1.50 for credited service in excess of 30 years. <p>In addition, the \$38.50 multiplier referenced in the above formula will increase by \$1 effective January 1, 2006.</p>

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The regular pension, determined under the percent formula, will be increased 5% for both terminated vested participants and those who retire with eligibility for immediate pension. (This addition will be applicable to co-pensioner options and surviving spouse's benefits calculated under the percent formula.)

In no event, however, will the regular pension (prior to any actuarial reduction and excluding any supplementary pension benefits—the \$400 benefit) *plus* the participant's primary Social Security benefit payable at age 62 or retirement, whichever is later, exceed the product of:

70% *plus* 1% of each full year of credited service in excess of 15 years, and the monthly average of the participant's highest gross (W-2) earnings in any two of the last 10 calendar years of employment.

In no event, will the amount of regular pension after application of the "Pension Cap" be less than \$14.00 per year of credited service, *plus* \$1.00 per year of credited service in excess of 15 years, *plus* \$1.00 per year of credited service in excess of 30 years.

In no event will a participant's retirement benefit exceed the Section 415 limits.

The 62/15 Retirement, 30 Year Retirement, Disability Retirement, 70/80 Retirement, and Rule of 65 Retirement benefits are equal to the normal retirement benefit with no reduction.

60/15 Retirement

The benefits are equal to the normal retirement benefit with reduction for commencement prior to age 62.

Deferred Vested Pension

Equal to the normal retirement benefit with reduction. There is no reduction after age 62 for 40/15 Deferred Vested Pensions or age 65 for 5 Year Deferred Vested Pension.

Death Benefits

Surviving Spouse's Benefit

The surviving spouse of an active participant who has completed 15 years of continuous service, or terminated when eligible for an immediate pension, or a retired participant on other than a deferred vested pension is entitled to a Surviving Spouse's Benefit.

Prior to the spouse's attainment of age 60, the benefit is 50% of the participant's normal retirement benefit and 50% of actual pension in the case of a retired participant. This benefit is subject to a \$140.00 monthly minimum.

After age 60, the benefit is 50% of the participant's normal retirement benefit less 50% of the widow(er)'s Social Security benefit subject to a \$90 minimum.

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Pre-Pension Spouse Coverage

In addition to the Surviving Spouse's Benefit, a married active participant may elect the Pre-Pension Spouse Coverage upon attainment of age 55 and 15 years of continuous service or age 60 and 10 years of continuous service.

The Pre-Pension Spouse Coverage becomes effective two years after the election date. The benefit is equal to 50% of the amount which would have been payable to the participant had the participant retired on the date of their death, been age 65, and elected 50% joint and survivor coverage.

The participant who elects this benefit will have their pension reduced by 0.5% for each year this coverage is in effect.

If a participant elects the Pre-Pension Spouse Coverage and dies while the coverage is in effect, the spouse will receive the Pre-Pension Spouse Coverage in addition to any Surviving Spouse's Benefit that may also be payable.

For participants who met prior age/service requirements, the spouse will receive the same benefit as described above. For others, the benefit will commence at age 55, with an actuarial reduction for early commencement.

REA Pre-Retirement Survivor Annuity

A participant, who has been married for at least one year and active after completing five years of continuous service, or elects to defer his 60/15 or deferred vested pension, is eligible for REA Pre-Retirement Survivor Annuity. However, the REA Pre-Retirement Survivor Annuity is not applicable while the Pre-Pension Spouse Coverage is in effect.

The REA Pre-Retirement Survivor Annuity is a monthly payment for the surviving spouse of an active participant, commencing the month following the month of death after age 60 and 30 years of continuous service; or for all others, the month following the month which is the later of age 60 or death.

The amount of the REA Pre-Retirement Survivor Annuity for an active participant who dies after age 60 with 30 years of continuous service is 50% of the normal retirement benefit reduced by a joint and survivor factor and a percentage based on the period REA coverage was in effect: 1/10% for each year between ages 35 and 50, 3/10% for each year from ages 50 to 60, and 5/10% for each year after age 60, plus an adverse selection charge each time a participant re-elects coverage after an earlier revocation.

If the participant dies while an election is in effect for both the Pre-Pension Spouse Coverage and REA Pre-Retirement Survivor Annuity, the REA Pre-Retirement Survivor Annuity will not be paid.

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**Normal and Optional Forms
of Payment**

For a married participant the benefit will be paid as a joint and 50% survivor annuity with the participant's spouse. Written spousal consent is required for a married participant to elect an alternate payment form. Unmarried participants' benefits will be paid as a life annuity.

Available alternate payment forms are the Life Annuity, 100% Co-Pensioner, and 50% Co-Pensioner options.

A lump-sum payment will automatically be made to a terminated vested or retiring participant, or a surviving spouse, when the present value of the benefit does not exceed \$1,000.

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Salaried Employees

Effective Date	March 1, 1950. Most recently amended for benefit changes effective for the 2020 Plan Year.
Plan Eligibility	<p>All salaried, nonunion employees at Shenango Inc. participate after attaining age 21 and one year of service. The plan is frozen and closed to new salaried nonunion participants after December 31, 2008.</p> <p>Annuities were purchased for certain non-Class 4 retirees and beneficiaries effective December 17, 2021. These participants are no longer due benefits from the plan.</p>
Continuous Service	<p>All service from last date of hire to retirement or break in service, including any service reinstated after a prior break in service. A break in service occurs at the time of:</p> <ol style="list-style-type: none">(1) Retirement(2) Death(3) Voluntary termination(4) Disability(5) Discharge(6) Failure to return to work(7) Layoff
Credited Service	Continuous service prior to December 31, 2008.
Average Earnings	Average earnings are equal to the average earnings over the highest five consecutive years of continuous service prior to retirement, or December 31, 2008 if earlier.

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Retirement Dates

Normal Retirement	Age 65.
62/15 Retirement	From age 62 to age 65 with at least 15 years of continuous service.
30-Year Retirement	Under age 62 with at least 30 years of continuous service.
55/10 Retirement	Age 55 to age 65 with at least 10 years but less than 30 years of continuous service.
Disability Retirement	Occurs from age 55 to age 65 with at least 15 years of continuous service for participants who are totally and permanently incapacitated.
70/80 Retirement	Occurs when the participant is affected by special circumstances, such as permanent shutdown, prolonged layoff, or disability. This must occur before the age of 62, but after attainment of 15 years of continuous service, with either: <ol style="list-style-type: none">(1) Attainment of age 55 with age plus continuous service totaling at least 70; or(2) Combined age plus continuous service totaling at least 80.
Rule of 65 Retirement	After 20 years of continuous service but prior to age 55 with age plus continuous service totaling at least 65. Rule of 65 Retirement occurs only when participant is unemployed because of shutdown, prolonged layoff, or disability and he is not provided with suitable long-term employment.
Deferred Vested Pension (40/15)	After termination of employment prior to retirement with at least 15 years of continuous service and after age 40. Benefits are payable at age 62 without actuarial reduction or after age 60 with actuarial reduction.
Deferred Vested Pension (5 Year)	After termination of employment prior to retirement with at least five years of continuous service but less than 15 years or prior to age 40. Benefits are payable at age 65 without actuarial reduction or after age 60 with actuarial reduction.
Special Payment	Equal to 14 weeks (13 weeks if eligible for less than five weeks of regular vacation in the year of retirement) of vacation pay reduced by any regular vacation pay received in the year of retirement. The Special Payment replaces the first three months of retirement benefit and is payable under all forms of retirement except Disability or Deferred Vested retirement.
Increased Pension	A \$400 per month increase in pension prorated for continuous service is payable until age 62 for a 70/80 Retirement, Rule of 65 Retirement, or a Disability Retirement, providing the participant is not entitled to Social Security Disability Benefits.

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Normal Retirement Benefit	<p>Equal to the greatest of (a), (b), or (c) as follows.</p> <p>(a) 1.3% of average monthly earnings times credited service at normal retirement.</p> <p>(b) \$17.50 per year of credited service plus \$1.50 for credited service in excess of 15 years plus \$1.50 for credited service in excess of 30 years.</p> <p>(c) For participants entitled to accrued benefits prior to January 1, 1976, (i) + (ii) as follows:</p> <p>(i) For continuous service accrued prior to December 31, 1975, average monthly earnings times a percentage determined as follows:</p> <p style="padding-left: 40px;">For each year of continuous service accrued prior to December 31, 1975</p> <table><tr><td>▪ Prior to age 35</td><td>0.50%</td></tr><tr><td>▪ From age 35 through age 44</td><td>1.00%</td></tr><tr><td>▪ From age 45 through age 65</td><td>1.75%</td></tr></table> <p>(ii) For continuous service on or after January 1, 1976, benefit determined according to the formulas outlined in (a) or (b) above.</p> <p>The regular pension, determined under (a) or (c) above, shall be increased 5% for both terminated vested participants and those who retire with eligibility for immediate pension. (This addition will be applicable to co-pensioner options and surviving spouse's benefits.)</p> <p>In no event will a participant's retirement benefit exceed the Section 415 limits.</p> <p>The 62/15 Retirement, 30 Year Retirement, Disability Retirement, 70/80 Retirement, and Rule of 65 Retirement benefits are equal to the normal retirement benefit with no reduction.</p>	▪ Prior to age 35	0.50%	▪ From age 35 through age 44	1.00%	▪ From age 45 through age 65	1.75%
▪ Prior to age 35	0.50%						
▪ From age 35 through age 44	1.00%						
▪ From age 45 through age 65	1.75%						
55/10 Retirement	<p>The benefits are equal to the normal retirement benefit with reduction for commencement prior to age 62.</p>						
Deferred Vested Pension	<p>Equal to the normal retirement benefit with reduction. There is no reduction after age 62 for 40/15 Deferred Vested Pensions or age 65 for 5 Year Deferred Vested Pension.</p>						

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Death Benefits

Surviving Spouse's Benefit

The surviving spouse of an active participant who has attained age 55 or completed 15 years of continuous service and terminated with a vested benefit after attainment of age 55, or a retired participant who deferred payment is entitled to a Surviving Spouse's Benefit.

The benefit is 50% of the normal retirement benefit without reduction in the case of a deceased active participant and 50% of regular pension in the case of a retirement participant prior to reduction for a joint and survivor annuity.

Pre-Pension Survivor Annuity Coverage

A married active participant who is not eligible for a Surviving Spouse's Benefit becomes entitled to the Pre-Pension Survivor Annuity Coverage upon attainment of five years of continuous service, or a terminated participant with a deferred pension benefit.

The benefit is equal to 50% of the amount which would have been payable to the participant had the participant retired on the date of his death, survived to the later of age 65 (or age 55 if terminated with a deferred vested pension) or actual age at death, and had elected 50% joint and survivor coverage optional form of payment.

The participant who elects this benefit will have their benefits otherwise payable reduced by 0.5% for each year this coverage has been in effect, for the period of attainment of age 55 and five years of service to age 65. The participant may waive coverage after age 55 with spousal consent or if there is no spouse.

Normal and Optional Forms of Payment

For a married participant the benefit will be paid as a Joint and 50% Survivor Annuity with the participant's spouse. Written spousal consent is required for a married participant to elect an alternate payment form. Unmarried participants' benefits will be paid as a Life Annuity.

Available alternate payment forms are the Life Annuity, 100% Co-Pensioner and 50% Co-Pensioner options.

A lump-sum payment will automatically be made to a terminated vested or retiring participant, or a surviving spouse, when the present value of the benefit does not exceed \$1,000.

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Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes since the prior year:

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

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

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

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

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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,359,351	January 1, 2021	12	\$ 358,393
Shortfall	\$ (2,079,135)	January 1, 2022	13	\$ (209,199)
Shortfall	\$ 1,283,135	January 1, 2023	14	\$ 122,466
Shortfall	\$ (924,705)	January 1, 2024	15	\$ (84,130)