

<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>USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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>USW-UAW KELSEY-HAYES RETIREES</u> <u>HEALTH AND WELFARE TRUST</u></p> <p><u>60 BOULEVARD OF THE ALLIES, 5TH FL.</u> <u>PITTSBURGH, PA 15222</u></p> <p><u>60 BOULEVARD OF THE ALLIES, 5TH FL</u> <u>PITTSBURGH, PA 15222</u></p>	<p>1c Effective date of plan <u>04/01/2021</u></p> <p>2b Employer Identification Number (EIN) <u>86-1748324</u></p> <p>2c Plan Sponsor's telephone number <u>877-578-8702</u></p> <p>2d Business code (see instructions) <u>813930</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.	10/13/2025	S. HOWARD KLINE
	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	202
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	176
	6c	11
	6d	187
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4U

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 USW-UAW KELSEY-HAYES RETIREES</p>	<p>D Employer Identification Number (EIN) 86-1748324</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	321751	79	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	234724
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 USW-UAW KELSEY-HAYES RETIREES</p>	<p>D Employer Identification Number (EIN) 86-1748324</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	321753	179	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	552463
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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 USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 USW-UAW KELSEY-HAYES RETIREES	D Employer Identification Number (EIN) 86-1748324	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

T. ROWE PRICE ASSOCIATES INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	46659	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CENTRAL DATA SERVICES, INC.

60 BOULEVARD OF THE ALLIES, 5TH FL.
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	31128	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)

GROSSMAN YANAK & FORD LLP

401 LIBERTY AVE STE 1800
PITTSBURGH, PA 15222

(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	20959	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)

THE MCKEOUGH COMPANY

200 BARR HARBOR DRIVE, SUITE 225
WEST CONSHOHOCKEN, PA 19428

(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?
16 50	NONE	20464	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)

S. HOWARD KLINE

60 BOULEVARD OF THE ALLIES, 5TH FL.
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUST COMMITTEE MEMBER	13115	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)

JEANETTE STUMP

60 BOULEVARD OF THE ALLIES, 5TH FL.
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUST COMMITTEE MEMBER	13115	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 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 USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 USW-UAW KELSEY-HAYES RETIREES	D Employer Identification Number (EIN) 86-1748324

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	42260	170453
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15232693	13305949
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20518	28238
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	270698	481184
(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)	3762602	4906167
(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)		
(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)	5614618	6804817
(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	24943389	25696808
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	16484	18465
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		17000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16484	35465
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24926905	25661343

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	23286	
(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)	523256	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		546542
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	57766	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	358446	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		416212
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4698859	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4597773	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		101086
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1112817	
(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)		
(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)		-398331
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1778326

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	787186	
(3) Other	2e(3)	94442	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		881628
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)	31128	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14779	
(5) Investment advisory and investment management fees	2i(5)	46659	
(6) Bank or trust company trustee/custodial fees	2i(6)	6035	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3450	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	26230	
(11) Other expenses	2i(11)	33979	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		162260
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1043888

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		734438
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GROSSMAN YANAK & FORD LLP

(2) EIN: 25-1638525

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		500000
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)

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 _____.



**USW-UAW KELSEY-HAYES RETIREE
HEALTH CARE PLAN**

**Financial Statements for the Years Ended December 31, 2024 and
2023, Supplemental Schedules as of and for the Year Ended
December 31, 2024 and Independent Auditors' Report**

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

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Schedules not included herein are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

Trust Committee
USW-UAW Kelsey-Hayes Retiree
Health Care Plan

Opinion

We have audited the accompanying financial statements of USW-UAW Kelsey-Hayes Retiree Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of USW-UAW Kelsey-Hayes Retiree Health Care Plan as of December 31, 2024 and 2023, and the changes in its benefit obligations and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of the Trust Committee for the Financial Statements

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

In preparing the financial statements, the Trust Committee is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about USW-UAW Kelsey-Hayes Retiree Health Care Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Trust Committee and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

GROSSMAN YANAK & FORD LLP

Pittsburgh, Pennsylvania
September 18, 2025

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS	\$ 14,447,688	\$ 13,657,946
ASSETS:		
Cash	170,453	42,260
Investment income receivable	25,759	20,461
Investments, at fair value	12,192,168	9,647,918
Prepaid insurance	2,479	57
Contributions receivable	<u>13,305,949</u>	<u>15,232,693</u>
Total	<u>25,696,808</u>	<u>24,943,389</u>
LIABILITIES:		
Accounts payable	18,465	16,484
Due to broker for securities purchased	<u>17,000</u>	<u>-</u>
Total	<u>35,465</u>	<u>16,484</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>25,661,343</u>	<u>24,926,905</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS IN COMPARISON TO BENEFIT OBLIGATIONS	<u>\$ 11,213,655</u>	<u>\$ 11,268,959</u>

See notes to financial statements.

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLANSTATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
INCREASE (DECREASE) IN BENEFIT OBLIGATIONS:		
Change in actuarial assumptions	\$ 1,640,274	\$ 146,503
Benefits and administrative expenses paid	(997,250)	(1,086,509)
Interest cost	592,169	632,313
Actuarial gain	<u>(445,451)</u>	<u>(629,016)</u>
Net increase (decrease) in benefit obligations	<u>789,742</u>	<u>(936,709)</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:		
ADDITIONS:		
Investment income:		
Interest and dividends, net	439,498	303,461
Net appreciation in fair value of investments	<u>815,572</u>	<u>883,779</u>
Investment income, net	1,255,070	1,187,240
Interest income attributable to contributions receivable	<u>523,256</u>	<u>596,237</u>
Net additions	<u>1,778,326</u>	<u>1,783,477</u>
DEDUCTIONS:		
Premiums and fees for healthcare	881,628	973,552
Administrative expenses	<u>162,260</u>	<u>149,218</u>
Total deductions	<u>1,043,888</u>	<u>1,122,770</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	<u>734,438</u>	<u>660,707</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS AND CHANGE IN BENEFIT OBLIGATIONS	(55,304)	1,597,416
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS IN COMPARISON TO BENEFIT OBLIGATIONS:		
BEGINNING OF YEAR	<u>11,268,959</u>	<u>9,671,543</u>
END OF YEAR	<u>\$ 11,213,655</u>	<u>\$ 11,268,959</u>

See notes to financial statements.

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the USW-UAW Kelsey-Hayes Retiree Health Care Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan was established on April 1, 2021 and is sponsored by the Trust Committee of the USW-UAW Kelsey-Hayes Retirees Health and Welfare Trust (the "Trust"). The Plan and Trust are intended to constitute a voluntary employees' beneficiary association (VEBA) and were established pursuant to a Joint Stipulation of Settlement and Release (the "Settlement Agreement") that resolved two class action lawsuits against Kelsey-Hayes Company (the "Company") and other defendants involving the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (the "USW") and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (the "UAW").

The Plan is funded by contributions from the Company, TRW Automatic Holdings Corporation and TRW Automatic, Inc. (the "TRW Defendants") over a period of ten years, pursuant to the Settlement Agreement, investment income and, potentially in the future, contributions from participants and beneficiaries. The Plan provides medical and prescription drug benefits to eligible participants and their surviving spouses and eligible dependents through group insurance agreements. The following groups are eligible to participate in the Plan:

- 1) Employees from the USW-represented collective bargaining unit at the Company's Jackson, Michigan plant who retired or terminated under the 1995, 1999, and 2003 collective bargaining agreements and were eligible for company-paid retirement healthcare coverage, including: pension-eligible retired employees and pension-ineligible employees terminated at age 65 or older, not discharged for cause (USW participants).
- 2) Employees from the UAW-represented collective bargaining unit at the Company's Detroit, Michigan plant who retired or terminated between February 2, 1998 and April 16, 2001 and were eligible for company-paid retirement healthcare, including: pension-eligible retired employees and pension-ineligible employees terminated at age 65 or older, not discharged for cause (UAW participants).

The Plan's assets are held in the Trust, which was established February 1, 2021. There are two accounts under the Trust:

- 1) the USW Retiree Account, which funds benefits for and expenses attributable to USW participants, surviving spouses and their dependents, and
- 2) the UAW Retiree Account, which funds benefits for and expenses attributable to UAW participants, surviving spouses and dependents.

The USW Retiree Account may not fund benefits for the UAW participants, surviving spouses or dependents, and the UAW Retiree Account may not fund benefits for the USW participants, surviving spouses or dependents.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The TRW Defendants are required to make annual payments to the Trust as specified in the Settlement Agreement. Payments were \$2,450,000 for each of the years ended December 31, 2024 and 2023 (\$650,000 to the UAW Retiree Account and \$1,800,000 to the USW Retiree Account). Future annual payments pursuant to the Settlement Agreement are expected to be \$1,800,000 annually through February 2030 to the USW Retiree Account and \$650,000 annually through February 2030 to the UAW Retiree Account. The present value of the future annual payments by the TRW Defendants, discounted at 4%, is reflected as a contribution receivable at December 31, 2024 and 2023. Interest income recognized for the years ended December 31, 2024 and 2023 was \$523,256 and \$596,237, respectively. No allowance for credit losses has been provided at December 31, 2024 or 2023 as the full amount of the contribution receivable is expected to be collected.

Benefits - Post-retirement medical benefits provided under the Plan are determined by the Trust Committee, which is composed of two individuals designated in the Trust Agreement. Medical and prescription drug coverage for Medicare-eligible participants is provided under a group insurance contract with Humana Insurance Company. Medical and prescription drug coverage for pre-Medicare participants is provided by way of the Steelworkers Health and Welfare Fund, which has a group insurance contract with Blue Cross Blue Shield administered by Highmark.

Administrative Expenses - The Plan is responsible for all external administrative expenses. Investment management fees charged to the Plan are reflected as a reduction of investment income.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in accordance with U.S. GAAP requires the Trust Committee to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the dates of the financial statements. Actual results will differ from the estimates because of the multiple assumptions that affect the determination of the estimates.

Cash - The Plan maintains cash at financial institutions which may at times exceed federally insured limits and which may at times exceed the amount reflected in the statements of benefit obligations and net assets available for benefits due to outstanding checks.

Investment Valuation and Income Recognition - Plan investments are stated at fair value as more fully described below. The Plan presents net appreciation (depreciation) in the fair value of its investments, which consists of unrealized appreciation and depreciation as well as realized gains and losses in the statements of changes in benefit obligations and net assets available for benefits. The unrealized appreciation (depreciation) of investments is determined by the change in current fair value from the beginning of the year (if held for the entire year) to the end of the year, or from the date of purchase to the end of the year. Realized gains (losses) are determined by the change in value from the date of purchase to the date of sale. Purchases and sales of securities are recognized on the trade date. Interest and dividend income is recorded as earned.

U.S. GAAP establishes a framework for measuring fair value of financial assets which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access,
- Level 2 Inputs are not quoted prices in active markets but they are observable either directly or indirectly; and
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023.

Mutual Funds - Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded (Level 1 inputs).

Stocks - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1 inputs).

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Trust Committee believes that the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurements at the reporting date.

Risks and Uncertainties - The benefit obligations are actuarially determined based on certain assumptions including insurance premiums, interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions, it is reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

The Plan's investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of benefit obligations and net assets available for benefits.

Subsequent Events - The Trust Committee has evaluated subsequent events through September 18, 2025, the date which the financial statements were available to be issued.

3. BENEFIT OBLIGATIONS

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributable to all participant groups covered under the Plan as of December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid for currently eligible participants and their surviving spouses and eligible dependents.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to insurance premiums, health care cost trends, administrative costs, numbers of participants, estimates for the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as those for death, disability, or withdrawal) between the valuation date and the expected date of payment.

The following significant assumptions were used in the actuary's valuation as of and for the year ended December 31, 2024:

Discount rate	4.50%
Mortality	RP-2014 Blue Collar Mortality
Administrative costs	For USW participants - \$325.42 per person per year with an annual trend of 3%; for UAW participants - \$690.41 per person per year with an annual trend of 3%

Premium cost assumptions are based on the actual insurance premium rates in effect as of January 1, 2025 and trend rates summarized as follows:

	<u>Insurance Premium Rates</u>		<u>Year 1</u>	<u>Ultimate</u>
	<u>Pre-65</u>	<u>Post-65</u>	<u>Trend Rate</u>	<u>Trend Rate*</u>
USW - Jackson:				
Retiree	\$ 18,774	\$ 3,580	7.00 %	4.50 %
Spouse	\$ 18,726	\$ 3,580	7.00 %	4.50 %
UAW - Detroit:				
Retiree	\$ 18,694	\$ 3,580	7.00 %	4.50 %
Spouse	\$ 18,646	\$ 3,580	7.00 %	4.50 %

*The trend rates grade down to a 4.5% ultimate rate over a period of five years.

The following significant assumptions were used in the actuary's valuation as of and for the year ended December 31, 2023:

Discount rate	4.50%
Mortality	RP-2014 Blue Collar Mortality
Administrative costs	For USW participants - \$298.89 per person per year with an annual trend of 3%; for UAW participants - \$626.84 per person per year with an annual trend of 3%

Premium cost assumptions were based on the actual insurance premium rates in effect as of January 1, 2024 and trend rates summarized as follows:

	<u>Insurance Premium Rates</u>		<u>Year 1</u>	<u>Ultimate</u>
	<u>Pre-65</u>	<u>Post-65</u>	<u>Trend Rate</u>	<u>Trend Rate*</u>
USW - Jackson:				
Retiree	\$ 17,215	\$ 2,983	7.00 %	4.50 %
Spouse	\$ 17,167	\$ 2,983	7.00 %	4.50 %
UAW - Detroit:				
Retiree	\$ 17,095	\$ 2,983	7.00 %	4.50 %
Spouse	\$ 17,047	\$ 2,983	7.00 %	4.50 %

*The trend rates grade down to a 4.5% ultimate rate over a period of five years.

The medical cost trend rate assumption has a significant effect on the costs and obligations reported. At December 31, 2024 and 2023, a one percentage point increase in the medical cost-trend rate would result in an approximate increase in the accumulated benefit obligation of \$1,166,347 and \$1,131,967, respectively.

The changes in actuarial assumption for the years ended December 31, 2024 and 2023 are attributable to the update of the per capita cost for insurance premiums and administrative costs to reflect actual plan experience and the resetting of trend rates to reflect anticipated experience.

4. INVESTMENTS

The Plan's investments are held in trust by PNC Bank, NA. The following table presents the Plan's investments by type at December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Mutual funds		
Equity	\$ 1,721,676	\$ 1,632,939
Bond	5,083,141	3,981,679
Money market	481,184	270,698
Stocks	<u>4,906,167</u>	<u>3,762,602</u>
Total	<u>\$ 12,192,168</u>	<u>\$ 9,647,918</u>

5. TRUST ACCOUNTS

The following is summary information regarding each of the Trust accounts as of and for the year ended December 31, 2024:

	<u>USW Retiree</u> <u>Account</u>	<u>UAW Retiree</u> <u>Account</u>	<u>Total</u>
Investment income	\$ 954,148	\$ 300,922	\$ 1,255,070
Interest income attributable to contributions receivable	384,433	138,823	523,256
Premiums and fees for healthcare	(612,714)	(268,914)	(881,628)
Administrative expenses	<u>(95,908)</u>	<u>(66,352)</u>	<u>(162,260)</u>
Net increase in net assets available for benefits	<u>\$ 629,959</u>	<u>\$ 104,479</u>	<u>\$ 734,438</u>

	<u>USW Retiree</u> <u>Account</u>	<u>UAW Retiree</u> <u>Account</u>	<u>Total</u>
Net assets available for benefits	\$ 19,160,860	\$ 6,500,483	\$ 25,661,343
Benefit obligations	<u>(9,084,107)</u>	<u>(5,363,581)</u>	<u>(14,447,688)</u>
Excess of net assets available for benefits in comparison to benefit obligations	<u>\$ 10,076,753</u>	<u>\$ 1,136,902</u>	<u>\$ 11,213,655</u>

The following is summary information regarding each of the Trust accounts as of and for the year ended December 31, 2023:

	<u>USW Retiree</u> <u>Account</u>	<u>UAW Retiree</u> <u>Account</u>	<u>Total</u>
Investment Income	\$ 891,468	\$ 295,772	\$ 1,187,240
Interest income attributable to contributions receivable	438,051	158,186	596,237
Premiums and fees for healthcare	(673,044)	(300,508)	(973,552)
Administrative expenses	<u>(88,638)</u>	<u>(60,580)</u>	<u>(149,218)</u>
Net increase in net assets available for benefits	<u>\$ 567,837</u>	<u>\$ 92,870</u>	<u>\$ 660,707</u>

	<u>USW Retiree</u> <u>Account</u>	<u>UAW Retiree</u> <u>Account</u>	<u>Total</u>
Net assets available for benefits	\$ 18,530,901	\$ 6,396,004	\$ 24,926,905
Benefit obligations	<u>(8,659,801)</u>	<u>(4,998,145)</u>	<u>(13,657,946)</u>
Excess of net assets available for benefits in comparison to benefit obligations	<u>\$ 9,871,100</u>	<u>\$ 1,397,859</u>	<u>\$ 11,268,959</u>

6. TAX STATUS

The Plan and Trust are exempt from federal income tax under Sections 501(a) and 501(c)(9) of the Internal Revenue Code. The Trust obtained a tax-exempt determination letter from the Internal Revenue Service effective February 1, 2021, which stated that the trust, as then designed, was exempt from federal income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP prescribes a comprehensive model for the financial statement recognition, measurement, presentation, and disclosure of uncertain tax positions taken or expected to be taken in income tax returns. The Trust Committee believes that there is no liability related to uncertain tax positions at December 31, 2024 or 2023. The Plan is subject to income tax examinations for all periods since it was formed (see Note 1).

7. PLAN TERMINATION

Although the Trust Committee has not expressed any intent to do so, it has the right to terminate the Plan and Trust at any time by an instrument in writing. In the event of termination, the assets in the Trust shall be paid out at the direction of the Trust Committee in the following order of priority: 1) the payment of reasonable and necessary administrative expenses, 2) the payment of benefits to participants for claims arising prior to such termination, 3) used in accordance with Code Section 501(c)(9) and ERISA for the benefit of the participants and their dependents, including a cash distribution, in such fashion as the Trust Committee determines until the assets have been exhausted. In no event shall the Committee, the TRW Defendants, the USW or the UAW have a beneficial interest in the Trust.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are issued by T. Rowe Price, which serves as the Plan's investment manager. The Plan also has arrangements with other service providers for various administrative functions. In addition, governance and certain administrative functions of the Plan are performed by the members of the Trust Committee. The Plan paid total compensation to the Trust Committee members of \$26,230 and \$25,462 during the years ended December 31, 2024 and 2023, respectively.

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN
EIN: 86-1748324 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Mutual Funds:				
*	T. Rowe Price	Government Money Fund	264,000	\$ 264,000	\$ 264,000
	Federated Hermes	Government Obligations Fund	217,184	217,184	217,184
*	T. Rowe Price	Short-Term Bond Fund	132,861	629,962	611,160
*	T. Rowe Price	Multi-Strategy Total Return Fund	4,033	38,207	36,578
*	T. Rowe Price	Total Return Fund	372,634	3,710,591	3,085,411
*	T. Rowe Price	QM US Bond Index Fund	142,404	1,355,000	1,349,992
*	T. Rowe Price	Mid-Cap Growth Fund	1,310	148,686	131,033
*	T. Rowe Price	International Value Fund	7,296	132,000	122,645
*	T. Rowe Price	International Stock Fund	6,397	132,000	124,045
*	T. Rowe Price	Mid-Cap Value Fund	9,556	321,289	304,263
*	T. Rowe Price	Small-Cap Stock Fund	2,955	194,705	166,149
*	T. Rowe Price	Diversified Mid-Cap Growth Fund	2,878	135,000	132,151
*	T. Rowe Price	Integrated U.S. Small-Cap Growth Fund	7,171	337,000	311,880
*	T. Rowe Price	Spectrum International Equity Fund	30,635	461,855	429,510
	Stocks:				
	Amazon	Common stock	1,390	221,822	304,952
	Booking Holdings	Common stock	30	84,454	149,053
	Home Depot	Common stock	280	94,280	108,917
	Marriott International	Common stock	295	51,879	82,287
	Ross Stores	Common stock	385	46,678	58,239
	Coca Cola	Common stock	890	51,886	55,411
	Colgate-Palmolive	Common stock	391	30,687	35,546
	Costco	Common stock	165	85,770	151,185
	McCormick & Co	Common stock	368	35,000	28,056
	Pepsico	Common stock	560	91,561	85,154
	Procter & Gamble	Common stock	475	69,463	79,634
	AON	Common stock	229	62,429	82,248
	JP Morgan	Common stock	650	101,018	155,812

(continued)

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN
EIN: 86-1748324 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Marsh & McLennan	Common stock	345	\$ 55,999	\$ 73,281
	Mastercard	Common stock	325	125,896	171,135
	Visa Inc	Common stock	465	114,754	146,959
	Wells Fargo & Company	Common stock	783	37,158	54,998
	Elevance Health Inc.	Common stock	245	103,207	90,381
	Danaher Corp.	Common stock	460	114,020	105,593
	Intuitive Surgical Inc.	Common stock	215	69,329	112,221
	Johnson & Johnson	Common stock	240	40,408	34,709
	Eli Lilly & Co.	Common stock	100	69,564	77,200
	Merck & Co Inc.	Common stock	630	55,092	62,672
	Stryker Corp.	Common stock	290	82,173	104,415
	UnitedHealth Group Inc.	Common stock	265	122,421	134,053
	Honeywell INTL Inc.	Common stock	192	40,699	43,371
	Old Dominion FGHT Lines	Common stock	260	47,046	45,864
	Union Pacific Corp.	Common stock	290	66,359	66,132
	United Parcel Service	Common stock	240	45,565	30,264
	Waste Connections Inc.	Common stock	400	51,975	68,632
	Accenture PLC	Common stock	270	88,443	94,983
	Advanced Micro Devices Inc.	Common stock	375	51,399	45,296
	Amphenol Corp.	Common stock	1,350	55,774	93,758
	Analog Devices Inc.	Common stock	410	71,518	87,109
	Apple Inc.	Common stock	1,255	197,687	314,277
	Microsoft Corp.	Common stock	735	223,339	309,803
	Nvidia Corp	Common stock	2,325	70,086	312,224
	Roper Technologies	Common stock	115	57,738	59,783
	SalesForce.com	Common stock	180	45,075	60,179
	Texas Instruments Inc.	Common stock	395	69,987	74,066
	Workday Inc.	Common stock	145	37,254	37,414
	Linde PLC	Common stock	235	78,034	98,387

(continued)

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN
EIN: 86-1748324 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
 DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	American Tower Corp	Common stock	355	\$ 87,666	\$ 65,111
	Prologis	Common stock	253	30,937	26,742
	Alphabet	Common stock	1,650	225,637	314,225
	Disney Walt Co.	Common stock	400	62,452	44,539
	Nextera Energy Inc.	Common stock	975	<u>71,735</u>	<u>69,897</u>
	Total			<u>\$ 11,870,832</u>	<u>\$ 12,192,168</u>

*Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to
Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan: USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 04/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): USW-UAW KELSEY-HAYES RETIREES HEALTH AND WELFARE TRUST
2b Employer Identification Number (EIN): 86-1748324
2c Plan Sponsor's telephone number: 877-578-8702
2d Business code (see instructions): 813930

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature of S. Howard Kline and date 10/13/25.

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

Form 5500 (2024) v. 240311

**USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN
EIN 86-1748324 PLAN (520)**

SCHEDULE OF REPORTABLE TRANSACTIONS (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain (Loss)
Category (i): Single transactions in excess of 5% of the current value of plan assets:					
Federated Hermes	Government Money Fund	\$ 1,700,000	-	-	-
Category (iii): Series of transactions with the same security in excess of 5% of the current value of plan assets:					
T. Rowe Price*	Government Money Fund	\$ 2,954,000	\$ 2,774,000	\$ 2,774,000	-
Federated Hermes**	Government Obligations Fund	1,287,682	1,257,196	1,257,196	-

* Aggregate of eighteen purchases, one of which individually exceeded 5% of the plan assets at the beginning of the year, and eighteen sales, none of which individually exceeded 5% of the plan assets at the beginning of the year.

** Aggregate of eleven purchases and thirteen sales, none of which individually exceeded 5% of the plan assets at the beginning of the year.