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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>UAW RETIREES OF ACC BENEFIT TRUST</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>501</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UAW RETIREES OF ACC BENEFIT TRUST COMMITTEE</u></p> <p><u>C/O GROOM LAW GROUP, CHARTERED</u> <u>1701 PENNSYLVANIA AVE. NW</u> <u>SUITE 1200</u> <u>WASHINGTON, DC 20006</u></p> | <p>1c Effective date of plan <u>08/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>27-6927927</u></p> <p>2c Plan Sponsor's telephone number <u>248-813-9800</u></p> <p>2d Business code (see instructions) <u>336100</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2025 | 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 |

| | | |
|---|--|-----|
| 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 | 107 |
| 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 | 104 |
| | 6c | 0 |
| | 6d | 104 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | | |
|---|--|--|
| A Name of plan UAW RETIREES OF ACC BENEFIT TRUST | | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF ACC BENEFIT TRUST COMMITTEE | | D Employer Identification Number (EIN) 27-6927927 |

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 | 27356 | 137 | 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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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 | | 403292 |
| 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>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> |
|---|--|--|

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

| | | |
|---|--|-------------------|
| <p>A Name of plan UAW RETIREES OF ACC BENEFIT 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 RETIREES OF ACC BENEFIT TRUST COMMITTEE</p> | <p>D Employer Identification Number (EIN) 27-6927927</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 | 101641 | 17 | 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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

| | | |
|--|--------------|---|
| b Balance at the end of the previous year | 7b | |
| 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: | | |
| | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | | |
| (2) Administration charge made by carrier..... | | |
| (3) Transferred to separate account | | |
| (4) Other (specify below)..... | | |
| ▶ | | |
| (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 | | 15875 |
| 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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan UAW RETIREES OF ACC BENEFIT TRUST | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF ACC BENEFIT TRUST COMMITTEE | D Employer Identification Number (EIN) 27-6927927 | |

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

| | |
|-------------------------|---|
| 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

| | |
|--|--|
| 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 & CO. LLC | 200 WEST STREET, 29TH FLOOR NEW YORK, NY 10282 |
|------------------------------------|---|

(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 CARLYLE GROUP, LP

45-2832612

(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

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

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

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

(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 | 70430 | 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)

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 | 41615 | 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 59 | NONE KNOWN | 26895 | 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)

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 | 25137 | 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 | 21116 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PARKER BUSINESS SOLUTIONS, LLC

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 20 50 | TRUSTEE | 18180 | 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)

BLUE CROSS BLUE SHIELD OF MI

38-2069753

| (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 16 23 50 62 99 | NONE KNOWN | 17467 | 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)

JACK MARTIN

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 20 50 | TRUSTEE | 15188 | 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)

SNG CONSULTING, LLC

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 20 50 | TRUSTEE | 13922 | 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)

GARY PETRONI

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 20 50 | TRUSTEE | 12024 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

RICHARD ISAACSON

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 20 50 | TRUSTEE | 12024 | 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 | NONE KNOWN | 10153 | 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)

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 | 9511 | 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)

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 | 6175 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

REINHART PARTNERS, LLC

39-1711628

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 51 68 | NONE KNOWN | 5686 | 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)

CLARKSTON CAPITAL PARTNERS

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 | 2401 | 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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan UAW RETIREES OF ACC BENEFIT TRUST | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF ACC BENEFIT TRUST COMMITTEE | D Employer Identification Number (EIN) 27-6927927 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 222003 | 231239 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 60822 | 53030 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 655459 | 223966 |
| (2) U.S. Government securities | 1c(2) | 1369696 | 1116571 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 1563186 | 2298735 |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 2109005 | 2092066 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | 128360 | 158727 |
| (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) | 6775377 | 6003501 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | 2453668 | 3509672 |

| 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 | 15337576 | 15687507 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 12000 | 9000 |
| h Operating payables..... | 1h | 20139 | 37081 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 32139 | 46081 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 15305437 | 15641426 |

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) | 3207 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 27772 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 130690 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 203131 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 364800 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 45892 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 320209 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 366101 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 3479779 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 3191776 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 10519 | |
| (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) | | 96191 |
| c Other income | 2c | | 18264 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 1143878 |

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) | 419167 | |
| (3) Other..... | 2e(3) | 55924 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 475091 |
| 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) | 42604 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 70430 | |
| (5) Investment advisory and investment management fees | 2i(5) | 45639 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 14170 | |
| (7) Actuarial fees | 2i(7) | 41615 | |
| (8) Legal fees | 2i(8) | 26895 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 75768 | |
| (11) Other expenses..... | 2i(11) | 15677 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 332798 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 807889 |

Net Income and Reconciliation

| | | | |
|--|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 335989 |
| 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 | | 3454169 |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

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

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

UAW Retirees of ACC Benefit Trust

Financial Report
December 31, 2024

UAW Retirees of ACC Benefit Trust

Contents

| | |
|--|------------|
| Independent Auditor's Report | 1-2 |
| Statement of Net Assets Available for Benefits | 3 |
| Statement of Changes in Net Assets Available for Benefits | 4 |
| Statement of Plan Benefit Obligations | 5 |
| Statement of Changes in Plan Benefit Obligations | 6 |
| Notes to Financial Statements | 7-13 |
| Schedule of Assets Held at End of Year | Schedule 1 |
| Schedule of Reportable Transactions | Schedule 2 |

Independent Auditor's Report

To the Committee Members
UAW Retirees of ACC Benefit Trust

Opinion

We have audited the financial statements of UAW Retirees of ACC Benefit Trust (the "Trust"), 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 Trust 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 Trust 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 \$3,454,169 (22 percent of net assets) at December 31, 2024 and \$2,033,719 (13 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 Trust'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 Trust; and determining that the Trust's transactions that are presented and disclosed in the financial statements are in conformity with the Trust's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or that may become due to such participants.

To the Committee Members
UAW Retirees of ACC Benefit Trust

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 Trust'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 Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Trust'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.

Plante & Moran, PLLC

Southfield, Michigan
October 13, 2025

UAW Retirees of ACC Benefit Trust

Statement of Net Assets Available for Benefits

| | December 31, 2024 and 2023 | |
|--|----------------------------|----------------------|
| | 2024 | 2023 |
| Assets | | |
| Investments at fair value: | | |
| Money market fund | \$ 223,966 | \$ 655,459 |
| Mutual funds | 6,003,501 | 6,775,377 |
| Corporate stocks | 2,092,066 | 2,109,005 |
| Corporate debt securities | 1,886,717 | 1,563,186 |
| Government securities | 1,116,571 | 1,369,696 |
| Private credit fund | 412,018 | 371,234 |
| Real estate investments | 158,727 | 128,360 |
| Hedge funds | 1,374,043 | 1,199,932 |
| Real estate funds | 805,011 | 833,787 |
| Private investment funds | 1,275,115 | - |
| Total investments at fair value | 15,347,735 | 15,006,036 |
| Accrued income | 53,030 | 60,822 |
| Cash | 231,239 | 222,003 |
| Other assets | 55,503 | 48,715 |
| Total assets | 15,687,507 | 15,337,576 |
| Liabilities - Accrued liabilities | 37,081 | 20,139 |
| Net Assets Available for Benefits | \$ 15,650,426 | \$ 15,317,437 |

UAW Retirees of ACC Benefit Trust

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|--|----------------------|----------------------|
| Additions to Net Assets | | |
| Investment income | | |
| Interest and dividends | \$ 730,901 | \$ 686,802 |
| Net realized and unrealized gains on investments | 412,977 | 385,280 |
| Total additions to net assets | 1,143,878 | 1,072,082 |
| Deductions from Net Assets | | |
| Claims | 58,924 | 112,804 |
| Premiums | 419,167 | 401,561 |
| Expenses: | | |
| Administrative and operating expenses | 292,507 | 250,162 |
| Investment advisory and management fees | 40,291 | 40,389 |
| Total deductions from net assets | 810,889 | 804,916 |
| Net Increase | 332,989 | 267,166 |
| Net Assets Available for Benefits | | |
| Beginning of year | 15,317,437 | 15,050,271 |
| End of year | <u>\$ 15,650,426</u> | <u>\$ 15,317,437</u> |

UAW Retirees of ACC Benefit Trust

Statement of Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|---|-----------------------------|-----------------------------|
| Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents - Claims and premiums payable and claims incurred but not reported | \$ 9,000 | \$ 12,000 |
| Postretirement Benefit Obligation | | |
| Current retirees | 11,507,503 | 11,173,267 |
| Other participants fully eligible for benefits | - | - |
| Other participants not fully eligible for benefits | - | - |
| Total postretirement benefit obligation | <u>11,507,503</u> | <u>11,173,267</u> |
| Total Plan Benefit Obligations | <u><u>\$ 11,516,503</u></u> | <u><u>\$ 11,185,267</u></u> |

UAW Retirees of ACC Benefit Trust

Statement of Changes in Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|--|-----------------------------|-----------------------------|
| Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents | | |
| Balance - Beginning of year | \$ 12,000 | \$ 12,000 |
| Claims, premiums, and expenses reported and approved for payment | 807,889 | 804,916 |
| Claims, premiums, and expenses paid | <u>(810,889)</u> | <u>(804,916)</u> |
| Balance - End of year | 9,000 | 12,000 |
| Postretirement Benefit Obligation | | |
| Balance - Beginning of year | 11,173,267 | 10,390,037 |
| Increase (decrease) during the year attributable to: | | |
| Interest due to the decrease in the discount period | 505,652 | 489,561 |
| Change in actuarial assumptions | (325,749) | 496,498 |
| Benefits and expenses - Net of retiree self-payments and other sources reclassified to amounts currently payable | (807,889) | (804,916) |
| Actuarial experience | 962,222 | (6,975) |
| Change in plan design | <u>-</u> | <u>609,062</u> |
| Net increase | <u>334,236</u> | <u>783,230</u> |
| Balance - End of year | <u>11,507,503</u> | <u>11,173,267</u> |
| Total Plan Benefit Obligations at End of Year | <u>\$ 11,516,503</u> | <u>\$ 11,185,267</u> |

December 31, 2024 and 2023

Note 1 - Trust Description

The following description of UAW Retirees of ACC Benefit Trust (the "Trust") provides only general information. Participants should refer to the trust agreement for a more complete description of the Trust's provisions.

General and Eligibility

The Trust was established as a result of a court-approved settlement between Automotive Component Carrier LLC (ACC or the "Company"); the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW); and the Class Representatives of the plaintiff class members in the case of Sheick, et. al. v. Automotive Component Carrier LLC, E.D. Mich. Civil Action No. 09-CV-14429. The settlement required ACC to contribute \$21.9 million to a voluntary employee beneficiary association (VEBA) for the purpose of funding continued retiree health benefits for certain UAW retirees of ACC who were receiving benefits under a former retiree plan at the time the settlement was approved, including their eligible spouses, dependents, and surviving spouses. The Trust commenced on January 1, 2011. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligible participants are ACC-UAW represented employees who, as of August 1, 2009, were retired from ACC or were terminated from ACC under option 4 of the special attrition plan set forth in the memorandum of understanding (MOU) with eligibility for retiree medical benefits under the ACC Retiree Medical Plan and/or Retiree Life Insurance Plan and their eligible spouses and dependents and the surviving spouses and dependents of any ACC-UAW represented employees who died on or before August 1, 2009 under circumstances where such employee's surviving spouse and/or dependents are eligible to receive retiree medical benefits from ACC under the ACC Retiree Medical Plan. Specific eligibility requirements for disabled and retired participants are defined in the plan document.

Benefits

The Trust provides both insured and self-insured health benefits (medical and prescription drugs) to eligible retirees, spouses, surviving spouses, and dependents.

The Trust offers a group Medicare Advantage (MA) plan for Medicare-eligible participants. Other plan benefits are self-insured. The claims for self-insured benefits, other long-term disability benefits, and flex benefits are processed under administrative services only (ASO) arrangements.

Termination

The Trust 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 Trust, the assets of the Trust shall be paid out at the direction of the committee in the following order of priority: (a) the payment of reasonable and necessary administrative expenses (including taxes); (b) the payment of benefits to participants entitled to payments for claims arising prior to such termination; and (c) at the discretion of the committee, used in accordance with Section 501(c)(9) of the Internal Revenue Code and the Employee Retirement Income Security Act of 1974 (ERISA) for the benefit of such group of participants in such fashion as the committee determines. Neither ACC, UAW, the local unions, or the committee shall have any beneficial interest in the Trust. The Trust shall remain in existence until all assets have been distributed.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

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

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

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

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Trust to employees' 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, investment income, and participant self-payments.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The Patient Protection and Affordable Care Act of 2010 has been reflected in the postretirement benefit obligation with respect to the anticipation of fees and surcharges effective in future calendar years. The Further Consolidated Appropriations Act, 2020 repealed the excise tax on high-cost health plans and the insured plan fees beginning in 2021 and included a 10-year extension of the Patient-Centered Outcomes Research Institute fee.

Note 2 - Summary of Significant Accounting Policies (Continued)

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. |
| Retirement age | 50 to 90 years |
| Increase in medical costs | <p>For measurement purposes, the prospective assumed annual rate of increase in the per capita cost of health care benefits due to factors other than changes in the composition of the population age and dependency status reflects the expectation of higher future short-term increases in health care costs recognized in 2024 and 2023.</p> <p>The annual rate of increase for 2024 pre-Medicare and Medicare costs was 6.50 percent and 8.10 percent, respectively, with an ultimate rate of 3.70 percent in 2074 and after.</p> <p>The annual rate of increase for 2023 pre-Medicare and Medicare costs was 7.10 percent and 10.90 percent, respectively, with an ultimate rate of 3.70 percent in 2074 and after. The annual rate of increase for Medicare costs includes a 2 percent increase due to new legislation (Inflation Reduction Act)</p> |

Other Changes

The decrease in the 2024 postretirement benefit obligation of \$325,749 related to changes in actuarial assumptions was the result of a change in the discount rate and the medical trend rate to better reflect anticipated plan experiences. The increase in the 2023 postretirement benefit obligation of \$496,498 related to changes in actuarial assumptions was the result of a change in the discount rate, the legislative impact from the Inflation Reduction Act, and a change in the medical trend rate to better reflect anticipated plan experiences. There were no changes in plan design that resulted in an increase or decrease in postretirement benefit obligation in 2024.

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 \$969,619 and \$1,004,333, respectively.

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

Claims and Premiums

Claims and premiums are recorded when paid.

Claims Incurred but not Reported

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

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

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

Drug Rebates

Prescription drug rebates and refunds due from the Trust's third-party claims processor are recorded when earned. Rebates and refunds due as of the financial statement date have been reported as a receivable in other assets in the statement of net assets available for benefits, with the offset being netted against claims paid in the statement of changes in net assets available for benefits.

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 voluntary employee benefits association trust (the "VEBA Trust") established under the Trust to hold the Trust'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 the committee members of the Trust 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 Trust has the ability to access.

Note 4 - Fair Value Measurements (Continued)

Level 2

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

Level 3

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

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

The following tables present information about the Trust'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 | \$ 223,966 | \$ 223,966 | \$ - |
| Mutual funds | 6,003,501 | 6,003,501 | - |
| Corporate stocks | 2,092,066 | 2,092,066 | - |
| Real estate investments | 158,727 | 158,727 | - |
| Corporate debt securities | 1,886,717 | - | 1,886,717 |
| Government securities | 1,116,571 | - | 1,116,571 |
| Private credit fund | 412,018 | - | 412,018 |
| Total investments | 11,893,566 | \$ 8,478,260 | \$ 3,415,306 |
| Investments measured at NAV: | | | |
| Private investment funds | 1,275,115 | | |
| Hedge funds | 1,374,043 | | |
| Real estate funds | 805,011 | | |
| Total investments at fair value | \$ 15,347,735 | | |

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

| | Assets Measured at Fair Value on a Recurring Basis at December 31, 2023 | | |
|--|--|---------------------|---------------------|
| | Investments (at Fair Value) | Level 1 | Level 2 |
| Money market fund | \$ 655,459 | \$ 655,459 | \$ - |
| Mutual funds | 6,775,377 | 6,775,377 | - |
| Corporate stocks | 2,109,005 | 2,109,005 | - |
| Real estate investments | 128,360 | 128,360 | - |
| Corporate debt securities | 1,563,186 | - | 1,563,186 |
| Government securities | 1,369,696 | - | 1,369,696 |
| Private credit fund | 371,234 | - | 371,234 |
| Total investments | 12,972,317 | \$ 9,668,201 | \$ 3,304,116 |
| Investments measured at NAV: | | | |
| Hedge funds | 1,199,932 | | |
| Real estate funds | 833,787 | | |
| Total investments at fair value | \$ 15,006,036 | | |

Investments in Entities that Calculate Net Asset Value per Share

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

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

| | December 31, 2024 | December 31, 2023 | Unfunded Commitments | Redemption Frequency, if Eligible | Redemption Notice Period |
|------------------------------|----------------------|----------------------|-------------------------|---|-----------------------------|
| Private investment funds (1) | \$ 1,275,115 | \$ - | \$ - | Quarterly | 30 days |
| Hedge funds (2) | 1,374,043 | 1,199,932 | - | Quarterly | 30 days |
| Real estate funds (3) | 805,011 | 833,787 | - | Quarterly | 30 days |

- (1) This class represents investments in private investment funds that invest primarily in investments in private assets globally.
- (2) This class represents investments in actively managed registered investment companies that invest primarily in mortgage-backed securities, loan participations, corporate bonds, and asset-backed securities.
- (3) This class represents investments in actively managed registered investment companies that invest primarily in partnerships and joint ventures having an equity interest in real property, real estate investments trusts, and other real estate investments.

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Reconciliation of the Financial Statements to Form 5500

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

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 15,650,426 | \$ 15,317,437 |
| Less claims payable and claims incurred but not reported | <u>(9,000)</u> | <u>(12,000)</u> |
| Net assets available for benefits per Form 5500 | <u>\$ 15,641,426</u> | <u>\$ 15,305,437</u> |

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

| | |
|---|------------------|
| Claims paid to participants per the financial statements | \$ 58,924 |
| Change in claims payable and claims incurred but not reported | <u>(3,000)</u> |
| Claims paid to participants per Form 5500 | <u>\$ 55,924</u> |

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

Part I Annual Report Identification Information

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan UAW RETIREES OF ACC BENEFIT TRUST</p> | <p>1b Three-digit plan number (PN) ▶ 501</p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UAW RETIREES OF ACC BENEFIT TRUST COMMITTEE</p> <p>c/o GROOM LAW GROUP, CHARTERED 1701 PENNSYLVANIA AVE. NW SUITE 1200 WASHINGTON DC 20006</p> | <p>1c Effective date of plan 08/01/2010</p> <p>2b Employer Identification Number (EIN) 27-6927927</p> <p>2c Plan Sponsor's telephone number 248-813-9800</p> <p>2d Business code (see instructions) 336100</p> |

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

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

| | | | |
|------------------|------------------------------------|----------|--|
| SIGN HERE | | 12/31/25 | SUZANNE DANIELS, PHD |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------|-----|--|--------------|--|---|--------------|--|---|-----------|--|-----|-----------|--|---|-----------|--|-----|-----------|--|--|-----------|--|--|--------------|--|--|--------------|--|--|-----------|--|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <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;">107</td> </tr> </table> | 5 | 107 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 107 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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;">104</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;">104</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 | | 104 | 6c | | 0 | 6d | | 104 | 6e | | | 6f | | | 6g(1) | | | 6g(2) | | | 6h | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(1) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b | | 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6c | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | | 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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> 2 </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) |
|---|---|

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

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

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

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

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

Receipt Confirmation Code _____

UAW Retirees of ACC Benefit Trust

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
 EIN 27-6927927, Plan No. 501
 Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain |
|---|--|-----------------------|----------------------|----------------------|--|-----------------|
| Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets: | | | | | | |
| Comerica Bank | Putnam Ultra Short Duration Income Fund | \$ - | \$ 1,200,000 | \$ 1,189,833 | \$ 1,200,000 | \$ 10,167 |
| Comerica Bank | Goldman Sachs Financial Square Funds | 1,047,261 | - | 1,047,261 | 1,047,261 | - |
| Comerica Bank | Goldman Sachs Financial Square Funds | 1,405,903 | - | 1,405,903 | 1,405,903 | - |
| Comerica Bank | Goldman Sachs Financial Square Funds | - | 1,101,875 | 1,101,875 | 1,101,875 | - |
| Comerica Bank | Goldman Sachs Financial Square Funds | - | 924,702 | 924,702 | 924,702 | - |
| 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 Funds: | | | | | |
| | Purchases - 567 | 4,236,374 | - | 4,236,374 | 4,236,374 | - |
| | Sales - 199 | - | 4,667,867 | 4,667,867 | 4,667,867 | - |
| Comerica Bank | Putnam Ultra Short Duration Income Fund: | | | | | |
| | Purchases - 20 | 61,243 | - | 61,243 | 61,243 | - |
| | Sales - 3 | - | 1,600,000 | 1,585,270 | 1,600,000 | 14,730 |
| Comerica Bank | Fidelity 500 Index Fund-AI: | | | | | |
| | Purchases - 5 | 413,326 | - | 413,326 | 413,326 | - |
| | Sales - 1 | - | 426,213 | 426,213 | 426,213 | - |

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

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|---------------------------------|---|----------------------------|----------------------------|
| Comerica Bank | Money market fund - Goldman Sachs Financial Square | <u>\$ 223,966</u> | <u>\$ 223,966</u> |
| Comerica Bank | Mutual funds: | | |
| | Fidelity 500 Index Fund-AI | 839,539 | 1,003,570 |
| | Pimco Income Fund | 3,144,860 | 2,836,092 |
| | Putnam Short Duration Bond Fund | 1,648,918 | 1,662,248 |
| | Putnam Ultra Short Duration | 173,186 | 174,834 |
| | Vanguard Ftse Developed Dev Mkt | 299,598 | 326,756 |
| | Total mutual funds | <u>\$ 6,106,101</u> | <u>\$ 6,003,501</u> |
| Comerica Bank | Corporate stocks: | | |
| | Aar Corp | 8,064 | 8,150 |
| | Abbvie Inc | 24,218 | 59,530 |
| | Aecom Technology Corp Delaware | 13,830 | 13,780 |
| | Air Lease Corp | 10,539 | 10,751 |
| | Alight Inc Com Com Cl A | 4,940 | 4,955 |
| | Antero Res Corp | 5,155 | 5,888 |
| | Api Group Corp Com Stk | 16,195 | 15,611 |
| | Arcosa Inc | 16,557 | 15,865 |
| | Ares Management Corporation | 20,866 | 61,606 |
| | Avantor Inc | 10,050 | 9,987 |
| | Bath Body Works Inc Com | 12,087 | 12,135 |
| | Beacon Roofing Supply Inc | 16,985 | 16,964 |
| | Berkley W R | 9,997 | 10,065 |
| | Boot Barn Hldgs Inc | 10,507 | 10,931 |
| | Broadcom Inc | 14,141 | 90,881 |
| | C H Robinson Worldwide Inc | - | - |
| | Chart Inds Inc | 11,900 | 12,214 |
| | Check Point Software Tech Adr | 9,787 | 10,082 |
| | Chemed Corp | 15,048 | 15,364 |
| | Churchill Downs Inc Com | 15,217 | 15,624 |
| | Clean Harbors Inc | 14,646 | 14,269 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|---------------------------------|------------------------------------|-------------|----------------------|
| | Cme Group Inc | 46,578 | 59,451 |
| | Colliers Intl Group Inc | 14,400 | 14,277 |
| | Concentrix Corporation Com | 6,020 | 6,534 |
| | Conocophillips | 24,995 | 47,602 |
| | Core Main Inc Cl A | 8,786 | 8,858 |
| | Crane Nxt, Co. | 8,806 | 8,966 |
| | Cummins Inc | 30,804 | 61,005 |
| | Dana Holding Corp | 8,491 | 8,416 |
| | Darden Restaurants Inc | 40,785 | 46,486 |
| | Eagle Materials Inc | 16,519 | 15,793 |
| | Eagle Materials Inc | - | - |
| | Expedia Inc Del | 11,442 | 11,925 |
| | Federal Agric Mtg Corp Cl C | 9,980 | 9,848 |
| | Fidelis Insurance Holdings Ltd Com | 10,286 | 10,497 |
| | First Amern Finl Corp | 13,616 | 13,612 |
| | Five9 Inc | 10,772 | 10,566 |
| | Fluor Corp | 6,998 | 6,855 |
| | Gfl Environmental Inc Sub Vtg | 11,880 | 11,580 |
| | Healthequity Inc | 12,565 | 13,145 |
| | Herc Hldgs Inc | 11,349 | 11,549 |
| | Home Bancshares Inc | 12,421 | 12,367 |
| | Home Depot Inc | 29,372 | 45,512 |
| | Icon Plc | 11,655 | 11,953 |
| | Ingersoll Rand Inc Com | 8,240 | 7,960 |
| | Intapp Inc Com | 11,761 | 11,728 |
| | International Seaways Inc | 5,485 | 5,894 |
| | Itt Inc | 19,028 | 19,003 |
| | Jazz Pharmaceuticals Plc | 17,360 | 17,487 |
| | Jb Hunt Transportation Services | 10,258 | 10,240 |
| | Johnson & Johnson | 52,269 | 51,340 |
| | Kadant Inc | 14,870 | 14,490 |
| | Kbr Inc | 8,145 | 8,516 |
| | Keurig Dr Pepper Inc Com | 41,466 | 39,957 |
| | Korn Ferry Intl New | 12,007 | 12,074 |
| | Lantheus Hldgs Inc | 12,324 | 12,077 |
| | Lithia Mtrs Inc - Cl A | 10,073 | 10,008 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|---------------------------------|----------------------------------|-------------|----------------------|
| | Littlefuse Inc | 9,435 | 9,426 |
| | Live Oak Bancshares Inc | 7,122 | 7,000 |
| | Moog Inc | 13,766 | 14,369 |
| | Morgan Stanley | 42,288 | 62,986 |
| | Nexstar Media Group Inc Common | 9,522 | 9,478 |
| | Nomad | 12,656 | 12,535 |
| | Northern Oil & Gas Inc Nev | 7,068 | 7,098 |
| | Old Rep Intl Corp | 32,234 | 59,605 |
| | Option Care Health Inc | 10,380 | 10,510 |
| | Packaging Corp Of America | 11,301 | 11,031 |
| | Pagerduty Inc | 4,437 | 4,255 |
| | Paychex Inc | 41,298 | 57,911 |
| | Pinterest Inc | 9,328 | 9,048 |
| | Post Hldgs Inc | 17,061 | 16,940 |
| | Procter & Gamble Co | 35,146 | 53,145 |
| | Prosperity Bancshares Inc | 11,105 | 11,076 |
| | Public Svc Enterprise Group Inc | 43,827 | 68,099 |
| | Pulte Homes Inc | 11,204 | 10,890 |
| | Reinsurance Group Of America | 12,743 | 13,459 |
| | Reliance Inc | 9,939 | 9,963 |
| | Roivant Sciences Ltd Shs | 12,067 | 12,149 |
| | Sensata Technologies Holding Plc | 7,151 | 6,932 |
| | Skechers Usa Inc Cl A | 12,998 | 13,179 |
| | Snap On Inc | 23,820 | 53,638 |
| | Ss&C Technologies Hldgs Inc | 15,379 | 15,762 |
| | Synnex Corp | 16,941 | 17,006 |
| | Talen Energy Corp Com | 15,754 | 16,118 |
| | Target Corp | 30,390 | 31,632 |
| | Technipfmc Plc | 10,362 | 10,361 |
| | Telephone & Data | 14,919 | 15,350 |
| | Tempur-Pedic Intl Inc | 8,093 | 8,277 |
| | Tenet Healthcare Corp | 10,095 | 9,972 |
| | Texas Instrs Inc | 48,128 | 53,628 |
| | Tidewater Inc New | 6,185 | 6,839 |
| | Transunion | 12,388 | 12,330 |
| | Travel Plus Leisure Co | 11,851 | 11,906 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|---------------------------------|----------------------------------|---------------------|----------------------|
| | Ttm Technologies | 9,576 | 9,479 |
| | Ufp Industries, Inc | 12,385 | 12,054 |
| | Ufp Technologies Inc | 7,016 | 7,091 |
| | Ugi Corp | 5,090 | 5,279 |
| | Unilever Plc-Sponsored Adr | 44,680 | 53,468 |
| | United States Cellular Corp | 12,841 | 13,171 |
| | United Therapeutics Corp Del | 13,236 | 13,055 |
| | Vistra Energy Corp | 18,856 | 19,440 |
| | Vontier Corporation Com | 13,698 | 13,494 |
| | Watsco Inc | 37,767 | 54,023 |
| | Weatherford International Pl | 13,417 | 13,753 |
| | Western Alliance Common Stock | 15,382 | 15,121 |
| | Western Digital Corp | 15,061 | 13,715 |
| | Wex Inc | 12,286 | 12,798 |
| | Total corporate stocks | \$ 1,682,204 | \$ 2,092,066 |
| Comerica Bank | Corporate debt securities: | | |
| | 3M Co 3.05% 04/15/2030-2030 | 7,188 | 7,334 |
| | Abbott Labs Nt 4.9% | 6,830 | 4,667 |
| | Abbvie Inc Sr Nt 4.95% | 5,055 | 4,999 |
| | Adobe Inc Sr 4.95% | 4,977 | 4,959 |
| | Aflac Inc 4.75% | 13,121 | 8,757 |
| | Air Lease Corp Fr 5.2% | 6,919 | 6,916 |
| | Air Lease Corp Fxd-Frn Tier I | 2,861 | 2,902 |
| | Air Lease Corporation 1.875% | 5,506 | 5,719 |
| | Air Lease Corporation 3% | 9,015 | 9,028 |
| | Air Lease Corporation 3.25% | 5,038 | 4,615 |
| | Alabama Pwr Co 3% | 12,792 | 12,838 |
| | Amazon Com Inc 3.95% | 8,132 | 7,885 |
| | Amazon Com Inc 4.05% | 11,959 | 8,263 |
| | Amer Water Works 3.75% | 9,228 | 7,414 |
| | American Express Co Var | 10,068 | 10,109 |
| | American Wtr Cap 5.45% | 4,955 | 4,781 |
| | Amgen Inc 4.4% | 15,474 | 12,441 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

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|---------------------------------|--|-------------|----------------------|
| | Anheuser-Busch Companies LLC | 9,758 | 9,485 |
| | Aon North America Inc | 5,992 | 6,018 |
| | Appalachian Pwr Co 4.5% | 4,936 | 4,704 |
| | Apple Inc 3.85% | 16,004 | 10,481 |
| | Atmos Energy Corp 4.125% | 11,001 | 8,143 |
| | Atmos Energy Corp 4.3% | 8,378 | 8,203 |
| | Bank America Corp Sub Var | 11,249 | 10,707 |
| | Bank New York Mellon Corp 3.75% | 4,514 | 4,725 |
| | Bank New York Mellon Var 07/21/2039 | 5,006 | 5,030 |
| | Bank New York Mellon Var 10/25/2029 | 10,773 | 10,506 |
| | Bank Nova Scotia 4.5% | 7,802 | 7,958 |
| | Bank5 2024-5Yr8 08/17/2057 | 10,300 | 10,276 |
| | Berkshire Hathaway 3.85% | 3,907 | 3,785 |
| | Berkshire Hathaway 4.4% | 11,878 | 9,086 |
| | Berkshire Hathaway Energy Co | 21,690 | 14,836 |
| | Bhp Billiton Fin Usa Ltd Sr Nt 5.25%33 | 4,975 | 5,024 |
| | Bhp Finance Usa Ltd Sr Nt 5% | 6,566 | 4,671 |
| | Bk Of America Corp Fr 1.734% | 8,975 | 9,533 |
| | Bk Of America Corp Fr 2.299% | 3,965 | 4,168 |
| | Bk Of America Corp Fr 2.676% | 6,747 | 6,942 |
| | Bk Of America Corp Fr 3.419% | 16,891 | 14,382 |
| | Bk Of America Corp Fr 3.824% | 20,778 | 21,556 |
| | Bk Of America Corp Fr 4.078% | 8,642 | 8,513 |
| | Bk Of America Corp Fr 4.083% | 4,261 | 3,914 |
| | Boeing Co 2.196% | 8,191 | 8,728 |
| | Boeing Co 2.196% | 4,547 | 4,849 |
| | Bp Cap Markets America 3.379% | 14,860 | 9,488 |
| | Bristol Myers Squibb Co 2.55% | 4,920 | 2,894 |
| | Bristol Myers Squibb Co 3.7% | 11,830 | 10,922 |
| | Bristol Myers Squibb Co 4.25% | 5,277 | 4,039 |
| | Bristol-Myers Squibb 5.2% | 5,036 | 4,994 |
| | Broadcom Inc 4.15% | 16,921 | 14,353 |
| | Broadcom Inc Sr Nt 4.35% | 7,997 | 7,784 |
| | Burlington Northn Santa Fe Llc | 13,677 | 10,267 |
| | Capital One Finl Corp Glbl Flt | 9,794 | 9,969 |
| | Capital One Finl Corp Glbl Flt | 8,575 | 9,449 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|---------------------------------|----------------------------------|-------------|----------------------|
| | Capital One Finl Corp Gbl Flt | 7,006 | 7,030 |
| | Capital One Finl Corp Gbl Flt | 4,954 | 4,996 |
| | Capital One Finl Corp Sr Var | 9,738 | 10,326 |
| | Capital One Mul | 9,998 | 9,829 |
| | Capital One Multi-Asset | 14,806 | 15,002 |
| | Caterpillar Inc 3.25% | 9,485 | 6,942 |
| | Centene Corp 4.625% | 6,566 | 6,620 |
| | Centerpoint Energy 3.95% | 11,416 | 7,679 |
| | Cisco Sys Inc Sr 5.3% | 5,108 | 4,860 |
| | Cit Group Inc 6.125% | 7,215 | 7,201 |
| | Citigroup Inc 1.122% | 10,764 | 11,524 |
| | Citigroup Inc 1.122% | 9,504 | 9,603 |
| | Citigroup Inc 2.666% | 13,051 | 13,271 |
| | Citigroup Inc 3.07% | 11,823 | 12,504 |
| | Citigroup Inc 3.52% | 4,853 | 4,812 |
| | Citigroup Inc 3.875% | 2,851 | 2,913 |
| | Citigroup Inc 3.98% | 7,082 | 7,638 |
| | Citigroup Inc 5.875% | 5,555 | 5,100 |
| | Citigroup Inc Nt 5.875% | 11,867 | 10,221 |
| | Citigroup Inc Sub Gbl Nt Var | 14,330 | 14,262 |
| | Citigroup Inc Sub Gbl Nt Var | 10,249 | 10,187 |
| | Cleveland Clinic Fndtn 4.858% | 6,559 | 4,156 |
| | Cna Finl Corp 4.5% | 9,947 | 9,969 |
| | Cnh Indl Cap Llc 1.45% | 5,334 | 5,705 |
| | Cno Finl Group Inc 5.25% | 13,406 | 11,916 |
| | Cno Finl Group Inc 5.25% | 7,748 | 7,944 |
| | Cno Finl Group Inc 6.45% | 2,990 | 3,099 |
| | Comcast Corp 1.95% | 4,008 | 4,182 |
| | Comcast Corp 4.6% | 6,225 | 4,527 |
| | Comcast Corp New 5.5% | 10,107 | 9,326 |
| | Commonwealth Edison 3% | 13,309 | 9,671 |
| | Conocophillips Gtd Nt 6.5% | 7,301 | 5,465 |
| | Conocophillips Sr Nt 5.55% | 5,088 | 4,807 |
| | Consolidated Edison Co 6.15% | 11,483 | 10,478 |
| | Corporate Office Pptys L P 2.75% | 7,708 | 8,537 |
| | Corporate Office Pptys L P 2.75% | 4,888 | 4,268 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

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|---------------------------------|----------------------------------|-------------|----------------------|
| | Corporate Office Pptys L P 2.9% | 5,096 | 5,624 |
| | Csx Corp Nt 4.4% | 4,881 | 4,324 |
| | Dell Intl Llc/Emc 5.4% | 5,011 | 4,988 |
| | Dignity Health 5.267% | 6,020 | 4,466 |
| | Dominion Energy Inc Perp Glbl -C | 5,907 | 4,475 |
| | Dte Elec Co 2.25% | 4,327 | 4,407 |
| | Dte Elec Co 3.75% | 16,487 | 11,290 |
| | Dte Energy Co 4.95% | 3,995 | 4,015 |
| | Duke Energy Carolinas Llc 3.2% | 11,337 | 6,663 |
| | Duke Energy Carolinas Llc 6.05% | 7,010 | 5,254 |
| | Duke Energy Corp 3.4% | 7,688 | 7,495 |
| | Duke Energy Corp 4.5% | 4,638 | 4,763 |
| | Duke Energy Corp New Sr 5.75% | 6,995 | 7,177 |
| | Duke Energy Progress Llc 3.4% | 9,802 | 8,954 |
| | Edison International 5.75% | 5,038 | 5,084 |
| | Edison International 6.95% | 1,059 | 1,068 |
| | Elevance Health Inc 4.375% | 5,572 | 4,030 |
| | Eli Lilly & Co Sr 5.05% | 4,976 | 4,632 |
| | Eli Lilly 5.00% | 4,972 | 4,595 |
| | Energy Transfer L P Sr 6.4% | 14,474 | 14,793 |
| | Energy Transfer Partners L P Sr | 8,183 | 7,249 |
| | Entergy La Llc 1M Glbl Bd 5.15% | 2,989 | 2,950 |
| | Entergy La Llc 5.7% | 4,916 | 4,941 |
| | Enterprise Prods Oper Llc 6.125% | 11,882 | 10,367 |
| | Epr Pptys 3.75% | 4,006 | 4,632 |
| | Epr Pptys 4.5% | 2,842 | 2,992 |
| | Equifax Inc 5.1% | 4,987 | 5,028 |
| | Eversource Energy 3.45% | 8,958 | 6,834 |
| | Extra Space Storage 3.875% | 6,895 | 6,842 |
| | Exxon Mobil Corporation 3.043% | 10,860 | 9,843 |
| | Exxon Mobil Corporation 4.114% | 11,927 | 8,111 |
| | Facebook Inc 3.5% | 4,769 | 4,888 |
| | Fedex Corp 5.25% | 6,939 | 4,574 |
| | Ford Motor 6.1% | 3,969 | 3,981 |
| | General Mtrs Finl 5.75% | 4,031 | 4,053 |
| | General Mtrs Finl 5.8% | 9,093 | 9,180 |

UAW Retirees of ACC Benefit Trust

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EIN 27-6927927, Plan No. 501

December 31, 2024

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|---------------------------------|--|-------------|----------------------|
| | General Mtrs Finl Co Inc 3.6% | 4,313 | 4,583 |
| | Gm Financial Consumer 5.25% | 9,959 | 10,051 |
| | Goldman Sachs Group Inc 1.431% | 9,509 | 7,690 |
| | Goldman Sachs Group Inc 1.948% | 10,722 | 11,385 |
| | Goldman Sachs Group Inc 2.64% | 14,337 | 14,306 |
| | Goldman Sachs Group Inc 2.65% | 16,277 | 16,905 |
| | Goldman Sachs Group Inc 3.102% | 14,442 | 13,790 |
| | Goldman Sachs Group Inc 3.814% | 10,401 | 10,580 |
| | Goldman Sachs Group Inc 6.75% | 18,679 | 16,058 |
| | Goldman Sachs Group Inc Snr Nts | 11,512 | 10,931 |
| | Hca Inc 4.5% | 4,878 | 4,953 |
| | Hca Inc 4.5% | 3,868 | 3,962 |
| | Hca Inc 5.375% | 2,993 | 3,009 |
| | Hca Inc 5.5% | 9,324 | 7,264 |
| | Hca Inc 5.875% | 4,075 | 4,083 |
| | Hcp Inc Sr Nt 6.75% | 7,113 | 5,409 |
| | Healthcare Tr Amer Hldgs Lp | 4,846 | 4,858 |
| | Hewlett Packard 4.40% | 4,973 | 4,948 |
| | Hewlett Packard 4.55% | 3,996 | 3,899 |
| | Hewlett Packard Enterprise Co | 13,322 | 10,378 |
| | Home Depot Inc 3.35% | 3,601 | 3,486 |
| | Home Depot Inc Sr Nt 5.95% | 7,126 | 5,250 |
| | Huntington Bancshares Var | 6,043 | 5,992 |
| | Invitation Homes Oper 4.875% | 5,931 | 5,676 |
| | Jbs Usa Lux S A / Jbs Usa Food Sr Glbl | 4,487 | 4,412 |
| | Jpmcc Coml Mtg Secs Tr 2017-Jp5 | 4,081 | 4,207 |
| | Jpmorgan Chase & Co 1.045% | 6,194 | 6,776 |
| | Jpmorgan Chase & Co 1.953% | 7,469 | 8,289 |
| | Jpmorgan Chase & Co 2.525% | 10,836 | 10,134 |
| | Jpmorgan Chase & Co 3.54% | 6,660 | 6,802 |
| | Jpmorgan Chase & Co 3.882% | 13,104 | 12,798 |
| | Jpmorgan Chase & Co 4.005% | 9,649 | 9,695 |
| | Jpmorgan Chase & Co Sr 0.00% | 10,054 | 9,993 |
| | Kimco 4.45% | 11,159 | 8,241 |
| | Kimco Rlty Op Llc Sr 4.85% | 5,854 | 5,714 |
| | Kyndryl Holdings Inc 3.15% | 4,110 | 4,336 |

UAW Retirees of ACC Benefit Trust

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Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

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|---------------------------------|----------------------------------|-------------|----------------------|
| | Lowes Companies Inc 5.625% | 9,943 | 9,610 |
| | Lpl Hldgs Inc Sr Nt 5.7% | 4,010 | 4,048 |
| | Merck & Co Inc 2.75% | 4,384 | 3,030 |
| | Merck & Co Inc 3.7% | 9,581 | 7,744 |
| | Meta Platforms Inc | 4,493 | 4,999 |
| | Meta Platforms Inc 5.4% | 5,024 | 4,842 |
| | Microchip Technology Inc | 6,993 | 6,975 |
| | Micron Technology Inc 6.75% | 4,411 | 4,259 |
| | Microsoft Corp 2.675% | 9,973 | 5,271 |
| | Microsoft Corp 4.2% | 1,003 | 956 |
| | Moody'S Corporation 3.1% | 4,990 | 2,981 |
| | Mylan N V 3.95% | 4,706 | 4,921 |
| | Mylan N V 5.25% | 10,511 | 8,420 |
| | National Rural Utils 4.8% | 5,006 | 5,015 |
| | National Rural Utils Coop Fin | 8,365 | 8,082 |
| | New York & Presbyterian Hosp | 5,976 | 4,040 |
| | Norfolk Southern Corp 4.1% | 5,088 | 3,460 |
| | Norfolk Southn Corp Sr 5.55% | 5,014 | 5,100 |
| | Northern Trust Corp 6.125% | 5,354 | 5,275 |
| | Nvidia Corp 3.5% | 6,013 | 3,715 |
| | Nyu Hosps Ctr 4.368% | 17,423 | 12,781 |
| | Oracle Corporation 2.3% | 2,690 | 2,773 |
| | Oracle Corporation 2.95% | 10,342 | 9,027 |
| | Oracle Corporation 3.6% | 9,514 | 6,305 |
| | Oracle Corporation 5.375% | 6,543 | 4,814 |
| | Pepsico Inc 4.45% | 10,764 | 8,642 |
| | Pg&E Energy Recovery Fnd 2.822% | 24,999 | 17,523 |
| | Philip Morris Intl Inc 4.25% | 4,936 | 4,093 |
| | Phillips 66 Co. | 3,887 | 3,775 |
| | Piedmont Natural Gas Corp - Ny | 8,707 | 8,772 |
| | Pnc Finl Svcs Group Inc | 10,107 | 10,086 |
| | Pnc Finl Svcs Group Inc 3.4% | 4,478 | 4,693 |
| | Pnc Finl Svcs Group Var | 10,067 | 10,141 |
| | Primerica Inc 2.8% | 6,678 | 6,846 |
| | Primerica Inc 2.8% | 4,978 | 4,279 |
| | Prudential Finl Inc Jr Sb Glbl | 8,007 | 7,621 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

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December 31, 2024

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|---------------------------------|------------------------------------|-------------|----------------------|
| | Prudential Finl Inc Jr Sb Glbl | 3,914 | 3,769 |
| | Puget Sound Energy Inc 2.893% | 4,893 | 3,053 |
| | Radian Group Inc Sr 6.2% | 5,033 | 5,131 |
| | Raymond James Finl Inc 4.95% | 12,130 | 8,976 |
| | Realty Income Corp 4.00% | 3,548 | 3,847 |
| | Realty Income Corp Sr 3.4% | 10,089 | 9,296 |
| | Regions Financial Var | 5,979 | 6,083 |
| | Reinsurance 3.9% | 5,154 | 4,775 |
| | Reinsurance Group 5.75% | 4,985 | 5,039 |
| | Rio Tinto 2.75% | 11,261 | 9,148 |
| | Rtx Corporation Sr 5.75% | 5,202 | 5,162 |
| | Sabine Pass Liquefaction Llc | 9,932 | 10,095 |
| | Sabine Pass Liquefaction Llc | 5,744 | 5,812 |
| | Schlumberger Invt Sa | 9,989 | 9,921 |
| | Schwab Charles Corp 4% | 7,240 | 7,738 |
| | Selective Insurance Group Inc | 10,208 | 9,098 |
| | Sempra Energy 4% | 15,689 | 11,341 |
| | Shell Intl Fin B V Us822582At91 | 5,385 | 3,894 |
| | Simon Ppty Group Lp Sr 6.65% | 7,019 | 7,791 |
| | Southern Cal Edison 3.65% | 7,631 | 7,143 |
| | Southern Cal Edison 4.125% | 4,962 | 3,890 |
| | Southern Co Sr 2021C Fl Nt23 | 9,561 | 9,794 |
| | Southern Co Sr 5.7% | 6,979 | 7,144 |
| | Southwestern Elec 3.25% | 5,185 | 3,166 |
| | Southwestern Energy Co 4.75% | 2,891 | 2,792 |
| | Sysco 6.6% | 16,003 | 12,058 |
| | T Mobile Usa Inc 4.70% | 3,994 | 3,783 |
| | Targa Res Corp Sr 5.5% | 4,014 | 3,935 |
| | Target Corp 2.95% | 3,568 | 3,187 |
| | Tegna Inc 5% | 2,670 | 2,806 |
| | The Toronto-Dominion Bank 4.693% | 9,901 | 9,978 |
| | T-Mobile Usa Inc 3.75% | 5,798 | 5,862 |
| | T-Mobile Usa Inc 3.75% | 4,835 | 4,885 |
| | T-Mobile Usa Inc 3.875% | 5,687 | 5,646 |
| | Toronto Dominion Bk Ont Lw Tier Ii | 4,000 | 3,913 |
| | Totalenergies Cap | 5,070 | 4,792 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

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|---------------------------------|--|---------------------|----------------------|
| | Toyota Mtr Cr Corp 4.35% | 5,007 | 4,965 |
| | Truist Finl Corp Var | 10,641 | 10,693 |
| | Truist Finl Corp Var | 9,554 | 9,624 |
| | United Parcel Service 5.3% | 9,986 | 9,555 |
| | Unitedhealth Group Inc 4.75% | 16,761 | 10,573 |
| | Unitedhealth Group Inc 4.75% | 4,866 | 4,284 |
| | Unitedhealth Group Inc 5.8% | 5,444 | 5,158 |
| | Us Bancorp 2.491% | 13,340 | 12,149 |
| | Us Bancorp Del 3.7% | 3,620 | 3,783 |
| | Us Bancorp Fr Var | 4,000 | 4,078 |
| | Valero Energy Corp 6.625% | 6,612 | 5,245 |
| | Verizon Master Tr | 4,999 | 4,995 |
| | Verizon Master Tr 2023 6.33% | 10,272 | 10,202 |
| | Verizon Master Trust 5.34% | 19,996 | 20,337 |
| | Viatis Inc 2.7% | 7,641 | 7,807 |
| | Vmware Inc 3.9% | 10,389 | 10,751 |
| | Vmware Inc 3.9% | 2,700 | 2,932 |
| | Wal-Mart Stores Inc 4.5% | 4,460 | 4,361 |
| | Wells Fargo & Co Sr Nt 2.393% | 19,036 | 18,837 |
| | Wells Fargo & Co Sr Nt 2.393% | 7,127 | 7,535 |
| | Wells Fargo & Co Sr Nt 4.808% | 7,895 | 7,972 |
| | Wells Fargo & Co Var | 8,181 | 7,966 |
| | Wells Fargo & Co Var | 9,066 | 9,138 |
| | Wells Fargo & Co Vr 4.9% | 21,189 | 17,333 |
| | Wells Fargo Co New | 3,000 | 3,096 |
| | Wesleyan Univ Conn 4.781% | 6,343 | 4,049 |
| | Willis Group N America 4.65% | 4,991 | 4,988 |
| | Wyeth 5.95% | 5,546 | 5,220 |
| | Xcel Energy Inc 3.5% | 5,618 | 3,441 |
| | Total corporate debt securities | \$ 2,077,859 | \$ 1,886,717 |
| Comerica Bank | Government securities: | | |
| | Baylor Univ Tex Taxable-Ser A | 50,000 | 42,374 |
| | Federal Natl Mtg Assn 3.500 | 27,268 | 26,030 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

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|---------------------------------|----------------------------------|-------------|----------------------|
| | Federal Natl Mtg Assn 3.500 | 26,619 | 25,433 |
| | Federal Natl Mtg Assn 4.000 | 24,672 | 23,638 |
| | Federal Natl Mtg Assn 4.500 | 12,229 | 11,907 |
| | Federal Natl Mtg Assn 5.000 | 19,980 | 19,876 |
| | Federal Natl Mtg Assn 5.000 | 12,033 | 11,926 |
| | Fhlmc 3.542% | 30,897 | 26,760 |
| | Fhlmc Pool #Ra-9475 5.00% | 9,394 | 9,334 |
| | Fhlmc Pool #Sd-3977 5.00% | 17,655 | 17,367 |
| | Fhlmc Pool #Sd8342 5.50% | 13,355 | 13,133 |
| | Fhlmc Pool #Sd-8382 5.00% | 13,886 | 13,778 |
| | Fhlmc Pool #Sd-8394 5.00% | 13,935 | 13,774 |
| | Fnma Pass-Thru I Mbs 3.5% | 28,804 | 27,744 |
| | Fnma Pool #Cb6475 5.00% | 18,255 | 18,064 |
| | Fnma Pool #Fs6668 5.5% | 9,465 | 9,392 |
| | Fnma Pool #Fs6866 5.00% | 18,901 | 18,591 |
| | Fnma Pool #Ma5189 5.00% | 18,629 | 18,230 |
| | Fnma Pool #Ma5215 5.5% | 18,231 | 18,039 |
| | Fnma Pool #Ma5245 5.00% | 13,845 | 13,763 |
| | Fnma Pool #Ma5352 5.00% | 14,148 | 13,936 |
| | U S Treasury Note 0.00% | 67,698 | 67,642 |
| | United States Treas 0.00% | 14,099 | 13,556 |
| | United States Treas 0.00% | 55,103 | 54,757 |
| | United States Treas 0.25% Pidi | 59,254 | 63,305 |
| | United States Treas 3.25% Nts | 30,593 | 30,535 |
| | United States Treas 3.5% Nts | 13,823 | 13,024 |
| | United States Treas Note | 15,222 | 15,098 |
| | United States Treas Nts | 7,320 | 6,892 |
| | United States Treasury Note | 62,736 | 62,520 |
| | United States Treasury Note | 55,985 | 55,702 |
| | United States Treasury Notes | 56,851 | 57,284 |
| | Us Treasury Bill 0.00% | 16,735 | 16,930 |
| | Us Treasury Note 0.00% | 39,304 | 39,021 |
| | Us Treasury Note 01/31/2029 | 21,790 | 21,699 |
| | Us Treasury Note 02/15/2034 | 47,063 | 45,953 |
| | Us Treasury Note 06/30/2029 | 57,029 | 56,684 |
| | Us Treasury Note 07/15/2027 | 65,465 | 64,164 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 27-6927927, Plan No. 501

December 31, 2024

| (a)(b) Identity of Issuer | (c) Description of Investment | (d) Cost | (e) Current Value |
|---------------------------------|---|----------------------------|----------------------------|
| | Us Treasury Note 3.75% 05/31/2030 | 38,720 | 38,716 |
| | Total government securities | <u>\$ 1,136,989</u> | <u>\$ 1,116,571</u> |
| Comerica Bank | Private credit fund - Carlyle Tactical Private Credit | <u>\$ 405,210</u> | <u>\$ 412,018</u> |
| Comerica Bank | Real estate investment trusts: | | |
| | Agree Realty Corp | 8,575 | 8,524 |
| | Extra Space Storage Inc | 44,069 | 42,187 |
| | Lamar Advertising Co New - A | 29,530 | 48,453 |
| | Ryman Hospitality Pptys Inc | 24,995 | 22,537 |
| | Simon Property Group Inc | 39,018 | 37,025 |
| | Total real estate investment trusts | <u>\$ 146,187</u> | <u>\$ 158,727</u> |
| Comerica Bank | Hedge funds: | | |
| | Cion Ares Diversified Credit | 173,875 | 179,924 |
| | Pimco Flexible Income Fd LP | 1,304,891 | 1,194,119 |
| | | <u>\$ 1,478,766</u> | <u>\$ 1,374,043</u> |
| Comerica Bank | Real estate funds - Jones Lang Lasalle Income Property Trust | <u>\$ 979,440</u> | <u>\$ 805,011</u> |
| Comerica Bank | Private investment funds: | | |
| | Hamilton Lane | 600,000 | 650,843 |
| | AMG Pantheon | 600,000 | 624,272 |

UAW Retirees of ACC Benefit Trust

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 27-6927927, Plan No. 501
December 31, 2024

| <u>(a)(b) Identity of Issuer</u> | <u>(c) Description of Investment</u> | <u>(d) Cost</u> | <u>(e) Current Value</u> |
|--|--|----------------------|------------------------------|
| | Total private investment funds | <u>\$ 1,200,000</u> | <u>\$ 1,275,115</u> |
| | Total | <u>\$ 15,436,723</u> | <u>\$ 15,347,735</u> |