

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.)
 - 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

1a Name of plan <u>UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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 ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE</u> <u>C/O GROOM LAW GROUP, CHARTERED</u> <u>1701 PENNSYLVANIA AVE. NW</u> <u>SUITE 1200</u> <u>WASHINGTON, DC 20006</u>	1c Effective date of plan <u>08/01/2010</u> 2b Employer Identification Number (EIN) <u>27-1401289</u> 2c Plan Sponsor's telephone number <u>248-813-9800</u> 2d Business code (see instructions) <u>336100</u>

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.	10/14/2025	SUZANNE DANIELS
	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

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

Form 5500 (2024)
v. 240311

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	482
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	468
	6c	0
	6d	468
	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 4D 4E 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>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE</p>	<p>D Employer Identification Number (EIN) 27-1401289</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF MICHIGAN

(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
38-2069753	54291	51644/601	618	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
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(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) ▶

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	3217971
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE</p>	<p>D Employer Identification Number (EIN) 27-1401289</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(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
06-1227840	39616	30021577	467	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	

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	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) ▶

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		33222
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.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE</p>	<p>D Employer Identification Number (EIN) 27-1401289</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3333797	623	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
---	--------------------------------------

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

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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)		
(2) Dividends and credits.....			
(3) Interest credited during the year.....			
(4) Transferred from separate account			
(5) Other (specify below)..... ▶			
(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)
	(2) Administration charge made by carrier.....		7e(2)
	(3) Transferred to separate account		7e(3)
	(4) Other (specify below)..... ▶		7e(4)
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	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) ▶

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	250000
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.		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE	D Employer Identification Number (EIN) 27-1401289	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BLACKROCK INVESTMENTS, LLC **1 UNIVERSITY SQUARE DRIVE**
PRINCETON, NJ 08540

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

CARLYLE STRATEGIC PARTNERS IV, L.P.

98-1437574

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

FIDELITY BROKERAGE SERVICES LLC **900 SALEM STREET**
SMITHFIELD, RI 02917

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

98-1471108

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

MCMORGAN & COMPANY, LLC

52-2334338

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

PIMCO

33-0629048

(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

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

(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)

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	75990	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)

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	69375	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)

BENESYS INC.

38-2383171

(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 14 15 36 50 64 99	NONE KNOWN	57759	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)

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	51448	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	32258	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)

CIGNA HEALTH AND LIFE INS. CO.

59-1031071

(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 31 38 49 50 56 62	NONE KNOWN	26060	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	25016	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	21890	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	13198	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)

REINHART PARTNERS, INC.

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	11478	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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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	8502	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)

VISION SERVICE PLAN

06-1227840

(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 15 50	NONE KNOWN	8354	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	NONE KNOWN	8187	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)

SMART SOURCE LLC

30-0830429

(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	6804	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)

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	5438	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 ST. JOSEPH RETIREES HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE	D Employer Identification Number (EIN) 27-1401289

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	1083704	1104863
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	272261	266999
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3305654	833534
(2) U.S. Government securities	1c(2)	8235210	7793991
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	13291834	14206281
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6241391	7269784
(5) Partnership/joint venture interests	1c(5)	11316988	12385177
(6) Real estate (other than employer real property)	1c(6)	325384	534593
(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)	20872589	20939028
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	17684830	18409412

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	82629845	83743662
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3716775	49821
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3716775	49821
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	78913070	83693841

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5371	
(B) U.S. Government securities.....	2b(1)(B)	204296	
(C) Corporate debt instruments.....	2b(1)(C)	699445	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1236894	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2146006
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	139620	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1349883	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1489503
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11774354	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11060972	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		713382
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3716727	
(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)		671375
c Other income	2c		7702
d Total income. Add all income amounts in column (b) and enter total.....	2d		8744695

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)	3217971	
(3) Other.....	2e(3)	283222	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3501193
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)	92173	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75990	
(5) Investment advisory and investment management fees	2i(5)	168015	
(6) Bank or trust company trustee/custodial fees	2i(6)	7953	
(7) Actuarial fees	2i(7)	51448	
(8) Legal fees	2i(8)	21890	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	15188	
(11) Other expenses.....	2i(11)	30074	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		462731
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3963924

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4780771
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		30528921
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 St. Joseph Retirees Health and Welfare Plan

Financial Report
December 31, 2024

UAW St. Joseph Retirees Health and Welfare Plan

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Independent Auditor's Report

To the Committee Members
UAW St. Joseph Retirees Health and Welfare Plan

Opinion

We have audited the financial statements of UAW St. Joseph Retirees Health and Welfare Plan (the "Plan"), 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 plan benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and changes in plan 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 net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023 and the changes in net assets available for benefits and plan benefit obligations 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 Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As explained in Note 4, the financial statements include investments valued at approximately \$30,500,000 (36 percent of net assets) at December 31, 2024 and approximately \$29,000,000 (36 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 the 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 Plan'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 Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

To the Committee Members
UAW St. Joseph Retirees Health and Welfare Plan

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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by 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 Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the 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 then ended 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan'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 13, 2025

UAW St. Joseph Retirees Health and Welfare Plan

Statement of Net Assets Available for Benefits

	December 31, 2024 and 2023	
	2024	2023
Assets		
Investments at fair value:		
Money market fund	\$ 833,534	\$ 3,305,654
Mutual funds	20,939,028	20,872,589
Government securities	7,793,991	8,235,210
Corporate stocks	7,269,784	6,241,391
Debt securities	11,734,171	11,064,432
Real estate investments	534,593	325,384
Private credit fund	2,472,110	2,227,402
Partnerships/hedge funds	23,535,746	21,493,977
Real estate funds	6,993,175	7,278,869
Total investments	82,106,132	81,044,908
Accrued income	266,999	272,261
Cash	1,104,863	1,083,704
Other assets	265,668	228,972
Total assets	83,743,662	82,629,845
Liabilities		
Due to broker for securities purchased	-	3,680,675
Other payables	49,821	36,100
Total liabilities	49,821	3,716,775
Net Assets Available for Benefits	\$ 83,693,841	\$ 78,913,070

UAW St. Joseph Retirees Health and Welfare Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to Net Assets		
Investment income (loss):		
Interest and dividends	\$ 3,635,509	\$ 3,615,757
Net realized and unrealized gains (losses) on investments	<u>5,109,186</u>	<u>(2,020,532)</u>
Total additions to net assets	8,744,695	1,595,225
Deductions from Net Assets		
Claims	283,222	260,402
Premiums	3,217,971	2,356,628
Expenses:		
Administrative and operating expenses	307,915	268,566
Investment advisory and management fees	<u>154,816</u>	<u>153,195</u>
Total deductions from net assets	<u>3,963,924</u>	<u>3,038,791</u>
Net Increase (Decrease)	4,780,771	(1,443,566)
Net Assets Available for Benefits		
Beginning of year	<u>78,913,070</u>	<u>80,356,636</u>
End of year	<u>\$ 83,693,841</u>	<u>\$ 78,913,070</u>

UAW St. Joseph Retirees Health and Welfare Plan

Statement of Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Postretirement Benefit Obligations		
Current retirees	\$ 53,787,375	\$ 54,077,390
Other participants fully eligible for benefits	-	-
Other participants not fully eligible for benefits	-	-
Total Plan Benefit Obligations	<u>\$ 53,787,375</u>	<u>\$ 54,077,390</u>

UAW St. Joseph Retirees Health and Welfare Plan

Statement of Changes in Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Postretirement Benefit Obligation		
Balance - Beginning of year	\$ 54,077,390	\$ 45,171,147
Increase (decrease) during the year attributable to:		
Interest due to the decrease in the discount period	2,450,585	2,138,230
Change in plan design	1,738,463	10,715,802
Change in actuarial assumptions	(1,746,518)	1,797,463
Benefits and administrative expenses paid	(3,809,108)	(2,885,596)
Actuarial experience	1,076,563	(2,859,656)
	<u>(290,015)</u>	<u>8,906,243</u>
Net (decrease) increase		
	<u>\$ 53,787,375</u>	<u>\$ 54,077,390</u>
Total Plan Benefit Obligations at End of Year		

December 31, 2024 and 2023

Note 1 - Plan Description

The following description of UAW St. Joseph Retirees Health and Welfare Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

UAW St. Joseph Retirees Health and Welfare Plan was established in December 2009 as a result of a court-approved settlement between the Local Union No. 383 of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (collectively, UAW) with Robert Bosch LLC (Bosch). The Plan provides health and welfare benefits to retirees who ended their employment at Bosch's St. Joseph, Michigan plant (Chassis Systems Full Brakes, North America) represented by a bargaining unit and surviving spouses and dependents who may be entitled to such benefits through their relationship with such retirees.

The Plan's assets are held in a voluntary employee beneficiary association trust (the "VEBA Trust"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan provides for medical (including prescription drug), dental, and vision benefits for eligible employees, their spouses, and eligible dependents of Bosch, who, as of December 31, 2009, were retired from Bosch and eligible for retiree medical benefits from the Bosch plan, which was maintained pursuant to collective bargaining agreements between UAW and Bosch and in effect as of February 1, 2009.

Health and Welfare Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, dental, and vision) to eligible participants.

Termination

The Plan 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 Plan, the assets of the Plan 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 ERISA, for the benefit of participants in such fashion as the committee determines.

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 Plan's investments are stated at fair value.

The partnerships/hedge funds and real estate funds are valued at net asset value (NAV) per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. The government securities and 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 based on the underlying NAV of its outstanding shares. The NAV for this fund has a readily determinable fair value. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

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 Benefit Obligation

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to retirees' service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for currently retired employees and their beneficiaries and dependents. The postretirement benefit obligation represents the amount that is to be funded by existing plan assets and projected investment income.

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

Discount rate	5.40 percent and 4.70 percent for 2024 and 2023, respectively
Mortality	For 2024 and 2023: Pri-2012 Blue Collar Sex-Distinct Annuitant Mortality Table projected with Projection Scale MP-2021 was used for healthy participants, and Pri-2012 Blue Collar Contingent Survivor Table projected with Projection Scale MP-2021 was used for current surviving spouses.
Change in medical costs	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. The annual rate of increase for 2024 medical and dental/vision costs was 7.10 percent and 4.00 percent, respectively, decreasing for medical and dental/vision to an ultimate rate of 3.70 percent in 2074 and after. The annual rate of increase for 2023 medical and dental/vision costs was 8.60 percent and 4.00 percent, respectively, decreasing for medical and declining for dental/vision to an ultimate rate of 3.70 percent in 2074 and after.

Other Changes

The decrease in the postretirement benefit obligation related to the change in actuarial assumptions of \$1,746,518 for 2024 was the result of a change in the discount rate and the medical trend rate to better reflect anticipated fund experiences. The increase of \$1,797,493 for 2023 was the result of a change in the discount rate, legislative impact of the Inflation Reduction Act, and a change in the medical trend rate to better reflect anticipated fund experiences. The increase in postretirement benefit obligation related to the change in plan design of \$1,738,463 for 2024 was the result of an increase in reimbursement amount of Part B premiums for Medicare-eligible members.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by 1 percentage point, it would increase the obligation as of December 31, 2024 and 2023 by \$3,991,328 and \$4,387,381, respectively.

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

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefit Payments

Claims and premiums are recorded when paid.

Risks and Uncertainties

The postretirement benefit obligation is 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. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

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 13, 2025, which is the date the financial statements were available to be issued.

Note 3 - Tax Status

The VEBA Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (the "Code"), and, accordingly, the VEBA Trust's net investment income is generally exempt from income taxes. The VEBA Trust has obtained a favorable tax exemption letter from the Internal Revenue Service, and the plan sponsor and committee members of the Plan believe that the VEBA 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 Plan 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.

UAW St. Joseph Retirees Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

Level 3

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

In instances 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 Plan'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 Plan's assets measured at fair value on a recurring basis 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	\$ 833,534	\$ 833,534	\$ -
Mutual funds	20,939,028	20,939,028	-
Government securities	7,793,991	-	7,793,991
Corporate stocks	7,269,784	7,269,784	-
Debt securities	11,734,171	-	11,734,171
Private credit fund	2,472,110	-	2,472,110
Real estate investments	534,593	534,593	-
Total	51,577,211	\$ 29,576,939	\$ 22,000,272
Investments measured at NAV:			
Real estate funds	6,993,175		
Partnerships/hedge funds	23,535,746		
Total investments	\$ 82,106,132		
Assets Measured at Fair Value on a Recurring Basis at December 31, 2023			
Investments (at Fair Value)	Level 1	Level 2	
Money market fund	\$ 3,305,654	\$ 3,305,654	\$ -
Mutual funds	20,872,589	20,872,589	-
Government securities	8,235,210	-	8,235,210
Corporate stocks	6,241,391	6,241,391	-
Debt securities	11,064,432	-	11,064,432
Private credit fund	2,227,402	-	2,227,402
Real estate investments	325,384	325,384	-
Total	52,272,062	\$ 30,745,018	\$ 21,527,044
Investments measured at NAV:			
Real estate funds	7,278,869		
Partnerships/hedge funds	21,493,977		
Total investments	\$ 81,044,908		

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

Investments in Entities that Calculate Net Asset Value per Share

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

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

	December 31, 2024	December 31, 2023		Redemption Frequency, if Eligible	Redemption Notice Period
	Fair Value	Fair Value	Unfunded Commitments		
Partnerships/hedge funds:					
Pimco Flexible Income Fund (1)	\$ 6,820,460	\$ 5,922,027	\$ -	Quarterly	30 days
Goldman Sachs Vintage IV (2)	1,420,002	325,411	3,211,147	Nonredeemable	Nonredeemable
McMorgan Infrastrucuter Fund (2)	9,656,613	9,719,561	3,817,591	Nonredeemable	Nonredeemable
Carlyle Strategic Partners IV (2)	3,250,566	3,276,310	698,044	Nonredeemable	Nonredeemable
Entrust Special Opportunities Fund III (2)	1,308,562	1,272,016	-	Nonredeemable	Nonredeemable
All other (1)	1,079,543	978,652	-	Quarterly	30 days
Real estate funds (3)	6,993,175	7,278,869	-	Quarterly	10 days to 30 days
Total	<u>\$ 30,528,921</u>	<u>\$ 28,772,846</u>	<u>\$ 7,726,782</u>		

- (1) This class represents investment in an actively managed closed-end registered hedge fund that has invested primarily in publicly traded equity securities.
- (2) This class represents investments in actively managed partnerships that invest primarily in common stock and other publicly traded equity securities.
- (3) This class represents investments in actively managed daily valued perpetual-life REIT that owns and manages a diversified portfolio of industrial, office, residential, retail, and other properties located in the United States.

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.)
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 ST. JOSEPH RETIREES HEALTH & WELFARE TRUST	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 08/01/2010
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) UAW ST. JOSEPH RETIREES HEALTH & WELFARE TRUST COMMITTEE c/o GROOM LAW GROUP, CHARTERED 1701 PENNSYLVANIA AVE. NW SUITE 1200 WASHINGTON DC 20006	2b Employer Identification Number (EIN) 27-1401289 2c Plan Sponsor's telephone number 248-813-9800 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.

SIGN HERE		10/13/25	SUZANNE DANIELS PH.D
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">482</td> </tr> </table>	5	482																															
5	482																																	
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">468</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">468</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> </tr> </table>				6a(1)		0	6a(2)		0	6b		468	6c		0	6d		468	6e			6f			6g(1)			6g(2)			6h		
6a(1)		0																																
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6d		468																																
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).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td></td> </tr> </table>	7																																
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 4D 4E 4U

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

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

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

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

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

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

Receipt Confirmation Code _____

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Reportable Transactions

**Form 5500, Schedule H, Line 4j
 EIN 27-1401289, 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 (Loss)
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 Government Institutional Fund:					
	Purchases - 563	\$ 10,677,142	\$ -	\$ 10,677,142	\$ 10,677,142	\$ -
	Sales - 214	-	13,083,551	13,083,551	13,083,551	-

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

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
 EIN 27-1401289, 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	\$ 833,534	\$ 833,534
Comerica Bank	Mutual funds:		
	Fidelity 500 Index Fund-AI	2,376,365	3,308,927
	Ishares Tr Core Russell U.S. VA	713,992	1,444,034
	Pimco Income Fund	11,689,350	10,609,493
	Putnam Putman Funds Trust	3,281,856	3,311,581
	Putnam Ultra Short Duration	564,802	570,237
	Vanguard Ftse Developed Dev Mkt	1,552,374	1,694,756
	Total mutual funds	\$ 20,178,739	\$ 20,939,028
Comerica Bank	Government Securities:		
	Baylor Univ Tex Taxable-Ser A	55,000	46,611
	California St Univ Rev Taxable	15,000	10,391
	Colorado Health Facs Auth Rev	90,113	71,818
	Federal Natl Mtg Assn 3.500	140,236	133,868
	Federal Natl Mtg Assn 3.500	137,130	131,019
	Federal Natl Mtg Assn 4.000	131,583	126,067
	Federal Natl Mtg Assn 4.500	81,524	79,379
	Federal Natl Mtg Assn 5.000	103,895	103,356
	Federal Natl Mtg Assn 5.000	32,088	31,802
	Federal Natl Mtg Assn Pool Nbr	3,174	3,061
	Fhlmc 3.542% 03/25/2034	56,644	49,060
	Fhlmc Pool #Ra-9475 5.00% 07/01/2053	37,575	37,338
	Fhlmc Pool #Sd-3977 5.00% 04/01/2053	74,432	73,125
	Fhlmc Pool #Sd8342 5.50% 07/01/2053	75,677	74,419
	Fhlmc Pool #Sd-8382 5.00% 12/01/2053	32,401	32,148
	Fhlmc Pool #Sd-8394 5.00% 01/01/2054	74,322	73,460
	Fnma Pass-Thru I Mbs 3.5%	139,907	134,757
	Fnma Pool #Cb6475 5.00% 06/01/2053	127,784	126,451
	Fnma Pool #Fs6668 5.5% 12/01/2053	47,328	46,960
	Fnma Pool #Fs6866 5.00% 10/01/2053	75,604	74,364

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-1401289, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Fnma Pool #Ma5189 5.00% 11/01/2053	111,773	109,378
	Fnma Pool #Ma5215 5.5% 12/01/2053	82,037	81,177
	Fnma Pool #Ma5245 5.00% 01/01/2054	73,841	73,404
	Fnma Pool #Ma5352 5.00% 05/01/2054	80,169	78,972
	Newport News Va Economic Dev	60,600	56,730
	Peru Rep Glbl Bd 5.875% 08/08/2054	4,955	4,764
	Pg&E Wildfire Recovery 5.099%	47,228	47,189
	Republica Oriental Del Uruguay	19,932	18,339
	Toronto Dominion Bk Ont Lw Tier li	25,000	24,459
	U S Treasury Note 0.00% 04/30/2029	226,160	226,146
	United Mexican Sts Medium Term	38,019	28,833
	United States Treas	110,489	94,428
	United States Treas 0% Nts	64,884	63,662
	United States Treas 0.00% 11/15/2027	253,475	251,884
	United States Treas 0.25% Pidi	80,151	82,784
	United States Treas 1.875% Nts	91,750	84,109
	United States Treas 3.25% Nts	78,976	77,293
	United States Treas Bds	92,108	84,611
	United States Treas Bds	52,693	50,174
	United States Treas Bds	19,023	19,089
	United States Treas Bds	10,082	9,716
	United States Treas Bds	4,721	4,566
	United States Treas Bds 0% Bds	41,010	27,577
	United States Treas Bds 0% Pidi	432,736	300,715
	United States Treas Bds 1.75%	268,517	207,210
	United States Treas Bds 2% Bds	36,689	26,857
	United States Treas Bds 2.25%	351,219	338,919
	United States Treas Bds 2.25%	42,723	42,774
	United States Treas Bds 2.75%	42,434	37,367
	United States Treas Bds 2.875%	82,708	69,933
	United States Treas Bds 3.125%	569,838	429,209
	United States Treas N0Te	267,265	266,728
	United States Treas Nts	475,363	470,193
	United States Treas Nts	55,009	54,989
	United States Treas Nts	24,429	24,349
	United States Treas Nts	10,018	9,886
	United States Treas Nts 05/15/2034	62,745	59,078

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-1401289, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	United States Treasury Bill	118,353	119,731
	United States Treasury Note	349,810	349,908
	United States Treasury Note	254,387	253,100
	United States Treasury Note	53,581	52,005
	United States Treasury Note	44,902	44,433
	United States Treasury Notes	260,874	262,300
	United States Treasury Notes	131,798	129,896
	United States Treasury Note	105,320	105,563
	Us Treasury Note 0.00% 03/31/2029	236,583	236,651
	Us Treasury Note 0.00% 08/15/2033	192,095	193,199
	Us Treasury Note 0.00% 08/15/2033	112,152	109,448
	Us Treasury Note 02/15/2034	217,585	212,534
	Us Treasury Note 06/30/2029	152,071	151,158
	Us Treasury Note 3.75% 05/31/2030	176,853	177,123
	Total government securities	\$ 8,328,552	\$ 7,793,991
Comerica Bank	Coporate Stocks:		
	Aar Corp	29,103	29,414
	Abbvie Inc	80,667	199,913
	Aecom Technology Corp Delaware	49,959	49,778
	Air Lease Corp	38,150	38,905
	Alight Inc Com Com Cl A	17,930	17,985
	Antero Res Corp	18,625	21,275
	Api Group Corp Com Stk	58,660	56,545
	Arcosa Inc	60,067	57,560
	Ares Management Corporation	72,952	205,709
	Avantor Inc	36,364	36,135
	Bath Body Works Inc Com	43,798	43,965
	Beacon Roofing Supply Inc	61,630	61,557
	Berkley W R	36,157	36,399
	Boot Barn Hldgs Inc	38,092	39,625
	Broadcom Inc	46,434	304,174
	Chart Inds Inc	43,510	44,657
	Check Point Software Tech Adr	35,531	36,593
	Chemed Corp	55,005	56,159

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-1401289, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Churchill Downs Inc Com	54,890	56,354
	Clean Harbors Inc	53,620	52,242
	Cme Group Inc	156,634	198,789
	Colliers Intl Group Inc	52,112	51,669
	Concentrix Corporation Com	21,772	23,625
	Conocophillips	91,320	166,407
	Core Main Inc Cl A	31,862	32,124
	Crane Nxt, Co.	31,907	32,487
	Cummins Inc	104,570	202,885
	Dana Holding Corp	30,790	30,518
	Darden Restaurants Inc	136,098	155,139
	Eagle Materials Inc	60,389	57,742
	Expedia Inc Del	41,126	42,856
	Federal Agric Mtg Corp Cl C	36,327	35,845
	Fidelis Insurance Holdings Ltd Com	37,256	38,019
	First Amern Finl Corp	49,344	49,328
	Five9 Inc	39,119	38,364
	Fluor Corp	25,274	24,759
	Gfl Environmental Inc Sub Vtg	43,038	41,957
	Healthequity Inc	45,407	47,495
	Herc Hldgs Inc	41,304	42,031
	Home Bancshares Inc	45,050	44,856
	Home Depot Inc	96,339	149,761
	Icon Plc	42,328	43,410
	Ingersoll Rand Inc Com	29,776	28,766
	Intapp Inc Com	42,486	42,363
	International Seaways Inc	19,896	21,384
	Itt Inc	68,817	68,725
	Jazz Pharmaceuticals Plc	62,593	63,053
	Jb Hunt Transportation Services	36,757	36,692
	Johnson & Johnson	179,828	176,003
	Kadant Inc	54,870	53,473
	Kbr Inc	29,538	30,877
	Keurig Dr Pepper Inc Com	142,427	137,313
	Korn Ferry Intl New	43,465	43,708
	Lantheus Hldgs Inc	44,729	43,835
	Lithia Mtrs Inc - Cl A	37,779	37,530

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 27-1401289, Plan No. 501
December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Littlefuse Inc	34,910	34,876
	Live Oak Bancshares Inc	25,749	25,312
	Moog Inc	49,788	51,966
	Morgan Stanley	140,519	209,072
	Nexstar Media Group Inc Common	34,122	33,964
	Nomad	45,846	45,407
	Northern Oil & Gas Inc Nev	25,563	25,678
	Old Rep Intl Corp	104,139	192,169
	Option Care Health Inc	37,602	38,071
	Packaging Corp Of America	41,278	40,298
	Pagerduty Inc	16,051	15,393
	Paychex Inc	139,794	193,784
	Pinterest Inc	33,813	32,799
	Post Hldgs Inc	61,557	61,122
	Procter & Gamble Co	112,054	172,512
	Prosperity Bancshares Inc	40,186	40,086
	Public Svc Enterprise Group Inc	146,899	227,701
	Pulte Homes Inc	40,668	39,531
	Reinsurance Group Of America	46,124	48,708
	Reliance Inc	36,799	36,889
	Roivant Sciences Ltd Shs	43,753	44,055
	Sensata Technologies Holding Plc	25,858	25,071
	Skechers Usa Inc Cl A	46,956	47,606
	Snap On Inc	80,237	177,209
	Ss&C Technologies Hldgs Inc	55,685	57,062
	Synnex Corp	61,225	61,455
	Talen Energy Corp Com	57,107	58,426
	Target Corp	101,905	105,576
	Technipfmc Plc	37,539	37,535
	Telephone & Data	54,149	55,702
	Tempur-Pedic Intl Inc	29,268	29,932
	Tenet Healthcare Corp	36,676	36,228
	Texas Instrs Inc	160,677	179,447
	Tidewater Inc New	22,365	24,729
	Transunion	44,805	44,594
	Travel Plus Leisure Co	43,037	43,236
	Ttm Technologies	34,702	34,353

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 27-1401289, Plan No. 501
December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Ufp Industries, Inc	44,792	43,596
	Ufp Technologies Inc	26,135	26,407
	Ugi Corp	18,373	19,055
	Unilever Plc-Sponsored Adr	149,097	178,718
	United States Cellular Corp	46,534	47,730
	United Therapeutics Corp Del	49,368	48,692
	Vistra Energy Corp	68,216	70,314
	Vontier Corporation Com	49,641	48,906
	Watsco Inc	125,555	180,078
	Weatherford International Pl	48,624	49,854
	Western Alliance Common Stock	55,665	54,719
	Western Digital Corp	54,522	49,672
	Wex Inc	43,929	45,759
	Total corporate stocks:	\$ 5,913,329	\$ 7,269,784
Comerica Bank	Debt Securities:		
	3M Co 3.05% 04/15/2030-2030	17,971	18,336
	Abbott Labs Nt 4.9%	20,489	14,001
	Abbvie Inc 4.25% 11/21/2049-2049	29,520	20,326
	Abbvie Inc 4.875%	67,501	66,447
	Abbvie Inc Sr Nt 4.95% 03/15/2031	15,165	14,997
	Adobe Inc Sr 4.95% 04/04/2034	14,971	14,877
	Aep Transmission Co Llc 3.65%	4,998	3,611
	Aflac Inc 4.75% 01/15/2049-2048	31,102	21,892
	Air Lease Corp Fr 5.2% 07/15/2031	34,594	34,582
	Air Lease Corp Fxd-Frn Tier I	16,214	16,444
	Air Lease Corporation 1.875%	28,449	29,549
	Air Lease Corporation 3%	22,537	22,569
	Air Lease Corporation 3.25%	20,007	18,461
	Alabama Pwr Co	28,996	23,828
	Alabama Pwr Co 3%	31,979	32,094
	Altria Group Inc 4.25%	23,957	19,936
	Amazon Com Inc 1.5%	14,983	12,724
	Amazon Com Inc 3.95% 04/13/2052	23,022	19,713
	Amazon Com Inc 4.05%	23,918	16,526

UAW St. Joseph Retirees Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-1401289, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Amer Water Works 3.75%	32,335	22,242
	American Express Co Var 07/28/2027	25,170	25,272
	American Intl Group Inc 4.75%	21,282	17,669
	American Wtr Cap 5.45% 03/01/2054	14,864	14,344
	Amgen Inc 2.3% 02/25/2031-2030	34,875	29,800
	Amgen Inc 4.4% 05/01/2045-2044	43,999	33,175
	Anheuser-Busch Companies Llc / A	34,177	33,198
	Anheuser-Busch Inbev Fin Inc	39,906	36,170
	Anheuser-Busch Inbev Fin Inc	29,750	28,456
	Anthem Inc 4.85% 08/15/2054-2054	41,099	33,164
	Aon Corporation / Aon Global Hol	24,622	18,341
	Aon North America Inc	31,956	32,095
	Appalachian Pwr Co 3.7%	4,970	3,471
	Appalachian Pwr Co 4.5%	14,809	14,113
	Apple Inc 1.25% 08/20/2030-2030	9,976	8,357
	Apple Inc 3.85% 08/04/2046	65,372	42,731
	Apple Inc 4.65% 02/23/2046-2045	19,885	18,286
	Arizona Pub Svc Co 3.35%	9,953	6,755
	Astrazeneca Plc 4.375%	9,907	8,474
	At&T Inc 2.25% 02/01/2032-2031	49,910	41,336
	At&T Inc 3.5% 09/15/2053-2053	13,516	11,447
	At&T Inc 4.35% 03/01/2029-2028	31,700	29,350
	Atmos Energy Corp 4.125%	25,977	20,358
	Atmos Energy Corp 4.3%	29,635	20,509
	B A T Cap Corp 5.65%	33,776	32,039
	Bank 2024-Bnk 5.716% 06/15/2057	31,929	32,073
	Bank America Corp Sub Var 08/15/2035	55,221	52,559
	Bank New York Mellon Corp 3.75%	24,381	25,517
	Bank New York Mellon Corp Medium	25,743	25,664
	Bank New York Mellon Var 07/21/2039	20,017	20,120
	Bank Nova Scotia 4.5% 12/16/2025	39,010	39,791
	Bank5 2024-5Yr8 08/17/2057	46,350	46,243
	Barrick North Amer Fin Llc 5.7%	4,173	4,906
	Bell Canada 4.464%	5,000	4,039
	Berkshire Hathaway 3.85%	15,628	15,141
	Berkshire Hathaway 3.85%	14,947	11,355
	Berkshire Hathaway 4.4%	34,351	27,258

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Berkshire Hathaway Energy Co	47,738	33,380
	Bhp Billiton Fin Usa Ltd Sr Nt 5.25%33	9,951	10,049
	Bhp Finance Usa Ltd Sr Nt 5%	19,699	14,014
	Bk Of America Corp Fr 1.734%	47,569	50,526
	Bk Of America Corp Fr 2.299%	11,895	12,505
	Bk Of America Corp Fr 2.676%	26,988	27,769
	Bk Of America Corp Fr 3.311%	25,000	18,709
	Bk Of America Corp Fr 3.419%	39,337	33,557
	Bk Of America Corp Fr 3.824%	107,666	111,702
	Bk Of America Corp Fr 4.078%	25,926	25,538
	Bk Of America Corp Fr 4.083%	27,982	19,571
	Bk Of America Corp Fr 4.271%	11,205	9,743
	Boeing Co 2.196% 02/04/2026-2023	40,956	43,641
	Boeing Co 2.196% 02/04/2026-2023	13,838	14,547
	Boeing Co 5.805% 05/01/2050-2049	5,963	4,651
	Boeing Co 5.93% 05/01/2060-2059	17,979	13,880
	Boeing Co Cr Sen Sr Glbl	5,000	5,314
	Bp Cap Markets America 3.379%	44,944	28,465
	Bristol Myers Squibb Co 2.55%	24,497	14,470
	Bristol Myers Squibb Co 3.25%	20,385	14,683
	Bristol Myers Squibb Co 3.7%	25,346	21,844
	Bristol Myers Squibb Co 4.25%	15,831	12,117
	Bristol-Myers Squibb 5.2% 02/22/2034	15,100	14,981
	Broadcom Inc 4.15%	45,179	38,275
	Broadcom Inc Pp 144A 3.75%	25,454	18,606
	Broadcom Inc Sr Nt 4.35% 02/15/2030	42,984	41,839
	Burlington Northn Santa 5.2% 04/15/54	14,992	14,116
	Burlington Northn Santa Fe Llc	39,215	30,802
	Burlington Northn Santa Fe Llc	5,255	4,915
	Campbell Soup Co 3.125%	19,946	12,877
	Canadian Natl Railway Co 2.45%	9,787	5,810
	Canadian Natural Resources Fb	10,608	8,576
	Canadian Pacific Railway Nt	23,748	20,719
	Capital One Finl Corp Glbl Flt	39,031	39,169
	Capital One Finl Corp Glbl Flt	25,762	25,979
	Capital One Finl Corp Glbl Flt	21,438	23,623
	Capital One Finl Corp Glbl Flt	19,932	19,939

UAW St. Joseph Retirees Health and Welfare Plan

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Form 5500, Schedule H, Line 4i

EIN 27-1401289, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Capital One Finl Corp Sr Var 06/08/2029	50,639	53,695
	Capital One Mul 09/17/2029	69,986	68,801
	Capital One Multi-Asset	78,738	80,009
	Caterpillar Inc 3.25%	18,969	13,884
	Caterpillar Inc Sr Nt 5.2%	14,968	14,666
	Centene Corp 4.625%	35,611	35,939
	Centerpoint Energy 3.95%	34,249	23,038
	Cheniere Corpus Christi Hldgs LI	10,015	10,054
	Chevron Corporation 2.236%	5,000	4,404
	Childrens Hosp Med Ctr 4.268%	5,000	4,312
	Cisco Sys Inc Sr 5.3% 02/26/2054	10,215	9,720
	Cisco Sys Inc Sr Nt 2.5%	9,528	9,691
	Cit Group Inc 6.125% 03/09/2028	39,170	39,093
	Citigroup Inc 1.122%	55,613	59,541
	Citigroup Inc 1.122%	17,819	19,207
	Citigroup Inc 2.666% 01/29/2031	34,887	35,390
	Citigroup Inc 3.07%	57,297	60,598
	Citigroup Inc 3.875%	16,157	16,506
	Citigroup Inc 3.98%	38,952	42,009
	Citigroup Inc 4.75% 05/18/2046	26,299	21,968
	Citigroup Inc 5.875% 02/22/2033	16,664	15,301
	Citigroup Inc Nt 5.875%	29,644	25,552
	Citigroup Inc Sub Glbl Nt Var 05/25/2034	72,672	72,330
	Citigroup Inc Sub Glbl Nt Var 05/25/2034	25,564	25,468
	Cleveland Clinic Fndtn 4.858%	19,676	12,468
	Cna Finl Corp 4.5%	49,734	49,846
	Cnh Indl Cap Llc 1.45%	27,561	29,478
	Cno Finl Group Inc 5.25%	39,707	40,711
	Cno Finl Group Inc 5.25%	39,149	34,754
	Cno Finl Group Inc 6.45% 06/15/2034	15,947	16,530
	Coca Cola Co 1.65%	14,969	12,792
	Comcast Corp 1.95%	12,023	12,547
	Comcast Corp 4.6%	18,189	13,581
	Comcast Corp 5.65% 06/15/2035	39,908	40,831
	Comcast Corp New 5.5% 05/15/2064	30,247	27,979
	Commonwealth Edison 3%	30,200	19,343
	Conocophillips Co 3.8%	9,984	7,300

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Conocophillips Co 4.025%	5,407	3,613
	Conocophillips Gtd Nt 6.5%	20,473	16,396
	Conocophillips Sr Nt	4,983	4,755
	Conocophillips Sr Nt 5.3% 05/15/2053	4,969	4,626
	Conocophillips Sr Nt 5.55% 03/15/2054	15,263	14,420
	Consolidated Edison Co 3.2%	10,000	6,539
	Consolidated Edison Co 3.35%	26,878	23,265
	Consolidated Edison Co 4.5%	4,995	4,238
	Consolidated Edison Co 6.15%	22,966	20,956
	Consumers Energy 3.5%	9,961	7,278
	Corporate Office Pptys L P 2.75%	38,540	42,683
	Corporate Office Pptys L P 2.75%	16,548	15,366
	Corporate Office Pptys L P 2.9%	24,750	27,315
	Costco Wholesale 1.75%	19,959	16,275
	Crown Castle Inc. 2.9%	24,890	17,389
	Crown Castle Inc. 4.15%	4,945	3,825
	Csx Corp Nt 4.4% 03/01/2043-2042	15,204	12,972
	Cvs Health Corp Sr 5.3% 06/01/2033	4,985	4,793
	Cvs/Caremark Corp 4.78%	9,801	8,647
	Cvs/Caremark Corp 5.05%	9,658	8,246
	Deere John Cap Corp 4.05%	29,303	29,899
	Dell Intl Llc/Emc 5.4% 04/15/2034	28,240	27,933
	Dignity Health 5.267% 11/01/2064	18,060	13,399
	Disney Walt Co New Medium Term	157,119	139,550
	Disney Walt Co New Medium Term	15,323	10,061
	Dominion Energy Inc Perp Glbl -C	17,721	13,424
	Dte Elec Co 2.25%	8,653	8,814
	Dte Elec Co 3.75%	32,858	22,580
	Dte Energy Co 4.95% 07/01/2027	15,981	16,060
	Duke Energy Carolinas Llc 2.55%	4,994	4,332
	Duke Energy Carolinas Llc 3.2%	28,347	16,659
	Duke Energy Carolinas Llc 6.05%	14,021	10,509
	Duke Energy Corp 3.4%	39,403	38,414
	Duke Energy Corp 4.5%	19,971	19,053
	Duke Energy Corp 4.5%	13,914	14,289
	Duke Energy Corp New Sr 5.75% 09/15/2033	37,971	38,960
	Duke Energy Fla Llc 3%	9,943	6,230

UAW St. Joseph Retirees Health and Welfare Plan

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Duke Energy Fla Proj Fin Llc	112,712	82,747
	Duke Energy Progress Llc 3.4%	24,309	22,385
	Eaton Corp Ohio 4.15%	14,989	14,101
	Ebay Inc Nt 4% 07/15/2042	4,951	3,976
	Ecolab Inc 2.7% 12/15/2051	67,277	67,437
	Edison International 5.75%	28,211	28,468
	Edison International 6.95%	7,411	7,475
	Elevance Health Inc 4.375%	16,649	12,091
	Eli Lilly & Co Sr 5.05% 08/14/2054	14,948	13,895
	Eli Lilly 5.00% 02/09/2054	9,943	9,190
	Emerson Electric 2.8%	24,945	15,442
	Enable Midstream Partners Lp	9,984	9,982
	Energy Transfer L P Sr 6.4% 12/01/2030	68,237	69,738
	Energy Transfer Partners L P	21,582	21,250
	Energy Transfer Partners L P Sr	24,526	22,783
	Entergy 2.8% 06/15/2030-2030	9,922	8,908
	Entergy Arkansas Llc 3.35%	4,969	3,349
	Entergy La Llc 1M Glbl Bd5.15% 9/15/2034	18,928	18,686
	Entergy La Llc 4.2%	4,965	3,942
	Entergy La Llc 5.7% 03/15/2054	9,831	9,882
	Enterprise Prods Oper Llc 6.125%	34,041	31,100
	Enterprise Ser B 5.75%	20,003	20,314
	Eog Resources Inc 4.95%	4,971	4,446
	Epr Pptys 3.75% 08/15/2029-2029	20,030	23,161
	Epr Pptys 4.5% 04/01/2025-2025	14,209	14,962
	Equifax Inc 5.1% 12/15/2027-2027	23,937	24,136
	Equinor Asa 3.7% Snr Pidi Nts	9,927	7,404
	Erac Usa Finance Co.	14,925	14,351
	Essential Utilities Inc 3.351%	5,000	3,287
	Eversource Energy 3.45%	27,558	17,086
	Exelon Corp 5.625% 06/15/2035	19,426	20,076
	Extra Space Storage 3.875% 12/15/2027	14,875	14,661
	Exxon Mobil Corporation 3.452%	15,000	10,515
	Exxon Mobil Corporation 4.114%	35,780	24,333
	Facebook Inc 3.5%	9,537	9,776
	Fedex Corp 4.55% 04/01/2046-2045	14,934	12,495
	Fedex Corp 5.25% 05/15/2050-2049	20,818	13,723

UAW St. Joseph Retirees Health and Welfare Plan

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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	156,161	145,458
	Florida Pwr & Lt Co Sr Glbl Fl	15,432	10,111
	Florida Pwr & Lt Co Sr Glbl Fl	4,996	4,751
	Fmc Corp Nt 5.65% 05/18/2033	9,999	9,892
	Ford Motor 6.1% 08/19/2032	19,847	19,903
	Ford Motor Co 6.625% 10/01/2028	17,581	15,573
	General Motors Co 4% 04/01/2025	19,763	19,951
	General Mtrs Finl 5.75% 02/08/2031	15,116	15,198
	General Mtrs Finl 5.8% 06/23/2028	47,486	47,940
	General Mtrs Finl Co Inc 3.6%	13,065	13,750
	Gilead Sciences Inc 3.5%	4,995	4,993
	Gilead Sciences Inc 4.6%	4,983	4,719
	Glencore Funding Llc Pp 144A	9,977	8,436
	Global Atlantic Finance 6.75% 03/15/2054	4,966	5,074
	Gm Financial Consumer 5.25% 12/18/2028	59,754	60,309
	Goldman Sachs Group Inc 1.431%	17,806	19,200
	Goldman Sachs Group Inc 1.948%	55,395	58,824
	Goldman Sachs Group Inc 2.65%	40,692	42,262
	Goldman Sachs Group Inc 3.102%	68,600	65,502
	Goldman Sachs Group Inc 3.814%	54,842	55,784
	Goldman Sachs Group Inc 3.814%	21,354	19,236
	Goldman Sachs Group Inc 6.75%	44,420	37,470
	Goldman Sachs Group Inc 6.75%	26,588	26,764
	Goldman Sachs Group Inc Snr Nts	30,817	29,149
	Hasbro Inc 3.5% 09/15/2027-2027	4,994	4,819
	Hca Inc 4.5% 02/15/2027-2026	19,342	19,812
	Hca Inc 4.5% 02/15/2027-2026	9,670	9,906
	Hca Inc 5.375% 09/01/2026-2026	14,966	15,045
	Hca Inc 5.5% 06/15/2047-2046	30,440	22,700
	Hca Inc 5.875% 02/01/2029-2028	18,340	18,372
	Hca Inc. Sr Nt 6.00% 04/01/2054	9,942	9,526
	Hcp Inc Sr Nt 6.75%	35,567	27,045
	Health Care Reit Nt 6.5%	16,496	16,042
	Healthcare Tr Amer Hldgs Lp	14,659	14,574
	Hewlett Packard 4.40% 09/25/2027	14,920	14,843
	Hewlett Packard 4.55% 10/15/2029	22,976	22,420
	Hewlett Packard 5.60% 10/15/2054	9,809	9,413

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Hewlett Packard Enterprise Co	39,992	31,135
	Home Depot Inc 3.125%	3,316	3,347
	Home Depot Inc 3.35%	10,803	10,457
	Home Depot Inc 3.35%	4,943	3,486
	Home Depot Inc 5.875% 12/16/2036	20,878	21,031
	Home Depot Inc Sr Nt 5.95%	19,587	15,749
	Honeywell 1.95% 06/01/2030-2030	9,989	8,634
	Honeywell 5.375% 03/01/2041	158,492	148,166
	Humana Inc Sr Nt 5.75% 04/15/2054	9,995	9,268
	Huntington Bancshares Var 11/18/2039	25,178	24,968
	Ibm Corp Nt 4% 06/20/2042	140,654	122,561
	Ibm Corp Sr Nt 5.6% 11/30/2039	18,413	17,034
	Indiana Michigan Power 4.55%	5,610	4,229
	Ingersoll Rand Inc 5.7% 06/15/2054	4,980	4,906
	Intel Corp 3.9% 03/25/2030-2029	14,969	14,054
	Interstate P & L Co 6.25%	5,859	5,283
	Invitation Homes Oper 4.875% 02/01/2035	31,634	30,273
	Jbs Usa Lux S A / Jbs Usa Food Sr	5,017	5,086
	Jbs Usa Lux S A / Jbs Usa Food Sr Glbl	23,334	22,944
	Jefferies Group Inc Sr Nt 6.5%	14,819	15,934
	Johnson & Johnson 3.7%	25,659	19,763
	Johnson & Johnson 4.5%	141,807	139,941
	Johnson Ctls Intl Plc Sr Nt	8,993	7,599
	Jpmcc Coml Mtg Secs Tr 2017-Jp5	67,017	68,148
	Jpmorgan Chase & Co 1.045%	30,084	32,910
	Jpmorgan Chase & Co 1.953%	22,426	24,866
	Jpmorgan Chase & Co 2.083%	15,734	14,871
	Jpmorgan Chase & Co 2.525%	35,842	33,780
	Jpmorgan Chase & Co 3.109%	50,000	33,094
	Jpmorgan Chase & Co 3.54%	33,299	34,008
	Jpmorgan Chase & Co 3.882%	42,890	42,659
	Jpmorgan Chase & Co 3.964%	5,204	3,910
	Jpmorgan Chase & Co 4.005%	24,123	24,238
	Jpmorgan Chase & Co 5.5%	153,482	149,250
	Jpmorgan Chase & Co Sr 0.00% 04/24/2034	25,136	24,983
	Kenvue Inc Sr Glbl Nt 5.05% 03/22/2053	9,936	9,268
	Keurig Dr Pepper Inc 4.5%	14,866	12,332

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Kimberly Clark Corp 3.1%	14,988	13,866
	Kimberly Clark Corp 5.3%	168,880	117,714
	Kimco 4.45% 09/01/2047-2047	27,897	20,603
	Kimco Rlty Op Llc Sr 4.85% 03/01/2035	30,250	29,523
	Kinder Morgan Energy Partners	10,126	10,060
	Kla-Tencor Corp 5.65%	4,988	5,142
	Kraft Heinz Foods Co 3%	13,271	12,689
	Kyndryl Holdings Inc 3.15%	19,727	20,811
	Lam Resh Corp 1.9%	9,967	8,572
	Lear Corp 3.55% 01/15/2052-2051	19,969	13,110
	Lincoln Natl Corp 4.35%	4,998	3,881
	Lockheed Martin 3.8%	10,904	7,882
	Lockheed Martin 4.5%	9,812	9,375
	Lowe's Companies Inc 4.5%	4,976	4,906
	Lowe's Companies Inc 5.625%	24,840	24,025
	Lpl Hldgs Inc Sr Nt 5.7% 05/20/2027	20,052	20,241
	Lyb International Finance Iii LI	4,924	3,745
	Marsh & McLennan 4.35%	16,831	12,528
	Massachusetts Inst Technology	5,000	2,872
	Mastercard Inc 3.35%	14,971	14,017
	Merck & Co Inc 2.75%	30,215	29,943
	Merck & Co Inc 2.75%	19,560	15,151
	Merck & Co Inc 3.7%	16,696	11,616
	Meta Platforms Inc	8,986	9,998
	Meta Platforms Inc 5.4% 08/15/2054	10,004	9,684
	Metlife Inc 5.7% 06/15/2035	10,199	10,290
	Metlife Inc Sr Nt 5.875%	105,431	102,066
	Microchip Technology Inc	33,964	33,879
	Micron Technology Inc 6.75%	25,362	24,488
	Microsoft Corp 2.675%	31,757	16,984
	Microsoft Corp 2.7%	19,958	19,958
	Microsoft Corp 2.921%	23,137	13,213
	Microsoft Corp 3.3%	9,895	9,791
	Microsoft Corp 4.2%	7,024	6,691
	Microsoft Corp Nt 5.3%	173,004	161,396
	Midamerican Energy Co 4.8%	186,812	134,682
	Midamerican Energy Hldgs 6.125%	11,142	10,516

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Molson Coors Brewing Co 4.2%	14,904	11,974
	Mondelez Intl Inc 2.75%	13,748	11,628
	Moody'S Corporation 3.1%	9,979	5,961
	Moody'S Corporation 5.25%	15,249	14,202
	Morgan Stanley 1.928%	25,000	20,448
	Morgan Stanley 4.35% 09/08/2026	9,982	9,923
	Morgan Stanley 4.457%	20,000	17,903
	Mplx Lp 4.7% 04/15/2048-2047	25,012	20,485
	Mylan N V 3.95% 06/15/2026-2026	23,532	24,603
	Mylan N V 5.25% 06/15/2046-2045	31,492	25,259
	National Rural Utils 4.8% 02/05/2027	15,019	15,045
	National Rural Utils Coop Fin	24,944	23,892
	National Rural Utils Coop Fin	32,439	20,204
	New York & Presbyterian Hosp	11,952	8,079
	New York Life Insurance Pp 144A	4,969	3,641
	Nextera Energy Cap Hldgs Inc	4,998	4,589
	Nike Inc Snr Pidi Nts 27/03/2050	9,966	7,043
	Norfolk Southern Corp 4.1%	20,351	13,840
	Norfolk Southn Corp Sr 5.55% 03/15/2034	10,013	10,200
	Northern States Power Co 1St Mtg	148,419	135,164
	Northern States Power Co 5.35%	44,607	42,226
	Northern Trust Corp 6.125%	10,691	10,549
	Northrop Grumman Corp 5.25%	19,881	18,728
	Novartis Cap Corp 4%	5,272	4,103
	Nvidia Corp 3.5% 04/01/2050-2049	9,974	7,431
	Nvidia Corp 3.5% 04/01/2050-2049	6,013	3,715
	Nyu Hosps Ctr 4.368%	40,653	29,823
	Oncor Elec Delivery Co Llc 3.7%	159,762	144,245
	Oncor Elec Delivery Co Llc 3.7%	14,956	10,951
	Oneok Inc 4.5% 03/15/2050-2049	14,978	11,771
	Oracle Corporation 2.3%	16,143	16,641
	Oracle Corporation 2.95%	31,142	27,081
	Oracle Corporation 3.6%	39,862	28,024
	Oracle Corporation 3.6%	22,072	14,713
	Oracle Corporation 4.3%	22,347	18,385
	Oracle Corporation 5.375%	16,646	14,442
	Ovintiv Inc Sr Nt 0.00% 07/15/2033	10,085	10,236

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Pacificorp 3.3% 03/15/2051-2050	14,876	9,737
	Peco Energy 1St & Ref Mtg Bd	82,529	76,936
	Pepsico Inc 1.625%	19,914	17,066
	Pepsico Inc 4.45%	18,699	12,963
	Pfizer Inc 1.7% 05/28/2030-2030	4,984	4,260
	Pfizer Inc 4% 03/15/2049-2048	11,629	7,848
	Pfizer Invt Enterprises Sr Glbl Nt 6	4,741	4,590
	Pg&E Energy Recovery Fnd 2.822%	37,998	26,635
	Philip Morris Intl Inc 2.1%	4,969	4,323
	Philip Morris Intl Inc 4.25%	14,808	12,279
	Phillips 66 Co.	11,662	11,324
	Piedmont Natural Gas Corp - Ny	26,121	26,317
	Pnc Finl Svcs Group Inc	25,268	25,215
	Pnc Finl Svcs Group Inc 3.4%	23,238	24,403
	Pnc Finl Svcs Group Var 05/14/2030	25,168	25,353
	President & Fellows Harvard Coll	5,000	3,020
	Primerica Inc 2.8%	34,226	35,087
	Primerica Inc 2.8%	9,955	8,558
	Prudential Financial Inc 5.625%	144,826	143,374
	Prudential Financial Inc 6.625%	5,526	5,491
	Prudential Finl Inc Jr Sb Glbl	24,020	22,864
	Prudential Finl Inc Jr Sb Glbl	19,225	19,852
	Prudential Finl Inc Jr Sb Glbl	11,743	11,307
	Public Service Elec & Gas 2.7%	9,959	6,097
	Public Svc Co Colorado 4.05%	14,862	11,463
	Puget Sound Energy Inc 2.893%	19,571	12,213
	Qualcomm Inc 4.5%	4,891	4,191
	Radian Group Inc Sr 6.2% 05/15/2029	24,158	24,630
	Raymond James Finl Inc 4.95%	40,905	31,415
	Realty Income Corp 4.00% 07/15/29	19,513	21,157
	Realty Income Corp Sr 3.4% 01/15/2030	25,224	23,241
	Regions Financial Var 06/06/2030	32,885	33,456
	Reinsurance 3.9% 05/15/2029-2029	20,612	19,098
	Reinsurance Group 5.75% 09/15/2034	9,971	10,079
	Republic 6.2% 03/01/2040	21,308	21,246
	Rio Tinto 2.75% 11/02/2051-2051	19,782	12,197
	Rio Tinto Gtd Nt 5.2% 11/02/2040	10,349	9,625

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	Royal Bank Of Canada	4,942	5,019
	Rtx Corporation	22,004	15,098
	Rtx Corporation	14,956	14,874
	Rtx Corporation Sr 5.75% 01/15/2029	19,766	19,614
	Sabine Pass Liquefaction Llc	28,721	29,060
	Sabine Pass Liquefaction Llc	24,829	25,237
	San Diego 1St Mtg Bd Ser LII	24,996	19,839
	Schlumberger Invt Sa	19,979	19,841
	Schwab Charles Corp 4%	36,200	38,688
	Schwab Charles Corp Var 05/19/2034	10,329	10,294
	Selective Insurance Group Inc	34,277	27,294
	Sempra Energy 4% 02/01/2048-2047	45,716	34,024
	Shell Fin Us Inc 3.25% 04/06/2050	14,667	10,106
	Shell Intl Fin B V Us822582At91	20,203	15,575
	Simon Ppty Group Lp Sr 6.65% 01/15/2054	16,014	17,808
	Snap On Inc 3.1% 05/01/2050-2049	9,886	6,618
	Southern Cal Edison 3.65%	11,447	10,714
	Southern Cal Edison 4.125%	20,007	15,562
	Southern Cal Edison 4.5%	23,575	21,869
	Southern Co Sr 2021C FI Nt23	46,849	47,990
	Southern Co Sr 5.7% 03/15/2034	37,886	38,784
	Southern Nat Gas 7.35%	6,195	5,489
	Southwest 5.125% 06/15/2027-2027	10,121	10,045
	Southwest Gas Corp 3.18%	14,997	9,473
	Southwestern 3.15%	9,914	6,477
	Southwestern Elec 3.25%	20,738	12,663
	Southwestern Energy Co 4.75%	17,348	16,755
	Stanford University 1.289%	5,000	4,607
	Starbucks Corp 2.55%	14,959	13,145
	State Str Corp Sr Glbl Var 03/30/2031	13,423	13,742
	Suncor Energy Inc New	14,821	11,124
	Sunoco Logistics Partners Operat	4,967	4,496
	Sysco 6.6% 04/01/2050-2049	28,169	27,404
	T Mobile Usa Inc 4.70% 01/15/2035	23,965	22,699
	T Mobile Usa Inc 5.25% 06/15/2055	9,978	9,082
	Tampa Electric 2.4%	4,984	4,274
	Targa Res Corp Sr 5.5% 02/15/2035	21,046	20,660

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	Target Corp 2.5% 04/15/2026	30,034	29,266
	Target Corp 2.95%	10,705	9,560
	Tegna Inc 5% 09/15/2029-2024	13,352	14,028
	Teva Pharmaceutical Fin Neth Iii	4,987	4,805
	Teva Pharmaceutical Fin Neth Iii	4,958	3,595
	Texas Instrs Inc 4.15%	163,184	121,868
	The Toronto-Dominion Bank 4.693%	44,518	44,900
	Time Warner Cable Inc 6.75%	6,509	4,900
	Time Warner Cable Inc Nt 6.55%	16,067	14,503
	T-Mobile Usa Inc 2.25%	27,590	29,138
	T-Mobile Usa Inc 3.3%	29,694	19,786
	T-Mobile Usa Inc 3.75%	31,892	32,239
	T-Mobile Usa Inc 3.75%	9,671	9,770
	T-Mobile Usa Inc 3.875%	24,642	24,466
	Totalenergies Cap	10,000	9,584
	Toyota Mtr Cr Corp 4.35% 10/08/2027	24,949	24,825
	Toyota Mtr Cr Corp Fr 3.2%	32,426	29,207
	Toyota Mtr Cr Corp Fr 4.55%	9,985	9,999
	Travelers Cos Inc Sr Nt 4%	9,957	7,905
	Truist Finl Corp Var 10/30/2029	42,466	42,772
	Truist Finl Corp Var 10/30/2029	37,259	37,425
	Tucson Elec Pwr Co 4%	4,957	3,772
	Tyson Foods Inc 5.15%	14,941	13,686
	Union Elec Co 3.65%	14,965	11,331
	Union Pacific 3.25%	9,996	6,821
	Union Pacific 3.799%	4,802	3,392
	United Parcel Service 5.3%	34,951	33,441
	United Parcel Service 5.3%	9,942	9,555
	Unitedhealth Group Inc 2%	19,831	17,239
	Unitedhealth Group Inc 4.45%	21,852	16,473
	Unitedhealth Group Inc 4.75%	19,198	17,136
	Unitedhealth Group Inc 4.75%	22,424	14,097
	Unitedhealth Group Inc 5.8%	7,276	5,158
	Us Bancorp 2.491%	31,549	28,348
	Us Bancorp Del 3.7%	20,825	21,752
	Us Bancorp Fr Var 06/12/2034	22,000	22,427
	Valero Energy Corp 6.625%	19,836	15,734

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	Valero Energy Corp 6.625%	5,298	5,245
	Verizon Commns Inc 4%	5,000	3,794
	Verizon Commns Inc 4.4%	36,393	32,426
	Verizon Master Tr	50,103	49,952
	Verizon Master Tr 2023 6.33% 11/20/2029	20,545	20,405
	Verizon Master Trust 5.34% 04/22/2030	119,973	122,021
	Viatrix Inc 2.7% 06/22/2030-2030	40,923	41,638
	Viatrix Inc 2.7% 06/22/2030-2030	14,953	13,012
	Virginia Elec & Pwr Co 2.95%	29,935	18,679
	Visa Inc 4.3% 12/14/2045-2045	4,992	4,278
	Vmware Inc 3.9% 08/21/2027-2027	54,778	56,688
	Vmware Inc 3.9% 08/21/2027-2027	12,671	13,683
	Vulcan Matls Co Sr Nt	4,972	4,853
	Wal-Mart Stores Inc 1.8%	4,982	4,173
	Wal-Mart Stores Inc 4.5%	8,864	8,722
	Walt Disney Co 4.7%	9,932	8,874
	Wells Fargo & Co Sr Nt 2.393%	36,526	38,615
	Wells Fargo & Co Sr Nt 4.808%	40,462	40,854
	Wells Fargo & Co Var 01/23/2035	39,881	38,834
	Wells Fargo & Co Var 07/25/2029	48,349	48,734
	Wells Fargo & Co Vr 4.4%	31,630	24,089
	Wells Fargo & Co Vr 4.9%	63,568	52,000
	Wells Fargo Co New	16,000	16,514
	Wells Fargo Coml Mtg Tr 2015-C29	33,229	34,780
	Wesleyan Univ Conn 4.781%	19,028	12,147
	Westlake Chemical Corp 3.125%	9,726	6,221
	Weyerhaeuser Co 4%	14,740	11,307
	Whirlpool Corp 4.5%	19,840	15,438
	Whirlpool Corp 4.6%	4,928	3,774
	Williams Partners L P New 4%	20,240	19,896
	Willis Group N America 4.65%	9,981	9,976
	Wisconsin Nt Dtd 06/01/1998 6.5%	180,957	157,221
	Wyeth 5.95% 04/01/2037	22,307	20,879
	Xcel Energy Inc 3.5%	16,855	10,323
	Total debt securities:	\$ 13,025,887	\$ 11,734,171

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Comerica Bank	Real Estate Investment Trust:		
	Agree Realty Corp	31,040	30,857
	Extra Space Storage Inc	147,033	140,774
	Lamar Advertising Co New - A	99,490	162,036
	Ryman Hospitality Pptys Inc	85,789	77,107
	Simon Property Group Inc	130,485	123,819
	Total real estate trusts	\$ 493,838	\$ 534,593
Comerica Bank	Private Credit Fund - Carlyle Tactical Private Credit	\$ 2,431,261	\$ 2,472,110
Comerica Bank	Partnerships/hedge funds:		
	Entrust Special Opportunities	1,476,939	1,308,562
	Goldman Sachs Vintage IX	840,424	1,420,002
	Mcmorgan Infrastructure Fund I LP	9,811,813	9,656,613
	Carlyle Strategic Partners IV LP	2,597,724	3,250,566
	Cion Ares Diversified Credit	1,043,252	1,079,543
	Pimco Flexible Income FD LP	7,898,961	6,820,460
	Total partnerships/hedge funds	\$ 23,669,113	\$ 23,535,746
Comerica Bank	Real Estate Funds:		
	American Core Realty Fund	4,077,773	3,519,057
	Jones Lang Lasalle Income Property Trust Inc	4,399,171	3,474,118
	Total Real Estate Funds	\$ 8,476,944	\$ 6,993,175
	Total	\$ 83,351,196	\$ 82,106,132