Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/01/2021

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
USW-UAW KELSEY-HAYES RETIREES
HEALTH AND WELFARE TRUST

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

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

2b Employer Identification Number (EIN)
86-1748324

2c Plan Sponsor's telephone number
877-578-8702

2d Business code (see instructions)
813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2026	S. HOWARD KLINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	187
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	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	169
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	180
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

4A 4U

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
USW-UAW KELSEY-HAYES RETIREES

D Employer Identification Number (EIN)
86-1748324

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	321751	76	01/01/2025	12/31/2025

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

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

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

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

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

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

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

(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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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	275448
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 [X] No

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
USW-UAW KELSEY-HAYES RETIREES

D Employer Identification Number (EIN)
86-1748324

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	321753	164	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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(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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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	595704
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
USW-UAW KELSEY-HAYES RETIREES

D Employer Identification Number (EIN)
86-1748324

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

T. ROWE PRICE ASSOCIATES INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	49322	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CENTRAL DATA SERVICES, INC.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	30621	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE MCKEOUGH COMPANY

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	21247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

GROSSMAN YANAK & FORD LLP

444 LIBERTY AVE STE 500
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20922	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S. HOWARD KLINE

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUST COMMITTEE MEMBER	13506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEANETTE STUMP

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUST COMMITTEE MEMBER	13506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
USW-UAW KELSEY-HAYES RETIREES

D Employer Identification Number (EIN)
86-1748324

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	170453	86335
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13305949	11300481
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28238	31927
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	481184	479015
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4906167	6137096
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6804817	8499843
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	25696808	26534697
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	18465	19931
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	17000	
1k Total liabilities (add all amounts in lines 1g through1j)	1k	35465	19931
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	25661343	26514766

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19407	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	444533	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		463940
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	59081	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	442421	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		501502
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3808046	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3675093	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		132953
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1681045	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1681045

		(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)		-795029
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1984411
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)	871402	
(3) Other	2e(3)	95232	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		966634
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)	30621	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15417	
(5) Investment advisory and investment management fees	2i(5)	49322	
(6) Bank or trust company trustee/custodial fees	2i(6)	6767	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2180	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	27012	
(11) Other expenses	2i(11)	33035	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		164354
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1130988
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		853423
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GROSSMAN YANAK & FORD LLP **(2)** EIN: 25-1638525

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

Financial Statements for the Years Ended December 31, 2025 and 2024, Supplemental Schedules as of and for the Year Ended December 31, 2025 and Independent Auditors' Report

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

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

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of USW-UAW Kelsey-Hayes Retiree Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of USW-UAW Kelsey-Hayes Retiree Health Care Plan as of December 31, 2025 and 2024, and the changes in its benefit obligations and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of the Trust Committee for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of USW-UAW Kelsey-Hayes Retiree Health Care Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by the Trust Committee, as well as 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 USW-UAW Kelsey-Hayes Retiree Health Care Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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

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

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

GROSSMAN YANAK & FORD LLP

Pittsburgh, Pennsylvania
September 24, 2026

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
BENEFIT OBLIGATIONS	$ 13,882,908	$ 14,447,688
ASSETS:		
Cash	86,335	170,453
Investment income receivable	30,638	25,759
Investments, at fair value	15,115,954	12,192,168
Prepaid insurance	1,289	2,479
Contributions receivable	11,300,481	13,305,949
Total	26,534,697	25,696,808
LIABILITIES:		
Accounts payable	19,931	18,465
Due to broker for securities purchased	-	17,000
Total	19,931	35,465
NET ASSETS AVAILABLE FOR BENEFITS	26,514,766	25,661,343
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS IN COMPARISON TO BENEFIT OBLIGATIONS	$ 12,631,858	$ 11,213,655

See notes to financial statements.

USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
INCREASE (DECREASE) IN BENEFIT OBLIGATIONS:		
Change in actuarial assumptions	$ 22,521	$ 1,640,274
Benefits and administrative expenses paid	(1,081,880)	(997,250)
Interest cost	625,804	592,169
Actuarial gain	(131,225)	(445,451)
Net increase (decrease) in benefit obligations	(564,780)	789,742
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:		
ADDITIONS:		
Investment income:		
Interest and dividends, net	520,909	439,498
Net appreciation in fair value of investments	1,018,969	815,572
Investment income, net	1,539,878	1,255,070
Interest income attributable to contributions receivable	444,533	523,256
Net additions	1,984,411	1,778,326
DEDUCTIONS:		
Premiums and fees for healthcare	966,634	881,628
Administrative expenses	164,354	162,260
Total deductions	1,130,988	1,043,888
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	853,423	734,438
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS AND CHANGE IN BENEFIT OBLIGATIONS	1,418,203	(55,304)
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS IN COMPARISON TO BENEFIT OBLIGATIONS:		
BEGINNING OF YEAR	11,213,655	11,268,959
END OF YEAR	$ 12,631,858	$ 11,213,655

See notes to financial statements.

1. DESCRIPTION OF THE PLAN

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

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

The Plan is funded by contributions from the Company, TRW Automatic Holdings Corporation and TRW Automatic, Inc. (the "TRW Defendants") over a period of ten years, pursuant to the Settlement Agreement, investment income and, potentially in the future, contributions from participants and beneficiaries. The Plan provides medical and prescription drug benefits to eligible participants and their surviving spouses and eligible dependents through group insurance agreements. Effective March 1, 2026, the Plan also provides dental benefits. The following groups are eligible to participate in the Plan:

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

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

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

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

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

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

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

Contributions - The TRW Defendants are required to make annual payments to the Trust as specified in the Settlement Agreement. Payments were $2,450,000 for each of the years ended December 31, 2025 and 2024 ($1,800,000 to the USW Retiree Account and $650,000 to the UAW Retiree Account). Future annual payments pursuant to the Settlement Agreement are expected to be $1,800,000 annually through February 2030 to the USW Retiree Account and $650,000 annually through February 2030 to the UAW Retiree Account. The present value of the future annual payments by the TRW Defendants, discounted at 4%, is reflected as a contribution receivable at December 31, 2025 and 2024. Interest income recognized for the years ended December 31, 2025 and 2024 was $444,533 and $523,256, respectively. No allowance for credit losses has been provided at December 31, 2025 or 2024 as the full amount of the contribution receivable is expected to be collected.

Benefits - Post-retirement medical benefits provided under the Plan are determined by the Trust Committee, which is composed of two individuals designated in the Trust Agreement. Medical and prescription drug coverage for Medicare-eligible participants is provided under a group insurance contract with Humana Insurance Company. Medical and prescription drug coverage for pre-Medicare participants is provided by way of the Steelworkers Health and Welfare Fund, which has a group insurance contract with Blue Cross Blue Shield administered by Highmark. Effective March 1, 2026, the Plan also provides dental coverage under a group insurance contract with Delta Dental.

Administrative Expenses - The Plan pays administrative expenses that consist primarily of third-party administrative fees and professional fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access,

Level 2 Inputs are not quoted prices in active markets but they are observable either directly or indirectly; and

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 or 2024.

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

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

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

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

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

Subsequent Events - The Trust Committee has evaluated subsequent events through September 24, 2026, the date which the financial statements were available to be issued.

3. BENEFIT OBLIGATIONS

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributable to all participant groups covered under the Plan as of December 31, 2025 and 2024. Postretirement benefits include future benefits expected to be paid for currently eligible participants and their surviving spouses and eligible dependents.

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

The following significant assumptions were used in the actuary's valuation as of and for the year ended December 31, 2025:

Discount rate	4.50%
Mortality	RP-2014 Blue Collar Mortality
Administrative costs	For USW participants - $349.16 per person per year with an annual trend of 3%; for UAW participants - $697.05 per person per year with an annual trend of 3%

Premium cost assumptions are based on the actual insurance premium rates in effect as of January 1, 2026 and trend rates summarized as follows:

	Insurance Premium Rates			
	Pre-65	Post-65	Year 1 Trend Rate	Ultimate Trend Rate*
USW - Jackson:				
Retiree	$ 20,297	$ 3,760	7.00 %	4.50 %
Spouse	$ 20,249	$ 3,760	7.00 %	4.50 %
UAW - Detroit:				
Retiree	$ 20,211	$ 3,760	7.00 %	4.50 %
Spouse	$ 20,163	$ 3,760	7.00 %	4.50 %

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

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

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

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

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

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

The medical cost trend rate assumption has a significant effect on the costs and obligations reported. At December 31, 2025 and 2024, a one percentage point increase in the medical cost-trend rate would result in an approximate increase in the accumulated benefit obligation of $1,086,000 and $1,166,000, respectively.

The changes in actuarial assumption for the years ended December 31, 2025 and 2024 are attributable to the update of the per capita cost for insurance premiums and administrative costs to reflect actual plan experience and the resetting of trend rates to reflect anticipated experience.

4. INVESTMENTS

The Plan's investments are held in trust by PNC Bank, NA. The following table presents the Plan's investments by type at December 31, 2025 and 2024.

	2025	2024
Mutual funds		
Equity	$ 2,089,032	$ 1,721,676
Bond	6,410,811	5,083,141
Money market	479,015	481,184
Stocks	6,137,096	4,906,167
Total	$ 15,115,954	$ 12,192,168

5. TRUST ACCOUNTS

The following is summary information regarding each of the Trust accounts as of and for the year ended December 31, 2025:

	USW Retiree Account	UAW Retiree Account	Total
Investment income	$ 1,171,163	$ 368,715	$ 1,539,878
Interest income attributable to contributions receivable	326,596	117,937	444,533
Premiums and fees for healthcare	(672,367)	(294,267)	(966,634)
Administrative expenses	(97,709)	(66,645)	(164,354)
Net increase in net assets available for benefits	$ 727,683	$ 125,740	$ 853,423

	USW Retiree Account	UAW Retiree Account	Total
Net assets available for benefits	$ 19,888,543	$ 6,626,223	$ 26,514,766
Benefit obligations	(8,605,634)	(5,277,274)	(13,882,908)
Excess of net assets available for benefits in comparison to benefit obligations	$ 11,282,909	$ 1,348,949	$ 12,631,858

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

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

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

6. TAX STATUS

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

U.S. GAAP prescribes a comprehensive model for the financial statement recognition, measurement, presentation, and disclosure of uncertain tax positions taken or expected to be taken in income tax returns. The Trust Committee believes that there is no liability related to uncertain tax positions at December 31, 2025 or 2024. The Plan is no longer subject to income tax examinations for years prior to December 31, 2022.

7. PLAN TERMINATION

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

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are issued by T. Rowe Price, which serves as the Plan's investment manager. The Plan also has arrangements with other service providers for various administrative functions. In addition, governance and certain administrative functions of the Plan are performed by the members of the Trust Committee. The Plan paid total compensation to the Trust Committee members of $27,012 and $26,230 during the years ended December 31, 2025 and 2024, respectively.

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Mutual Funds:				
*	T. Rowe Price	Government Money Fund	262,321	$ 262,321	$ 262,321
	Federated Hermes	Government Obligations Fund	216,694	216,694	216,694
*	T. Rowe Price	Short-Term Bond Fund	128,569	609,606	599,132
*	T. Rowe Price	Total Return Fund	372,634	3,710,591	3,145,033
*	T. Rowe Price	QM US Bond Index Fund	273,783	2,605,000	2,666,646
*	T. Rowe Price	International Value Fund	13,834	272,000	325,507
*	T. Rowe Price	International Stock Fund	10,788	222,000	225,253
*	T. Rowe Price	Mid-Cap Value Fund	10,310	346,289	330,646
*	T. Rowe Price	Small-Cap Stock Fund	2,955	194,705	168,543
*	T. Rowe Price	Diversified Mid-Cap Growth Fund	7,339	355,000	345,518
*	T. Rowe Price	Integrated U.S. Small-Cap Growth Fund	7,171	337,000	324,072
*	T. Rowe Price	Spectrum International Equity Fund	21,370	321,343	369,493
	Stocks:				
	Amazon	Common stock	1,650	275,354	380,853
	Booking Holdings	Common stock	25	70,360	133,883
	Home Depot	Common stock	280	94,280	96,348
	Marriott International	Common stock	295	51,879	91,521
	Ross Stores	Common stock	360	43,619	64,850
	Tesla Inc	Common stock	80	27,401	35,978
	Coca Cola	Common stock	1,050	61,974	73,406
	Colgate-Palmolive	Common stock	391	30,687	30,897
	Costco	Common stock	165	85,770	142,286
	McCormick & Co	Common stock	368	35,000	25,064
	Pepsico	Common stock	525	85,839	75,348
	Procter & Gamble	Common stock	475	69,463	68,072
	AON	Common stock	205	55,983	72,340
	JP Morgan	Common stock	575	89,372	185,277

(continued)

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Marsh & McLennan	Common stock	400	$ 68,197	$ 74,208
	Mastercard	Common stock	325	125,896	185,536
	Visa Inc	Common stock	465	114,754	163,080
	Wells Fargo & Company	Common stock	900	46,219	83,880
	Elevance Health Inc.	Common stock	175	73,719	61,346
	Danaher Corp.	Common stock	435	107,801	99,580
	Intuitive Surgical Inc.	Common stock	215	69,329	121,767
	Johnson & Johnson	Common stock	240	40,408	49,668
	Eli Lilly & Co.	Common stock	130	93,815	139,708
	Merck & Co Inc.	Common stock	630	55,092	66,314
	Stryker Corp.	Common stock	290	82,173	101,926
	UnitedHealth Group Inc.	Common stock	240	110,849	79,226
	GE Aerospace	Common stock	285	59,525	87,789
	Honeywell INTL Inc.	Common stock	192	38,301	37,457
	Old Dominion FGHT Lines	Common stock	260	47,046	40,768
	Union Pacific Corp.	Common stock	290	66,359	67,083
	United Parcel Service	Common stock	240	45,565	23,806
	Waste Connections Inc.	Common stock	400	51,975	70,144
	Accenture PLC	Common stock	270	88,443	72,441
	Advanced Micro Devices Inc.	Common stock	470	64,432	100,655
	Amphenol Corp.	Common stock	1,350	55,774	182,439
	Analog Devices Inc.	Common stock	410	71,518	111,192
	Apple Inc.	Common stock	1,580	276,149	429,539
	Broadcom Inc	Common stock	530	157,146	183,433
	Microsoft Corp.	Common stock	750	243,848	362,715
	Nvidia Corp	Common stock	2,185	105,428	407,503
	Roper Technologies	Common stock	105	52,619	46,739
	SalesForce.com	Common stock	270	70,978	71,526
	Service Now Inc	Common stock	225	39,270	34,468
	Texas Instruments Inc.	Common stock	395	69,987	68,529
	Workday Inc.	Common stock	175	44,915	37,587

(continued)

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

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Linde PLC	Common stock	235	$ 78,034	$ 100,202
	Solstice Adv Materials Inc	Common stock	14	684	680
	American Tower Corp	Common stock	380	92,797	66,717
	Prologis	Common stock	253	30,937	32,298
	Alphabet	Common stock	1,585	225,673	497,373
	Disney Walt Co.	Common stock	90	14,067	10,239
	Meta Platforms Inc	Common stock	260	178,481	171,623
	Netflix Inc	Common stock	400	45,828	37,504
	Nextera Energy Inc.	Common stock	1,025	75,041	82,285
	Total			$ 13,908,602	$ 15,115,954

*Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
USW-UAW KELSEY-HAYES RETIREE HEALTH CARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 04/01/2021

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
USW-UAW KELSEY-HAYES RETIREES HEALTH AND WELFARE TRUST

60 BOULEVARD OF THE ALLIES, 5TH FL.

PITTSBURGH PA 15222

2b Employer Identification Number (EIN) 86-1748324

2c Plan Sponsor's telephone number 877-578-8702

2d Business code (see instructions) 813930

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

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

SIGN HERE	S Howard Kline 9/15/26		S. HOWARD KLINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

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

SCHEDULE OF REPORTABLE TRANSACTIONS (SCHEDULE H, LINE 4j)
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain (Loss)
Category (i): Single transactions in excess of 5% of the current value of plan assets:					
T. Rowe Price	Government Money Fund	$ 1,800,000	-	-	-
Category (iii): Series of transactions with the same security in excess of 5% of the current value of plan assets:					
T. Rowe Price*	Government Money Fund	$ 3,034,521	$ 3,036,200	$ 3,036,200	-

* Aggregate of 28 purchases, one of which individually exceeded 5% of the plan assets at the beginning of the year, and 29 sales, none of which individually exceeded 5% of the plan assets at the beginning of the year.