

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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>UAW RETIREES OF MACK TRUCKS HEALTH BENEFIT FUND</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>UAW RETIREES OF MACK TRUCKS HEALTH BENEFIT FUND</u></p> <p><u>C/O GROOM LAW GROUP, CHARTERED</u> <u>1701 PENNSYLVANIA AVE. NW</u> <u>SUITE 1200</u> <u>WASHINGTON, DC 20006</u></p>	<p>1c Effective date of plan <u>01/01/2012</u></p> <p>2b Employer Identification Number (EIN) <u>45-6488442</u></p> <p>2c Plan Sponsor's telephone number <u>248-658-0800</u></p> <p>2d Business code (see instructions) <u>336100</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	GARY J. PETRONI
	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	2448
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	2367
	6c	0
	6d	2367
	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 4Q 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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>1</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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan UAW RETIREES OF MACK TRUCKS HEALTH BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF MACK TRUCKS HEALTH BENEFIT FUND	D Employer Identification Number (EIN) 45-6488442

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
AETNA LIFE INSURANCE CO.

(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
06-6033492	60054	E00067097624	4740	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
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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

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

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

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

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

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

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

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

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

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

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

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) ▶ HEARING

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)	0
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)	0
(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)		0
(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	18062390
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. ▶

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

PUTNAM INVESTMENTS
P.O. BOX 219697
KANSAS CITY, MO 64121

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

THE VANGUARD GROUP, INC.

23-1945930

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

CION INVESTMENTS
100 PARK AVENUE, 25TH FLOOR
NEW YORK, NY 10017

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

THE CARLYLE GROUP
520 MADISON AVENUE
NEW YORK, NY 10022

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

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

(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)

CENTRAL DATA SERVICES

25-1352803

(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?
13 15 50	NONE KNOWN	404009	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)

HAMLIN CAPITAL MANAGEMENT, LLC

52-2344187

(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 50 51 68	NONE KNOWN	293451	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 72	NONE KNOWN	180000	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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE KNOWN	141265	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)

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	116775	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)

CLARKSTON CAPITAL PARTNERS, LLC

83-0473650

(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 50 68	NONE KNOWN	110690	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SAGE ADVISORY SERVICES, LTD. CO.

74-2798841

(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 50 51	NONE KNOWN	100416	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)

REINHART PARTNERS, LLC

39-1711628

(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 50 51 68	NONE KNOWN	90866	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN, INC.

91-0675641

(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 16 50 70	NONE KNOWN	74562	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)

MADISON INVESTMENT ADVISORS, LLC

39-1194160

(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 50 51	NONE KNOWN	40186	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)

GARY PETRONI

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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	TRUSTEE	39739	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)

JACK MARTIN

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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	TRUSTEE	30978	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)

SNG CONSULTING

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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	TRUSTEE	30978	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)

PARKER BUSINESS SOLUTIONS

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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	TRUSTEE	30978	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)

GROOM LAW GROUP, CHARTERED

52-1219029

(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	25920	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)

COMERICA BANK

42-1741646

(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?
18 19 21 50 72	INSTITUTIONAL TRUSTEE	18094	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIFTH THIRD NATIONAL BANK

31-0281170

(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?
49 50	NONE KNOWN	12483	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
22 50 53	NONE KNOWN	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11888	Yes <input type="checkbox"/> No <input checked="" 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)

MACOMB BUSINESS FORMS INC. DBA AMER

34895 GROESBECK HWY
CLINTON TOWNSHIP, MI 48035

(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?
36 50	NONE KNOWN	8156	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)

RICHARD SAYLOR

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(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	TRUSTEE	5976	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	6979

(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.
ULLICO 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	4131

(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.
RLI CORP. 37-0915434	INSURANCE BROKERAGE COMMISSIONS AND FEES

(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.	<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 UAW RETIREES OF MACK TRUCKS HEALTH BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF MACK TRUCKS HEALTH BENEFIT FUND	D Employer Identification Number (EIN) 45-6488442

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5137197	6554832
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1087708	1501472
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7654333	5462447
(2) U.S. Government securities	1c(2)	26408894	24113296
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	39303560	62337604
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	71048846	61383539
(5) Partnership/joint venture interests	1c(5)	36472249	50390082
(6) Real estate (other than employer real property)	1c(6)	2838510	4567795
(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)	179696663	162400055
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	132243061	139907549

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	501891021	518618671
Liabilities			
g Benefit claims payable.....	1g	503000	610000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	265542	193834
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	768542	803834
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	501122479	517814837

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)	1984630	
(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)		1984630
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	212956	
(B) U.S. Government securities.....	2b(1)(B)	624923	
(C) Corporate debt instruments.....	2b(1)(C)	2920504	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	9972275	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13730658
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1189286	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8098563	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9287849
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	185180824	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	182138805	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3042019
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	8119229	
(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)		4857647
c Other income	2c		435837
d Total income. Add all income amounts in column (b) and enter total.....	2d		41457869

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)	18062390	
(3) Other.....	2e(3)	4868491	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22930881
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)	545274	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	116775	
(5) Investment advisory and investment management fees	2i(5)	831386	
(6) Bank or trust company trustee/custodial fees	2i(6)	15418	
(7) Actuarial fees	2i(7)	74562	
(8) Legal fees	2i(8)	25920	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	138648	
(11) Other expenses.....	2i(11)	86647	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1834630
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24765511

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16692358
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: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

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		5000000
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		188489783
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 _____.

UAW Retirees of Mack Trucks Health Benefit Fund

**Financial Report
December 31, 2024**

UAW Retirees of Mack Trucks Health Benefit Fund

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Independent Auditor's Report

To the Committee Members
UAW Retirees of Mack Trucks Health Benefit Fund

Opinion

We have audited the financial statements of UAW Retirees of Mack Trucks Health Benefit Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and fund benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and changes in Fund benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial status of the Fund as of December 31, 2024 and 2023 and the changes in financial status 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 (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 Fund 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.

Emphasis of Matter

As explained in Note 4, the financial statements include investments valued at approximately \$188,000,000 (36 percent of net assets) at December 31, 2024 and approximately \$167,000,000 (33 percent of net assets) at December 31, 2023, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by fund managers or general partners. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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 Fund's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

To the Committee Members
UAW Retirees of Mack Trucks Health Benefit Fund

Auditor's Responsibilities for the Audits 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 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 audits conducted in accordance with 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund'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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

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 at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Fund's management 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Southfield, Michigan
October 6, 2025

UAW Retirees of Mack Trucks Health Benefit Fund

Statement of Net Assets Available for Benefits

	December 31, 2024 and 2023	
	2024	2023
Assets		
Investments at fair value:		
Money market fund	\$ 5,462,447	\$ 7,654,333
Common stock and mutual funds	223,783,594	232,183,825
Government securities	24,113,296	26,408,894
Corporate debt securities	41,736,691	39,303,560
Publicly traded partnerships	1,740,386	1,462,346
Private credit fund	20,600,913	18,561,684
Real estate investment trusts	4,567,795	2,838,510
Real estate fund	45,732,926	47,566,794
Partnerships/hedge funds	142,756,857	119,612,738
Total investments at fair value	510,494,905	495,592,684
Accrued income	1,501,472	1,087,708
Cash	6,554,832	5,137,197
Other assets	67,462	73,432
Total assets	518,618,671	501,891,021
Liabilities - Other payables	193,834	265,542
Net Assets Available for Benefits	\$ 518,424,837	\$ 501,625,479

UAW Retirees of Mack Trucks Health Benefit Fund

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Contributions - Retiree self-payments	\$ 1,984,630	\$ 2,062,128
Investment income:		
Interest and dividends	23,018,507	17,215,825
Net realized and unrealized gains on investments	<u>16,454,732</u>	<u>14,867,688</u>
Net investment income	<u>39,473,239</u>	<u>32,083,513</u>
Total additions	41,457,869	34,145,641
Deductions		
Claims	4,761,491	4,613,242
Premiums	18,062,390	18,274,741
Expenses:		
Administrative and operating expenses	1,193,317	1,190,292
Investment advisory and management fees	<u>641,313</u>	<u>474,484</u>
Total deductions	<u>24,658,511</u>	<u>24,552,759</u>
Net Increase	16,799,358	9,592,882
Net Assets Available for Benefits		
Beginning of year	<u>501,625,479</u>	<u>492,032,597</u>
End of year	<u>\$ 518,424,837</u>	<u>\$ 501,625,479</u>

UAW Retirees of Mack Trucks Health Benefit Fund

Statement of Fund Benefit Obligations

	December 31, 2024 and 2023	
	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents - Claims payable and claims incurred but not reported	\$ 610,000	\$ 503,000
Postretirement Benefit Obligation		
Current retirees	260,070,274	245,817,374
Other participants fully eligible for benefits	48,136,714	46,023,597
Other participants not fully eligible for benefits	<u>86,888,869</u>	<u>90,924,957</u>
Total postretirement benefit obligation	<u>395,095,857</u>	<u>382,765,928</u>
Total Fund Benefit Obligations	<u>\$ 395,705,857</u>	<u>\$ 383,268,928</u>

UAW Retirees of Mack Trucks Health Benefit Fund

Statement of Changes in Fund Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance - Beginning of year	\$ 503,000	\$ 891,000
Claims, premiums, and expenses reported and approved for payment	24,765,511	24,164,759
Claims, premiums, and expenses paid	<u>(24,658,511)</u>	<u>(24,552,759)</u>
Balance - End of year	610,000	503,000
Postretirement Benefit Obligation		
Balance - Beginning of year	382,765,928	376,265,265
Increase (decrease) during the year attributable to:		
Benefits accumulated	4,107,415	4,198,376
Interest due to the decrease in the discount period	17,732,164	18,095,192
Change in actuarial assumptions	(14,419,897)	15,154,481
Benefits and expenses paid - Net of retiree self-payments reclassified to amounts currently payable	(22,780,881)	(22,102,631)
Actuarial experience	<u>27,691,128</u>	<u>(8,844,755)</u>
Net increase	<u>12,329,929</u>	<u>6,500,663</u>
Balance - End of year	<u>395,095,857</u>	<u>382,765,928</u>
Total Fund Benefit Obligations at End of Year	<u>\$ 395,705,857</u>	<u>\$ 383,268,928</u>

December 31, 2024 and 2023

Note 1 - Fund Description

The following description of UAW Retirees of Mack Trucks Health Benefit Fund (the "Fund") provides only general information. Participants should refer to the fund agreement for a more complete description of the Fund's provisions.

General and Eligibility

The Fund was established as a result of a court-approved settlement agreement between Mack Trucks, Inc. (Mack); A.B. Volvo, Inc. (AB Volvo); the Mack Trucks, Inc. Retiree Welfare Benefit Plan (the "Retiree Plan"); the International Union; and United Automobile, Aerospace and Agricultural Implement Workers of America and its affiliated local union Nos. 68, 76, 171, 229, 343, 472, 677, 1247, 2301, 2420, and 5841 (UAW). The agreement required Mack Trucks, Inc. and A.B. Volvo, Inc. to jointly contribute \$525 million to a voluntary employee benefits association (VEBA) for the purpose of funding continued retiree health benefits for certain Mack-UAW retirees who were receiving benefits under the Retiree Plan at the time the settlement was approved, including their eligible spouses, dependents, and surviving spouses, and certain active Mack bargaining unit employees who were hired or rehired prior to June 1, 2009, including their eligible spouses, dependents, and surviving spouses, if they satisfy the retirement eligibility requirements of the Fund. Eligible employees are those who have retired prior to June 1, 2009 or, if retired after July 1, 2009, meet certain requirements defined by the fund agreement. The Fund did not commence until January 1, 2012.

Contributions

Participants are required to make monthly contributions based on the retiree's date of retirement in order to maintain eligibility for benefits from the Fund. Contributions represent retiree self-payments made during the year.

Benefits

The Fund provides health benefits (medical, hospital, surgical, and prescription drugs) to eligible retirees, spouses, surviving spouses, and dependents.

Termination

The Fund may be terminated at any time in writing by the committee with a copy of such written instrument to be provided to the trustee. Upon termination of the Fund, the assets of the Fund shall be paid out at the direction of the committee in the following order of priority: (a) the payment of reasonable and necessary administrative expenses (including taxes); (b) the payment of benefits to participants entitled to payments for claims arising prior to such termination; and (c) at the discretion of the committee, used in accordance with Section 501(c)(9) of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA), for the benefit of such group of participants in such fashion as the committee determines. Mack, the UAW, the local unions, nor the committee shall have any beneficial interest in the Fund. The Fund shall remain in existence until all assets have been distributed.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Fund's investments are stated at fair value. The real estate fund, hedge funds, and partnerships are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of each funds' underlying net assets.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

The government securities and corporate debt securities 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. The private credit fund is valued based on the underlying NAV of its outstanding shares. The NAV for this fund has a readily determinable fair value, which is considered an observable input. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

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.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Fund to employees' service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) eligible active employees and their beneficiaries and dependents after retirement from service with the participating employer.

The postretirement benefit obligation represents the amount that is to be funded by existing fund assets, investment income, and participant self-payments. Prior to an employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The Patient Protection and Affordable Care Act of 2010 has been reflected in the postretirement benefit obligation with respect to the anticipation of fees and surcharges effective in future calendar years. The Further Consolidated Appropriations Act, 2020 repealed the excise tax on high-cost health plans and the insured plan fees and included a 10-year extension of the Patient-Centered Outcomes Research Institute fee.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

The following were other significant assumptions used in the valuation as of December 31, 2024 and 2023:

Discount rate	5.45 percent and 4.77 percent from 2024 and 2023, respectively
Mortality	For 2024 and 2023: Pri-2012 Blue Collar Annuitant Mortality Table projected with Projection Scale MP-2021 for participants. Pri-2012 Blue Collar Contingent Survivor Table with Scale MP-2021 was used for current surviving spouses
Retirement age	55 to 75 years
Increase in medical costs	<p>For measurement purposes, the prospective assumed annual rate of increase in the per capita cost of health care benefits due to factors other than changes in the composition of the population age and dependency status reflects the expectation of higher future short-term increases in health care costs recognized in 2024 and 2023.</p> <p>The annual rate of increase for 2024 was 5.60 percent for pre-Medicare costs, with an ultimate rate of 3.70 percent in 2074 and after. The annual rate of increase for 2024 was 6.60 percent for Medicare costs, with an ultimate rate of 3.70 percent in 2074 and after.</p> <p>The annual rate of increase for 2023 was 5.80 percent for pre-Medicare costs, with an ultimate rate of 3.70 percent in 2074 and after. The annual rate of increase for 2023 was 5.40 percent for Medicare costs, with an ultimate rate of 3.70 percent in 2074 and after.</p>
Spousal election	70 percent for 2024 and 2023

Other Changes

The decrease in the 2024 postretirement benefit obligation of \$14,419,897 related to changes in actuarial assumptions was a result of a change in the discount rate and updates to the health care cost trend rate. The increase in the 2023 postretirement benefit obligation of \$15,154,481 related to changes in actuarial assumptions was a result of a change in the discount rate, the legislative impact from the Inflation Reduction Act, and updates to the health care cost trend rate. The increase in the 2024 postretirement benefit obligation of \$27,275,634 in actuarial experience was related to changes in health care data and increase in Medicare Advantage premium rates.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by 1 percentage point, this would increase the obligation by \$46,519,918 and \$47,805,094 as of December 31, 2024 and 2023, respectively.

The foregoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Claim and Premium Payments

Claims and premiums are recorded when paid.

Claims Incurred but Not Reported

The Fund's liability for incurred but not reported (IBNR) claims is estimated by the Fund's actuary, using payments made subsequent to year end in conjunction with historical trend information and payment pattern. IBNR is recorded in the accompanying statement of fund benefit obligations.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The Fund benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, health care costs, and participant 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. The Fund invests in various investment securities that 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.

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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 6, 2025, which is the date the financial statements were available to be issued.

Note 3 - Tax Status

The voluntary employee benefits association (the "Trust") established to hold the Fund's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (the "Code"), and, accordingly, the Trust's net investment income is generally exempt from income taxes. The Trust has obtained a favorable tax exemption letter from the Internal Revenue Service, and the fund sponsor believes that the Trust continues to qualify and to operate in accordance with applicable provisions of the Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 4 - 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 Fund 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.

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.

UAW Retirees of Mack Trucks Health Benefit Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

In instances where 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 Fund's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Fund at December 31, 2024 and 2023:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2024			
Investments (at Fair Value)	Level 1	Level 2	
Money market fund	\$ 5,462,447	\$ 5,462,447	\$ -
Common stock and mutual funds	223,783,594	223,783,594	-
Government securities	24,113,296	-	24,113,296
Corporate debt securities	41,736,691	-	41,736,691
Private credit fund	20,600,913	-	20,600,913
Publicly traded partnerships	1,740,386	1,740,386	-
Real estate investment trusts	4,567,795	4,567,795	-
Total	322,005,122	<u>\$ 235,554,222</u>	<u>\$ 86,450,900</u>
Investments measured at NAV:			
Real estate fund	45,732,926		
Partnerships/hedge funds	142,756,857		
Total investments at fair value	<u>\$ 510,494,905</u>		
Assets Measured at Fair Value on a Recurring Basis at December 31, 2023			
Investments (at Fair Value)	Level 1	Level 2	
Money market fund	\$ 7,654,333	\$ 7,654,333	\$ -
Common stock and mutual funds	232,183,825	232,183,825	-
Government securities	26,408,894	-	26,408,894
Corporate debt securities	39,303,560	-	39,303,560
Private credit fund	18,561,684	-	18,561,684
Publicly traded partnerships	1,462,346	1,462,346	-
Real estate investment trusts	2,838,510	2,838,510	-
Total	328,413,152	<u>\$ 244,139,014</u>	<u>\$ 84,274,138</u>
Investments measured at NAV:			
Real estate fund	47,566,794		
Partnerships/hedge funds	119,612,738		
Total investments at fair value	<u>\$ 495,592,684</u>		

Investments in Entities that Calculate Net Asset Value per Share

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

UAW Retirees of Mack Trucks Health Benefit Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - 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			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Partnerships/hedge funds:					
Cion-Ares Diversified Credit (2) \$	8,996,191	\$ 7,755,123	-	Quarterly	30 days
PIMCO Flexible Income FD LP (1)	64,794,378	56,259,269	-	Quarterly	30 days
Carlyle (3)	20,316,592	20,588,443	4,362,790	Nonredeemable	Nonredeemable
Goldman Sachs Vintage IX (3)	8,875,019	2,033,818	20,069,665	Nonredeemable	Nonredeemable
Entrust Special Opportunities Fund III Series H (3)	8,723,433	9,531,809	-	Nonredeemable	Nonredeemable
Entrust Special Opportunities Fund III LTD Class C (3)	7,054,597	7,467,950	-	Nonredeemable	Nonredeemable
KKR Global Infrastructure (3)	23,996,647	15,976,326	5,159,213	Nonredeemable	Nonredeemable
Real estate fund (4)	45,732,926	47,566,794	-	Quarterly	10 - 30 days
Total	<u>\$ 188,489,783</u>	<u>\$ 167,179,532</u>	<u>\$ 29,591,668</u>		

- (1) This class represents investments in actively managed closed-end registered hedge funds that have invested primarily in publicly traded equity securities.
- (2) This class represents investments in actively managed registered investment companies that invest primarily in mortgage-backed securities, loan participations, corporate bonds, and asset-backed securities.
- (3) This class represents investments in actively managed partnerships that invest primarily in common stock and other publicly traded equity securities.
- (4) This class represents investments in an actively managed real estate fund that invests primarily in real estate debt, including, but not limited to, commercial mortgage-backed securities and mezzanine debt and other forms of debt.

Note 5 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 518,424,837	\$ 501,625,479
Less claims payable and claims incurred but not reported	(610,000)	(503,000)
Net assets available for benefits per Form 5500	<u>\$ 517,814,837</u>	<u>\$ 501,122,479</u>

The following is a reconciliation of claims paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	2024	2023
Claims paid to participants per the financial statements	\$ 4,761,491	\$ 4,613,242
Change in claims payable and claims incurred but not reported	107,000	(388,000)
Claims paid to participants per Form 5500	<u>\$ 4,868,491</u>	<u>\$ 4,225,242</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
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: UAW Retirees of Mack Trucks Health Benefit Fund
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): UAW Retirees of Mack Trucks Health Benefit Fund
2b Employer Identification Number (EIN): 45-6488442
2c Plan Sponsor's telephone number: 248-658-0800
2d Business code (see instructions): 336100

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 Gary Petroni and date 10/13/25.

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

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	2,448
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	2,367
	6c	0
	6d	2,367
	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 4Q 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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

- (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 1
- (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 _____

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 45-6488442, Plan No. 501
 Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Comerica Bank	Goldman Sachs Financial Square	\$ 28,998,560	\$ -	\$ 28,998,560	\$ 28,998,560	\$ -
Comerica Bank	Goldman Sachs Financial Square	-	26,749,533	26,749,533	26,749,533	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Comerica Bank	Goldman Sachs Financial Square:					
	Purchases - 634	112,602,528	-	112,602,528	112,602,528	-
	Sales - 229	-	114,794,414	114,794,414	114,794,414	-
Comerica Bank	Putnam Ultra Short Duration:					
	Purchases - 12	1,965,393	-	1,965,393	1,965,393	-
	Sales - 7	-	30,317,477	30,104,729	30,317,477	212,748

There were no Category (ii) or (iv) reportable transactions during the year.

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Money Market Fund - Goldman Sachs Financial Square	<u>5,462,447</u>	<u>5,462,447</u>
Comerica Bank	Mutual Funds:		
	Fidelity 500 Index Fund-Ai	20,618,419.00	28,298,989
	Pimco Income Fund	83,939,393	83,163,391
	Putman Short Duration Bond Fund	30,481,556	30,846,281
	Putnam Ultra Short Duration	322	322
	Vanguard Ftse Developed Dev Mkt	18,664,690	20,091,072
Comerica Bank	Corporate Stock:		
	AAR CORP	236,838	239,360
	API GROUP CORP COM STK	477,597	460,380
	ABBVIE INC	1,465,861	1,680,864
	AECOM TECHNOLOGY CORP DELAWARE	407,089	405,596
	AIR LEASE CORP	310,550	316,595
	ALIGHT INC COM COM CL A	145,718	146,178
	ANTERO RES CORP	151,565	173,112
	ARCOSA INC	488,878	468,512
	ARES MANAGEMENT CORPORATION	1,250,325	1,861,293
	AVANTOR INC	295,961	294,074
	BATH BODY WORKS INC COM	356,560	357,847
	BEACON ROOFING SUPPLY INC	501,754	501,196
	BERKLEY W R	294,051	295,994
	BOOT BARN HLDGS INC	310,346	322,769
	BROADCOM INC	1,331,013	2,764,460
	C H ROBINSON WORLDWIDE INC	-	-
	CME GROUP INC	1,554,184	1,707,355
	CHART INDS INC	356,091	365,459
	CHEMED CORP	447,831	457,217
	CHURCHILL DOWNS INC COM	447,287	459,111
	CLEAN HARBORS INC	437,161	425,989
	COLLIERS INTL GROUP INC	424,284	420,691
	CONCENTRIX CORPORATION COM	177,177	192,205
	CONOCOPHILLIPS	1,667,332	1,439,948
	CORE MAIN INC CL A	259,045	261,168

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	CRANE NXT, CO.	259,320	264,028
	CUMMINS INC	1,262,294	1,836,773
	DANA HOLDING CORP	250,546	248,343
	DARDEN RESTAURANTS INC	1,153,533	1,314,111
	EAGLE MATERIALS INC	492,001	470,571
	EXPEDIA INC DEL	336,087	350,114
	FEDERAL AGRIC MTG CORP CL C	295,824	291,880
	FIRST AMERN FINL CORP	401,408	401,239
	FIVE9 INC	318,380	312,156
	FLUOR CORP	205,674	201,472
	GFL ENVIRONMENTAL INC SUB VTG	350,256	341,488
	HEALTHEQUITY INC	370,176	387,062
	HERC HLDGS INC	337,150	343,066
	HOME BANCSHARES INC	366,687	365,127
	HOME DEPOT INC	1,195,944	1,342,404
	JB HUNT TRANSPORTATION SERVICES	300,546	300,020
	ITT INC	560,906	560,090
	INGERSOLL RAND INC COM	242,206	234,020
	INTAPP INC COM	345,925	344,868
	JOHNSON & JOHNSON	1,622,555	1,508,531
	KBR INC	240,654	251,474
	KADANT INC	446,312	435,032
	KEURIG DR PEPPER INC COM	1,202,792	1,159,114
	KORN FERRY INTL NEW	353,599	355,596
	LANTHEUS HLDGS INC	363,901	356,677
	LITHIA MTRS INC - CL A	306,929	304,888
	LITTLEFUSE INC	284,946	284,665
	LIVE OAK BANCSHARES INC	209,393	205,858
	MOOG INC	406,876	424,584
	MORGAN STANLEY	1,336,739	1,802,196
	NEXSTAR MEDIA GROUP INC COMMON	279,496	278,185
	NORTHERN OIL & GAS INC NEV	207,893	208,914
	OLD REP INTL CORP	1,361,044	1,675,380
	OPTION CARE HEALTH INC	306,096	309,906
	PACKAGING CORP OF AMERICA	336,639	328,690
	PAGERDUTY INC	130,471	125,154
	PAYCHEX INC	1,468,426	1,694,699
	PINTEREST INC	275,098	266,858

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	POST HLDGS INC	502,373	498,817
	PROCTER & GAMBLE CO	1,275,777	1,459,561
	PROSPERITY BANCSHARES INC	326,832	326,039
	PUBLIC SVC ENTERPRISE GROUP INC	1,429,377	1,981,037
	PULTE HOMES INC	331,118	321,908
	REINSURANCE GROUP OF AMERICA	377,406	398,420
	RELIANCE INC	299,486	300,225
	SS&C TECHNOLOGIES HLDGS INC	453,288	464,380
	SKECHERS USA INC CL A	382,431	387,639
	SNAP ON INC	1,361,592	1,600,309
	SYNNEX CORP	499,559	501,372
	TTM TECHNOLOGIES	282,645	279,824
	TALEN ENERGY CORP COM	467,078	477,887
	TARGET CORP	1,019,817	962,346
	TELEPHONE & DATA	441,121	453,629
	TEMPUR-PEDIC INTL INC	238,418	243,824
	TENET HEALTHCARE CORP	298,548	294,873
	TEXAS INSTRS INC	1,421,065	1,534,394
	TIDEWATER INC NEW	181,938	201,169
	TRANSUNION	365,234	363,423
	TRAVEL PLUS LEISURE CO	350,319	351,889
	UFP TECHNOLOGIES INC	212,733	214,924
	UGI CORP	149,731	155,293
	UFP INDUSTRIES, INC	364,423	354,735
	UNILEVER PLC-SPONSORED ADR	1,331,221	1,532,885
	UNITED STATES CELLULAR CORP	378,686	388,362
	UNITED THERAPEUTICS CORP DEL	401,400	395,886
	VISTRA ENERGY CORP	562,993	580,019
	VONTIER CORPORATION COM	403,929	397,997
	WATSCO INC	1,406,492	1,539,195
	WESTERN ALLIANCE COMMON STOCK	453,743	446,020
	WESTERN DIGITAL CORP	443,466	404,291
	WEX INC	359,199	374,133
	FIDELIS INSURANCE HOLDINGS LTD COM	303,329	309,497
	ICON PLC	346,044	354,829
	WEATHERFORD INTERNATIONAL PL	395,388	405,569
	JAZZ PHARMACEUTICALS PLC	510,660	514,398
	NOMAD	373,102	369,529

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	ROIVANT SCIENCES LTD SHS	356,129	358,638
	SENSATA TECHNOLOGIES HOLDING PLC	210,537	204,185
	TECHNIPFMC PLC	305,612	305,577
	CHECK POINT SOFTWARE TECH ADR	289,632	298,160
	INTERNATIONAL SEAWAYS INC	161,720	173,846
	Total Corporate Stocks and Mutual Funds	<u>209,709,191</u>	<u>223,783,594</u>
Comerica Bank	Government Securities:		
	FEDERAL HOME LN MTG GROUP NBR	178,571	170,203
	FEDERAL HOME LN MTG GROUP NBR	168,277	160,463
	FHLMC POOL #SD8342 5.50% 07/01/2053	240,386	236,388
	FHLMC POOL #SD-8382 5.00% 12/01/2053	50,916	50,518
	FHLMC POOL #SD-8394 5.00% 01/01/2054	241,545	238,745
	FHLMC POOL #SD-3977 5.00% 04/01/2053	237,251	233,086
	FHLMC POOL #RA-9475 5.00% 07/01/2053	126,816	126,015
	FHLMC 3.542% 03/25/2034	488,795	472,762
	FNMA POOL #CB6475 5.00% 06/01/2053	410,735	406,449
	FNMA PASS-THRU I MBS 3.5%	442,916	428,051
	FNMA POOL #FS6668 5.5% 12/01/2053	151,452	150,273
	FNMA POOL #FS6866 5.00% 10/01/2053	250,440	246,330
	FNMA POOL #MA5352 5.00% 05/01/2054	249,940	246,207
	FEDERAL NATL MTG ASSN 3.500	450,433	435,073
	FEDERAL NATL MTG ASSN 3.500	438,850	423,885
	FEDERAL NATL MTG ASSN 4.000	415,417	401,838
	FEDERAL NATL MTG ASSN 4.500	264,954	257,981
	FEDERAL NATL MTG ASSN 5.000	430,680	421,376
	FNMA POOL #MA5189 5.00% 11/01/2053	368,666	360,035
	FNMA POOL #MA5215 5.5% 12/01/2053	268,901	266,080
	FNMA POOL #MA5245 5.00% 01/01/2054	249,213	247,737
	PG&E WILDFIRE RECOVERY 5.099%	283,368	283,131
	UNITED STATES TREAS SEC STRIPPED	1,076,492	948,713
	UNITED STATES TREAS SEC STRIPPED	562,440	484,541
	UNITED STATES TREAS BDS 2.25%	1,538,673	1,484,788
	UNITED STATES TREAS BDS 2.25%	5,452,942	4,835,483
	UNITED STATES TREAS BDS 0% PIDI	354,314	324,772
	UNITED STATES TREAS BDS 0% BDS	424,832	370,635

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	UNITED STATES TREAS BDS 02/52)	131,681	124,279
	UNITED STATES TREAS BDS 2.25%	350,002	346,947
	UNITED STATES TREAS 4.125% NTS	466,146	443,771
	US TREASURY NOTE 3.75% 05/31/2030	720,760	709,463
	US TREASURY NOTE 0.00% 08/15/2033	728,864	690,949
	US TREASURY NOTE 02/15/2034	791,600	773,547
	UNITED STATES TREAS NTS 05/15/2034	216,649	207,757
	UNITED STATES TREASURY NOTES	804,803	811,019
	UNITED STATES TREASURY NOTES	469,833	454,161
	UNITED STATES TREASURY NOTE	1,083,440	1,086,025
	US TREASURY NOTE 06/30/2029	610,232	606,621
	US TREASURY NOTE 07/15/2027	632,126	623,599
	UNITED STATES TREASURY NOTE	134,502	128,593
	UNITED STATES TREAS 0.00% 08/31/2029	665,834	640,982
	UNITED STATES TREASURY NOTE	808,842	805,229
	UNITED STATES TREAS	954,790	948,796
	Total Government Securities	<u>25,388,319</u>	<u>24,113,296</u>
Comerica Bank	Corporate Debt Securities:		
	AFLAC INC 4.75% 01/15/2049-2048	173,660	162,001
	AS MILEAGE PLAN IP LTD SR SEC GLBL 31	55,000	53,699
	ABBOTT LABS NT 4.9%	150,227	140,015
	ABBVIE INC SR NT 4.4% 11/06/2042	370,868	346,208
	ABBVIE INC SR NT 4.95% 03/15/2031	20,221	19,996
	ADOBE INC SR 4.95% 04/04/2034	34,932	34,714
	AERCAP IRELAND CAP DESIGNATED AC	147,086	152,209
	AIR LEASE CORP FXD-FRN TIER I	51,503	52,233
	AIR LEASE CORPORATION 3.25%	36,331	36,922
	AIR LEASE CORPORATION 3%	54,089	54,167
	AIR LEASE CORPORATION 1.875%	90,853	94,367
	AIR LEASE CORP FR 5.2% 07/15/2031	111,690	111,651
	ALABAMA PWR CO 3%	262,228	263,175
	AMAZON COM INC 4.05%	103,686	95,026
	AMAZON COM INC 2.5%	46,625	41,762
	AMAZON COM INC 3.95% 04/13/2052	234,578	220,788
	AMENTUM ESCROW 7.25% 08/01/2032	66,000	66,500

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	AMERICAN EXPRESS 5.24% 04/15/2031	139,968	143,003
	AMER WATER WORKS 3.75%	212,334	192,767
	AMERICAN WTR CAP 5.45% 03/01/2054	104,048	100,406
	AMGEN INC 4.4% 05/01/2045-2044	295,138	277,842
	ANHEUSER-BUSCH COMPANIES LLC / A	265,246	256,100
	ELEVANCE HEALTH INC 4.375%	139,521	128,966
	AON NORTH AMERICA INC	101,858	102,303
	APPALACHIAN PWR CO 4.5%	34,553	32,929
	APPLE INC 3.85% 05/04/2043	133,530	124,251
	APPLE INC 3.85% 08/04/2046	350,038	328,950
	ARKO CORP PP 144A 5.125%	52,572	55,493
	ATLANTIC CITY ELEC CO PFD 4% 4%	170,970	169,750
	ATMOS ENERGY CORP 4.125%	246,067	232,084
	ATMOS ENERGY CORP 4.3%	202,824	188,678
	AVIS BUDGET RENTAL CAR FUNDING	99,973	100,493
	BHP FINANCE USA LTD SR NT 5%	110,825	102,770
	BHP BILLITON FIN USA LTD SR NT 5.25%33	19,901	20,098
	BK OF AMERICA CORP FR 3.824%	390,077	397,815
	BK OF AMERICA CORP FR 3.419%	37,677	38,351
	BK OF AMERICA CORP FR 4.078%	183,515	178,763
	BK OF AMERICA CORP FR 4.083%	122,007	113,510
	BK OF AMERICA CORP FR 2.676%	175,146	170,086
	BK OF AMERICA CORP FR 1.734%	154,829	161,113
	BK OF AMERICA CORP FR 2.299%	32,662	33,346
	BANK AMERICA CORP SUB VAR 08/15/2035	179,979	171,304
	BANK NEW YORK MELLON CORP 3.75%	77,658	81,277
	BANK NEW YORK MELLON VAR 07/21/2039	25,023	25,150
	BANK NOVA SCOTIA 4.5% 12/16/2025	125,892	127,331
	BANK 2024-BNK 5.716% 06/15/2057	102,996	103,460
	BANK5 2024-5YR8 08/17/2057	149,349	149,004
	BERKSHIRE HATHAWAY ENERGY CO	292,155	278,168
	BERKSHIRE HATHAWAY 4.4%	202,847	190,806
	BERKSHIRE HATHAWAY 3.85%	108,623	98,414
	BOEING CO 2.196% 02/04/2026-2023	135,119	138,680
	CLOUD CAPITAL	60,000	59,799
	BP CAP MARKETS AMERICA 3.379%	212,198	186,605
	BRISTOL MYERS SQUIBB CO 4.25%	134,504	125,211
	BRISTOL MYERS SQUIBB CO 2.55%	148,065	138,912

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	BRISTOL MYERS SQUIBB CO 3.7%	178,127	167,470
	BRISTOL-MYERS SQUIBB 5.2% 02/22/2034	35,220	34,956
	BROADCOM INC 4.15%	32,963	33,490
	BROADCOM INC SR NT 4.35% 02/15/2030	136,953	133,300
	BURLINGTON NORTHN SANTA FE LLC	217,690	205,346
	BURLINGTON NORTHN SANTA FE LLC	621,470	576,853
	CIT GROUP INC 6.125% 03/09/2028	123,104	124,479
	CIM TRUST CMO 2.5% 06/25/2051	63,754	66,125
	CNH INDL CAP LLC 1.45%	90,803	94,138
	CNA FINL CORP 4.5%	157,178	158,509
	CNO FINL GROUP INC 5.25%	167,424	168,803
	CNO FINL GROUP INC 6.45% 06/15/2034	50,831	52,690
	CSX CORP NT 4.4% 03/01/2043-2042	109,102	103,778
	CAPITAL ONE FINL CORP GLBL FLT	82,041	82,934
	CAPITAL ONE FINL CORP GLBL FLT	44,214	44,862
	CAPITAL ONE FINL CORP GLBL FLT	124,391	125,541
	CAPITAL ONE FINL CORP SR VAR 06/08/2029	170,301	171,412
	CAPITAL ONE MULTI-ASSET	265,739	270,029
	CAPITAL ONE MUL 09/17/2029	234,958	230,973
	CATERPILLAR INC 3.25%	118,261	111,075
	CENTENE CORP 4.625%	117,924	116,328
	CENTERPOINT ENERGY 3.95%	199,957	184,306
	CHAMPIONS FING INC 8.75% 02/15/2029	37,555	36,083
	CHESAPEAKE FUNDING 5.52% 05/15/2036	83,920	84,116
	CISCO SYS INC SR 5.3% 02/26/2054	86,830	82,621
	CITIGROUP INC NT 5.875%	212,150	204,412
	CITIGROUP INC 3.98%	132,849	133,664
	CITIGROUP INC 2.666% 01/29/2031	52,045	53,085
	CITIGROUP INC 3.875%	52,272	53,401
	CITIGROUP INC 3.07%	188,456	192,376
	CITIGROUP INC 1.122%	183,760	192,068
	CITIGROUP INC SUB GLBL NT VAR 05/25/2034	274,207	273,020
	CLEVELAND CLINIC FNDTN 4.858%	158,686	140,478
	COMCAST CORP 4.75% 03/01/2044	66,275	61,071
	COMCAST CORP 4.6%	86,907	81,489
	COMCAST CORP NEW 5.5% 05/15/2064	259,898	233,155
	COMMONWEALTH EDISON 3%	202,408	190,204
	CONOCOPHILLIPS GTD NT 6.5%	98,263	92,909

UAW Retirees of Mack Trucks Health Benefit Fund

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 45-6488442, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	CONOCOPHILLIPS SR NT 5.55% 03/15/2054	106,838	100,942
	CONSOLIDATED EDISON CO 3.35%	45,840	46,529
	CONSOLIDATED EDISON CO 6.15%	201,959	188,606
	CORPORATE OFFICE PPTYS L P 2.75%	162,466	171,584
	CORPORATE OFFICE PPTYS L P 2.9%	85,875	88,371
	DTE ENERGY CO 4.95% 07/01/2027	52,937	53,199
	DTE ELEC CO 3.75%	187,838	176,880
	DTE ELEC CO 2.25%	21,633	22,035
	DELL INTL LLC/EMC 5.4% 04/15/2034	92,827	91,778
	DELL INTERNATIONAL L.L.C. AND EM	238,982	234,035
	DIGNITY HEALTH 5.267% 11/01/2064	92,394	89,327
	DISNEY WALT CO NEW MEDIUM TERM	467,036	446,560
	DOMINION ENERGY INC PERP GLBL -C	143,144	138,719
	DRIVEN BRANDS FUNDING LLC	64,838	65,966
	DUKE ENERGY CORP 3.4%	127,821	124,612
	DUKE ENERGY CORP 4.5%	38,718	38,105
	DUKE ENERGY CORP NEW SR 5.75% 09/15/2033	127,996	124,055
	DUKE ENERGY CAROLINAS LLC 6.05%	86,687	84,070
	DUKE ENERGY CAROLINAS LLC 3.2%	170,885	159,922
	DUKE ENERGY IND LLC 3.25%	652,329	603,882
	EPR PPTYS 4.5% 04/01/2025-2025	46,107	46,882
	EPR PPTYS 3.75% 08/15/2029-2029	69,471	73,190
	ECOLAB INC 2.7% 12/15/2051	374,925	336,577
	EDISON INTERNATIONAL 5.75%	90,878	90,486
	EDISON INTERNATIONAL 6.95%	24,960	24,562
	ENERGY TRANSFER PARTNERS L P SR	172,112	168,801
	ENERGY TRANSFER L P SR 6.4% 12/01/2030	221,252	226,119
	ENTERGY LA LLC 5.7% 03/15/2054	73,735	74,112
	ENTERGY LA LLC 1M GLBL BD5.15% 9/15/2034	62,760	61,959
	ENTERPRISE PRODS OPER LLC 6.125%	255,231	243,620
	EQUIFAX INC 5.1% 12/15/2027-2027	77,700	77,437
	EVERSOURCE ENERGY 3.45%	149,972	143,520
	EXTRA SPACE STORAGE 3.875% 12/15/2027	42,964	43,982
	EXXON MOBIL CORPORATION 4.114%	224,930	206,833
	Meta Platforms Inc	97,545	89,978
	META PLATFORMS INC 5.4% 08/15/2054	100,036	96,837
	FIRSTCASH HOLDINGS 6.875% 03/01/2032	43,000	43,175
	FLAGSTAR MORTGAGE TRUST	70,235	71,098

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	FLORIDA PWR & LT CO SR GLBL FL	229,298	218,187
	FLORIDA PWR & LT CO SR GLBL FL	655,860	610,883
	FORD MOTOR 6.1% 08/19/2032	64,503	64,685
	Freedom Mortgage Corporation	43,910	44,237
	GS MORTGAGE-BACKED SECURITIES	69,001	67,166
	GM FINANCIAL CONSUMER 5.25% 12/18/2028	194,200	196,004
	GENERAL MTRS FINL CO INC 3.6%	22,689	22,917
	GENERAL MTRS FINL 5.8% 06/23/2028	151,550	153,000
	GENERAL MTRS FINL 5.75% 02/08/2031	46,166	46,606
	GEORGIA PWR CO 4.75% 09/01/2040	209,360	204,953
	GOLDMAN SACHS GROUP INC 6.75%	242,163	235,523
	GOLDMAN SACHS GROUP INC 3.814%	177,532	179,855
	GOLDMAN SACHS GROUP INC SNR NTS	852,982	812,523
	GOLDMAN SACHS GROUP INC 1.948%	181,134	187,858
	GOLDMAN SACHS GROUP INC 2.65%	100,831	102,273
	GOLDMAN SACHS GROUP INC 2.64%	50,764	52,457
	GOLDMAN SACHS GROUP INC 3.102%	220,242	210,296
	GOLDMAN SACHS GROUP INC 4.017%	52,342	50,809
	GREAT WOLF TRUST VAR 03/15/2039	99,750	100,750
	HCA INC 4.5% 02/15/2027-2026	89,928	90,144
	HCA INC 5.5% 06/15/2047-2046	179,301	169,794
	HCA INC 5.875% 02/01/2029-2028	60,903	60,218
	HCA INC 5.375% 09/01/2026-2026	48,220	48,144
	HCP INC SR NT 6.75%	89,178	86,545
	HEWLETT PACKARD ENTERPRISE CO	263,812	254,266
	HEWLETT PACKARD 4.55% 10/15/2029	74,921	73,109
	HOME DEPOT INC SR NT 5.95%	116,371	110,243
	HOME DEPOT INC 3.35%	103,374	92,721
	HUNTINGTON BANCSHARES VAR 11/18/2039	81,578	80,895
	INVITATION HOMES OPER 4.875% 02/01/2035	101,821	97,440
	JBS USA LUX S A / JBS USA FOOD SR GLBL	76,284	75,008
	JPMORGAN CHASE & CO 5.5%	233,789	223,875
	JPMORGAN CHASE & CO 3.54%	107,842	109,799
	JPMORGAN CHASE & CO	311,713	302,882
	JPMORGAN CHASE & CO 4.005%	38,597	38,782
	JPMORGAN CHASE & CO 1.045%	100,937	105,507

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	JPMORGAN CHASE & CO 2.525%	243,929	233,082
	JPMORGAN CHASE & CO 1.953%	48,774	49,732
	JPMORGAN CHASE & CO SR 0.00% 04/24/2034	40,217	39,972
	JPMCC COML MTG SECS TR 2017-JP5	56,323	58,052
	JANE STR GROUP 7.125% 04/30/2031	62,000	63,716
	JEFFERSON CAPITAL 9.5% 02/15/2029	52,000	55,084
	JOHNSON & JOHNSON 3.55%	439,527	414,784
	KIMBERLY CLARK CORP 5.3%	280,886	264,857
	KIMCO 4.45% 09/01/2047-2047	140,325	140,097
	KIMCO 3.7% 10/01/2049-2049	63,394	61,677
	KIMCO RLTY OP LLC SR 4.85% 03/01/2035	97,585	95,235
	KYNDRYL HOLDINGS INC 3.15%	64,111	67,636
	LPL HLDGS INC SR NT 5.7% 05/20/2027	65,170	65,783
	ELI LILLY 5.00% 02/09/2054	64,630	59,736
	ELI LILLY & CO SR 5.05% 08/14/2054	119,540	111,157
	LOWES COMPANIES INC 5.625%	173,978	168,173
	MERCK & CO INC 3.7%	141,268	131,651
	MERCK & CO INC 2.75%	120,000	109,089
	MICROSOFT CORP 4.2%	107,290	102,274
	MICROSOFT CORP 2.675%	136,807	120,062
	MICROCHIP TECHNOLOGY INC	108,886	108,612
	MICRON TECHNOLOGY INC 6.75%	82,702	79,851
	MIDAMERICAN ENERGY CO 4.8%	752,752	718,304
	MOODY'S CORPORATION 3.1%	74,363	65,574
	MYLAN N V 3.95% 06/15/2026-2026	78,090	79,714
	MYLAN N V 5.25% 06/15/2046-2045	174,871	176,816
	NYU HOSPS CTR 4.368%	149,810	140,595
	NATIONAL RURAL UTILS COOP FIN	164,652	153,552
	NATIONSTAR MTG HLDGS INC	64,756	65,810
	NEW YORK & PRESBYTERIAN HOSP	70,332	64,633
	NORFOLK SOUTHERN CORP 4.1%	114,014	103,800
	NORFOLK SOUTHN CORP SR 5.55% 03/15/2034	26,404	25,501
	NORTHERN TRUST CORP 6.125%	16,103	15,824
	NVIDIA CORP 3.5% 04/01/2050-2049	45,893	40,870
	OBX TRUST 09/25/2064	96,214	94,867
	ONCOR ELEC DELIVERY CO LLC 3.7%	481,980	480,815

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	ORACLE CORPORATION 5.375%	112,994	110,725
	ORACLE CORPORATION 2.95%	54,153	54,163
	ORACLE CORPORATION 3.6%	100,912	96,684
	ORACLE CORPORATION 2.3%	52,021	52,696
	PECO ENERGY 4.15%	225,118	213,842
	PG&E WILDFIRE RECOVERY 5.099%	283,368	283,131
	PNC FINL SVCS GROUP INC 3.4%	74,206	77,903
	PNC FINL SVCS GROUP INC	55,590	55,472
	PNC FINL SVCS GROUP VAR 05/14/2030	40,268	40,564
	PRA GROUP INC PP 144A 5%	68,493	75,923
	PEPSICO INC 2.75%	639,477	561,222
	PFIZER INVT ENTERPRISES SR GLBL NT 6	45,432	41,307
	PG&E ENERGY RECOVERY FND 2.822%	208,429	203,270
	PHILIP MORRIS INTL INC 4.25%	90,038	85,954
	PHILLIPS 66 CO.	95,240	92,483
	PIEDMONT NATURAL GAS CORP - NY	199,468	188,607
	PRIMERICA INC 2.8%	140,413	142,063
	PROGRESSIVE CORP 3.7% 03/15/2052	403,345	369,410
	PRUDENTIAL FINL INC JR SB GLBL	196,078	182,914
	PRUDENTIAL FINL INC JR SB GLBL	90,489	82,918
	PRUDENTIAL FINANCIAL INC 5.625%	229,457	222,478
	PUBLIC SVC CO COLORADO 3.8%	178,344	166,867
	PUGET SOUND ENERGY INC 2.893%	101,274	94,654
	QUICKEN LNS LLC/QUICKEN LNS CO-I	67,545	66,219
	RCKT MORTGAGE TRUST VAR 11/25/2043	116,434	116,172
	RADIAN GROUP INC SR 6.2% 05/15/2029	86,951	88,256
	RAYMOND JAMES FINL INC 4.95%	209,900	201,953
	RAYTHEON NT 4.875% 10/15/2040	662,963	644,756
	RTX Corporation	176,058	163,630
	RTX CORPORATION SR 5.75% 01/15/2029	48,895	48,519
	REALTY INCOME CORP 4.00% 07/15/29	62,087	67,318
	REGIONS FINANCIAL VAR 06/06/2030	104,636	106,452
	REINSURANCE GROUP 5.75% 09/15/2034	14,956	15,118
	RETAINED VANTAGE DATA	125,012	121,174
	RIO TINTO 2.75% 11/02/2051-2051	185,586	167,714
	SABINE PASS LIQUEFACTION LLC	50,900	50,476

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	SABINE PASS LIQUEFACTION LLC	92,841	92,025
	SCHWAB CHARLES CORP 4%	116,745	124,769
	SCHWAB CHARLES CORP VAR 05/19/2034	41,999	41,174
	SELECTIVE INSURANCE GROUP INC	173,259	164,676
	SEMPRA ENERGY 4% 02/01/2048-2047	313,129	291,091
	SHELL INTL FIN B V US822582AT91	92,888	85,664
	SIMON PPTY GROUP LP SR 6.65% 01/15/2054	121,295	114,641
	SKYMILES IP LIMITED DELTA AIR LI	103,266	103,566
	SOUTHERN CAL EDISON 4.125%	92,335	85,590
	SOUTHERN CAL EDISON 3.65%	133,548	124,999
	SOUTHERN CO SR 2021C FL NT23	185,823	189,022
	SOUTHERN CO SR 5.7% 03/15/2034	126,182	122,477
	SOUTHWESTERN ELEC 3.25%	80,862	75,978
	SOUTHWESTERN ENERGY CO 4.75%	54,934	53,056
	STATE STR CORP SR GLBL VAR 03/30/2031	26,846	27,484
	STONEX GROUP INC SR 7.875% 03/01/2031	52,650	54,382
	SYSCO 6.6% 04/01/2050-2049	253,331	236,768
	T-MOBILE USA INC 3.75%	103,783	104,535
	T-MOBILE USA INC 3.875%	79,613	79,043
	T MOBILE USA INC 4.70% 01/15/2035	75,888	71,882
	TARGET CORP 2.95%	539,901	481,199
	TARGA RES CORP SR 5.5% 02/15/2035	67,153	65,916
	TEXAS INSTRS INC 4.15%	816,084	731,205
	3M CO 3.05% 04/15/2030-2030	45,066	45,840
	THE TORONTO-DOMINION BANK 4.693%	64,259	64,856
	TOTALENERGIES CAP	65,000	62,297
	TOWD POINT MORTGAGE VAR 09/25/2064	94,393	93,494
	TOYOTA MTR CR CORP FR 4.55%	15,015	14,999
	TOYOTA MTR CR CORP 4.35% 10/08/2027	39,969	39,720
	TRUIST FINL CORP VAR 10/30/2029	190,189	191,405
	US BANCORP DEL 3.7%	66,091	69,040
	UNITED PARCEL SERVICE 5.3%	274,600	248,417
	US BANCORP 2.491%	53,974	56,697
	US BANCORP FR VAR 06/12/2034	72,206	71,358
	UNITED WHOLESAL MORTGAGE LLC PP	78,524	79,950
	UNITEDHEALTH GROUP INC 5.8%	65,552	61,900
	UNITEDHEALTH GROUP INC 4.75%	52,427	47,578
	UNITEDHEALTH GROUP INC 4.75%	177,852	158,508

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	VALERO ENERGY CORP 6.625%	147,982	141,607
	VENTURE GLOBAL LNG INC 9.5% 02/01/2029	55,025	57,474
	VERIZON MASTER TR 2023 6.33% 11/20/2029	76,612	76,519
	VERIZON MASTER TRUST 5.34% 04/22/2030	307,868	314,523
	VERIZON MASTER TR	155,311	154,854
	VIATRIS INC 2.7% 06/22/2030-2030	134,557	134,456
	VISA INC 2% 08/15/2050-2050	555,750	485,298
	VMWARE INC 3.9% 08/21/2027-2027	180,433	181,793
	WAL-MART STORES INC 4.5%	92,513	82,867
	WELLS FARGO & CO VR 4.9%	353,987	338,289
	WELLS FARGO MORTGAGE BACKED SECU	87,871	88,296
	WELLS FARGO COML MTG TR 2015-C29	82,253	84,467
	WELLS FARGO & CO SR NT 2.393%	120,903	124,322
	WELLS FARGO & CO SR NT 4.808%	130,268	131,531
	WELLS FARGO & CO VAR 07/25/2029	157,136	158,387
	WELLS FARGO & CO VAR 01/23/2035	128,845	125,465
	WELLS FARGO CO NEW	49,000	50,575
	WESLEYAN UNIV CONN 4.781%	119,179	113,379
	WILLIS GROUP N AMERICA 4.65%	19,962	19,952
	WINDSTREAM SVCS LLC 8.25% 10/01/2031	54,243	53,707
	WYETH 5.95% 04/01/2037	143,036	135,714
	XCEL ENERGY INC 3.5%	100,968	96,352
	Total Corporate Debt Securities	<u>43,337,132</u>	<u>41,736,691</u>
Comerica Bank	Private Credit Fund- Carlyle Tactical Private Credit	<u>20,260,506</u>	<u>20,600,913</u>
Comerica Bank	Partnerships Publicly Traded - Enterprise Products Partners LP	<u>1,462,346</u>	<u>1,740,386</u>
Comerica Bank	Real Estate Investment Trusts:		
	AGREE REALTY CORP	252,355	250,872
	EXTRA SPACE STORAGE INC	1,256,948	1,201,438
	LAMAR ADVERTISING CO NEW - A	1,278,442	1,464,410
	RYMAN HOSPITALITY PPTYS INC	678,587	612,476

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	SIMON PROPERTY GROUP INC	1,095,374	1,038,599
	Total Real Estate Investment Trusts	<u>4,561,706</u>	<u>4,567,795</u>
Comerica Bank	Real Estate Investment Funds:		
	American Core Realty Fund	25,537,360	21,933,934
	Jones Lang Lasalle Income Property Trust	30,273,116	23,798,992
	Total Real Estate Investment Funds	<u>55,810,476</u>	<u>45,732,926</u>
Comerica Bank	Partnerships/hedge funds:		
	Entrust Special Opportunities Fund III LTD Class C	5,924,284	7,054,597
	Goldman Sachs Vintage Ix	5,247,687	8,875,019
	Entrust Special Opportunities Fund III Series H	7,517,717	8,723,433
	KKR Global Infrastructure	21,304,502	23,996,647
	Carlyle Strategic Partners Iv Lp	20,299,058	20,316,592
	Cion Ares Diversified Credit	8,693,769	8,996,191
	Pimco Flexible Income Fd Lp	62,685,631	64,794,378
	Total Partnerships/hedge funds	<u>131,672,648</u>	<u>142,756,857</u>
	Total	<u>497,664,771</u>	<u>510,494,905</u>