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
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 07/01/1960

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)
DTE ENERGY CORPORATE SERVICES, LLC

ONE ENERGY PLAZA
240 GO
DETROIT, MI 48226-1221

2b Employer Identification Number (EIN) 20-5898509

2c Plan Sponsor's telephone number 313-235-8257

2d Business code (see instructions) 221210

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.	10/08/2026	MICHAEL COOPER
	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 ☐ Same as Plan Sponsor

THE DTE ENERGY COMPANY BENEFIT PLAN ADMINISTRATION COMMITTEE

ONE ENERGY PLAZA
DETROIT, MI 48226-1221

3b Administrator's EIN: 38-3217752

3c Administrator's telephone number: 313-235-8257

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**	2275
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)**	782
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	745
b	Retired or separated participants receiving benefits	**6b**	1011
c	Other retired or separated participants entitled to future benefits	**6c**	158
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1914
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	288
f	Total. Add lines **6d** and **6e**.	**6f**	2202
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**	0
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:

1A 1C 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DTE ENERGY CORPORATE SERVICES, LLC

D Employer Identification Number (EIN)
20-5898509

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	424922113
b Actuarial value	**2b**	423239091

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1304	234604582	234604582
b For terminated vested participants	189	8902961	8902961
c For active participants	782	158022475	171136798
d Total	2275	401530018	414644341

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9802931
b Expected plan-related expenses	**6b**	750000
c Target normal cost	**6c**	10552931

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/25/2026
Date

BRUCE R. MENZEL
Type or print name of actuary

26-05790
Most recent enrollment number

AON CONSULTING, INC.
Firm name

952-886-8000
Telephone number (including area code)

MSC# 17704
PO BOX 551343
ATLANTA, GA 30355
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	99451623
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	15804432
9	Amount remaining (line 7 minus line 8)	0	83647191
10	Interest on line 9 using prior year's actual return of 4.05 %	0	3387711
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	87034902

Part III Funding Percentages

14	Funding target attainment percentage	14	81.08 %
15	Adjusted funding target attainment percentage	15	102.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	10552931
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	78440152	7754900
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	18307831

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	18307831	18307831

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
DTE ENERGY CORPORATE SERVICES, LLC

D Employer Identification Number (EIN)
20-5898509

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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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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50	NONE KNOWN	142422	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DTE ENERGY CORPORATE SERVICES, LLC

20-5898509

(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	EMPLOYER	80519	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING, INC.

22-2232264

(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 17 50	NONE KNOWN	29768	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)

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	15100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGE JOHNSON & COMPANY

38-2029668

(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	14600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

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
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DTE ENERGY CORPORATE SERVICES, LLC

D Employer Identification Number (EIN)
20-5898509

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DTE ENERGY CO. AFF EMP BEN PLANS MT

b Name of sponsor of entity listed in (a): DTE ENERGY CORPORATE SERVICES, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6264027-021	M	432053362

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
DTE ENERGY CORPORATE SERVICES, LLC

D Employer Identification Number (EIN)
20-5898509

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)	424994111	432053362
(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)		
(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	424994111	432053362
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	71998	182627
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	71998	182627
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	424922113	431870735

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)		
(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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		40041517
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		40041517
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31778842	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		31778842
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)	80519	
(2) Contract administrator fees	2i(2)	142422	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14600	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	29768	
(8) Legal fees	2i(8)	2766	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	185975	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		456050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32234892
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7806625
l Transfers of assets:			
(1) To this plan	2l(1)		105427
(2) From this plan	2l(2)		963430

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) [X] 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: GJC CPA'S & ADVISORS **(2)** EIN: 38-2029668

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		25000000
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)
DTE ENERGY COMPANY AFFILIATES EMPLOYEE BENEFIT PLANS MASTER TRUST	25-6264027	021

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591138.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
DTE ENERGY CORPORATE SERVICES, LLC

D Employer Identification Number (EIN)
20-5898509

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 86-1061233

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 23

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☒ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 35.9 % Private Equity: 15.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.9 %
High-Yield Debt: 1.3 % Real Assets: 0.5 % Cash or Cash Equivalents: 0.0 % Other: 21.1 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

DTE Energy Company Defined Benefit Plans

DTE Energy Company Retirement Plan

DTE Gas Company Retirement Plan for Employees Covered by Collective Bargaining Agreements

Shenango Incorporated Pension Plan

Financial Report

December 31, 2025

DTE Energy Company Defined Benefit Plans

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GJC

CPAs | ADVISORS

INDEPENDENT AUDITOR'S REPORT

October 7, 2026

To the Participants, Benefit Plan Administration Committee, Investment Committee,
Shenango Pension Board, and Shenango Pension Investment Committee
DTE Energy Company Defined Benefit Plans

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the DTE Energy Company Retirement Plan (the "DTE Retirement Plan"), the DTE Gas Company Retirement Plan for Employees Covered by Collective Bargaining Agreements (the "DTE Gas Union Retirement Plan"), and the Shenango Incorporated Pension Plan (the "Shenango Pension Plan"), collectively referred to as the "DTE Energy Company Defined Benefit Plans" (the "Plans"), employee benefit plans subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, as well as the related notes to the financial statements.

The Plans' management, having determined it is permissible in the circumstances, has elected to have the audits of the Plans' financial statements performed in accordance with ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plans ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

The Plans' management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Notes 3, 4, and 6 to the financial statements, is complete and accurate.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinion

In our opinion, based on our audits and on the procedures performed as described in the "Auditor's Responsibilities for the Audits of the Financial Statements" section:

- The amounts and disclosures in the financial statements, other than those agreed to, or derived from, the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

- The information in the accompanying financial statements related to assets held by, and certified to by, a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that the Plans' management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. 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 Plans 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

The Plans' management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Plans' ability to continue as going concerns for one year after the date that the financial statements are available to be issued.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Responsibilities of Management for the Financial Statements (continued)

The Plans' management is also responsible for maintaining current plan instruments, including all plan amendments, administering the Plans, and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' 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.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the "Scope and Nature of the ERISA Section 103(a)(3)(C) Audit" section of our report, 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 an audit conducted in accordance with U.S. 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 an audit in accordance with U.S. GAAS:

- We exercise professional judgment and maintain professional skepticism throughout the audit.

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and we 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.

- We 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 the Plans' internal control. Accordingly, no such opinion is expressed.

- We evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, and we evaluate the overall presentation of the financial statements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Auditor's Responsibilities for the Audits of the Financial Statements (continued)

- We conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as going concerns for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

GJC CPAs & Advisors

Detroit, Michigan

DTE Energy Company Defined Benefit Plans

Statements of Net Assets

December 31, 2025

	DTE Retirement Plan (Ongoing)	DTE Gas Union Retirement Plan (Ongoing)	Shenango Pension Plan (In Liquidation)	Total (Memorandum Only)
Assets				
Plan's interest in DTE Energy Company Affiliates Employee Benefit Plans Master Trust	$ 3,350,816,751	$ 432,053,362	$ 12,427,332	$ 3,795,297,445
Net assets held in 401(h) account	397,914,219	-	-	397,914,219
Accrued income	-	-	165,265	165,265
Total assets	3,748,730,970	432,053,362	12,592,597	4,193,376,929
Liabilities				
Amounts related to obligation of Section 401(h) account	397,914,219	-	-	397,914,219
Accrued liabilities	1,651,491	182,627	286,425	2,120,543
Total liabilities	399,565,710	182,627	286,425	400,034,762
Net Assets	**$ 3,349,165,260**	**$ 431,870,735**	**$ 12,306,172**	**$ 3,793,342,167**

See notes to financial statements

DTE Energy Company Defined Benefit Plans

Statements of Net Assets

December 31, 2024

	DTE Retirement Plan (Ongoing)	DTE Gas Union Retirement Plan (Ongoing)	Shenango Pension Plan (Ongoing)	Total (Memorandum Only)
Assets				
Plan's interest in DTE Energy Company Affiliates Employee Benefit Plans Master Trust	$ 3,320,589,763	$ 424,994,111	$ 12,531,908	$ 3,758,115,782
Employer contribution receivable	-	-	500,000	500,000
Net assets held in 401(h) account	371,402,709	-	-	371,402,709
Total assets	3,691,992,472	424,994,111	13,031,908	4,130,018,491
Liabilities				
Amounts related to obligation of Section 401(h) account	371,402,709	-	-	371,402,709
Accrued liabilities	443,145	71,998	278	515,421
Total liabilities	371,845,854	71,998	278	371,918,130
Net Assets	**$ 3,320,146,618**	**$ 424,922,113**	**$ 13,031,630**	**$ 3,758,100,361**

See notes to financial statements

DTE Energy Company Defined Benefit Plans

Statements of Changes in Net Assets

Year Ended December 31, 2025

	DTE Retirement Plan (Ongoing)	DTE Gas Union Retirement Plan (Ongoing)	Shenango Pension Plan (In Liquidation)	Total (Memorandum Only)
Additions				
Plan's share of DTE Energy Company Affiliates Employee Benefit Plans Master Trust investment income	$ 315,096,170	$ 40,041,517	$ 1,330,202	$ 356,467,889
Deductions				
Benefits paid directly to participants or beneficiaries	273,469,839	31,778,842	1,466,773	306,715,454
Pension Benefit Guaranty Corporation premiums	2,027,874	241,150	120,828	2,389,852
Administrative and investment expenses	9,069,819	1,178,330	467,117	10,715,266
Total deductions	284,567,532	33,198,322	2,054,718	319,820,572
Transfers Between Plans	(104,485)	105,427	(942)	-
Transfers Out - DTE Energy Company Health and Welfare Benefit Plans	(1,405,511)	-	-	(1,405,511)
Net Increase (Decrease)	29,018,642	6,948,622	(725,458)	35,241,806
Net Assets Available for Benefits				
Beginning of year	3,320,146,618	424,922,113	13,031,630	3,758,100,361
End of year	**$ 3,349,165,260**	**$ 431,870,735**	**$ 12,306,172**	**$ 3,793,342,167**

See notes to financial statements

DTE Energy Company Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2025

	DTE Retirement Plan (Ongoing)	DTE Gas Union Retirement Plan (Ongoing)	Shenango Pension Plan (In Liquidation)	Total (Memorandum Only)
Actuarial Present Value of Accumulated Plan Benefits				
Vested benefits:				
Participants currently receiving benefit payments	$ 2,100,895,848	$ 189,587,743	$ 10,944,746	$ 2,301,428,337
Other participants	719,061,249	130,196,443	1,845,057	851,102,749
Total vested benefits	2,819,957,097	319,784,186	12,789,803	3,152,531,086
Nonvested benefits	13,612,540	9,822,857	-	23,435,397
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 2,833,569,637**	**$ 329,607,043**	**$ 12,789,803**	**$ 3,175,966,483**

See notes to financial statements

DTE Energy Company Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2024

	DTE Retirement Plan (Ongoing)	DTE Gas Union Retirement Plan (Ongoing)	Shenango Pension Plan (Ongoing)	Total (Memorandum Only)
Actuarial Present Value of Accumulated Plan Benefits				
Vested benefits:				
Participants currently receiving benefit payments	$ 2,051,248,417	$ 192,940,303	$ 9,895,108	$ 2,254,083,828
Other participants	786,567,411	121,960,791	2,200,300	910,728,502
Total vested benefits	2,837,815,828	314,901,094	12,095,408	3,164,812,330
Nonvested benefits	14,137,417	9,534,130	-	23,671,547
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 2,851,953,245**	**$ 324,435,224**	**$ 12,095,408**	**$ 3,188,483,877**

See notes to financial statements

DTE Energy Company Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

Year Ended December 31, 2025

	DTE Retirement Plan (Ongoing)	DTE Gas Union Retirement Plan (Ongoing)	Shenango Pension Plan (In Liquidation)	Total (Memorandum Only)
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$ 2,851,953,245	$ 324,435,224	$ 12,095,408	$ 3,188,483,877
Increase (decrease) during the year attributable to:				
Benefits accumulated and other plan experience	47,942,205	7,732,711	(213,197)	55,461,719
Interest due to the decrease in the discount period	203,931,899	23,406,876	784,824	228,123,599
Benefits paid	(273,469,839)	(31,778,842)	(1,466,773)	(306,715,454)
Changes in actuarial assumptions	3,212,127	5,811,074	1,589,541	10,612,742
Net (decrease) increase	(18,383,608)	5,171,819	694,395	(12,517,394)
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$ 2,833,569,637**	**$ 329,607,043**	**$ 12,789,803**	**$ 3,175,966,483**

See notes to financial statements

Note 1 - Plan Description

The following descriptions of the DTE Energy Company Retirement Plan (the “DTE Retirement Plan”), the DTE Gas Company Retirement Plan for Employees Covered by Collective Bargaining Agreements (the “DTE Gas Union Retirement Plan”), and the Shenango Incorporated Pension Plan (the “Shenango Pension Plan”) (collectively, the "Plans") provide only general information. Participants should refer to the respective Plan documents for a more complete description of each plan's provisions. The Plans are non-contributory defined benefit pension plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Shenango Pension Plan was terminated effective December 31, 2025. See Note 7 for additional information. The following is a description of the provisions of the Shenango Pension Plan prior to termination.

General

DTE Energy Corporate Services, LLC (“DTE LLC”), a subsidiary of DTE Energy, DTE Electric Company (“DTE Electric”), DTE Gas Company (“DTE Gas”), Citizens Gas Fuel Company (“Citizens Gas”), certain non-regulated Participating Affiliates, and Shenango, LLC ("Shenango"), an affiliate of DTE Energy that ceased operations in 2016, provide retirement benefits to eligible participants as defined by each of the respective plans' provisions. DTE LLC, the specific employers listed above, and the Participating Affiliates are otherwise referred to as the "Company" or "Companies" or "Participating Employers."

The Plans' assets are held in the DTE Energy Company Affiliates Employee Benefit Plans Master Trust (the “Master Trust”), whose trustee is State Street Bank and Trust Company ("State Street").

Eligibility

DTE Retirement Plan

The DTE Retirement Plan has three distinct subdivisions, which originate from the merger of former plans. These subdivisions are generally referred to as the DTE Traditional Plan, the MCN Plan, and the DTE Cash Balance Plan.

The DTE Traditional Plan generally provides benefits to the following employee groups:

- Non-represented employees who were employed by DTE Electric before August 1, 2001 and continue to be non-represented employees of DTE Electric, DTE Gas, or DTE LLC
- Formerly represented employees of DTE Electric, DTE Gas, or DTE LLC who transferred to non-represented positions with these employers and that were participants in existing Company-sponsored final average pay defined benefit pension plans at the time of transfer
- Eligible employees represented by Local 39 of the United Government Security Officers of America ("Local 39") hired before August 9, 2010
- Eligible employees of the Company who are represented by Local 17 of the International Brotherhood of Electrical Workers ("Local 17") who are 18 years of age or older with at least six months of service
- Eligible employees of the Company who are represented by the Trade Division ("Trades") and Office of Professional and Technical Workers ("OPT") Agreements between DTE Energy and Local 223 of the Utility Workers Union of America ("Local 223") who are 18 years of age or older with at least six months of service and were generally hired before March 23, 2013

Note 1 - Plan Description (Continued)

The MCN Plan is comprised of three parts:

- The MCN Cash Balance Plan, which provides benefits to non-represented employees of MCN Energy Group ("MCN"), MCN Energy Enterprises ("MCNIC"), and Citizens Gas hired before July 1, 1998 that elected this part of the MCN Plan (or hired after June 30, 1998 and before August 1, 2001 that did not elect to participate in the DTE Cash Balance Plan) and represented employees of Citizens Gas generally hired before June 1, 2005
- The MCN Traditional Plan, which provides benefits to non-represented employees of MCN and MCNIC hired before July 1, 1998 that elected this part of the MCN Plan, non-represented employees of DTE Gas hired before August 1, 2001 who did not elect to participate in the DTE Cash Balance Plan, and certain DTE Gas employees that transferred from a represented to a non-represented position before either January 1, 2005 or January 1, 2006
- The Citizens Gas Traditional Plan, which provides benefits to certain Citizens Gas terminated and retired employees. This component does not apply to any current active employees

The DTE Cash Balance Plan generally provides benefits to the following employee groups:

- Non-represented employees of the Company hired before August 1, 2001 that elected to participate in the DTE Cash Balance Plan who remained non-represented employees until June 1, 2002
- Non-represented employees of the Company hired after July 31, 2001 and before January 1, 2012 (January 1, 2003 for MCNIC)
- Employees of Citizens Gas represented by Local 223 (Gas Division) hired after May 31, 2005 and before January 1, 2014
- Employees of DTE Electric represented by Local 39 and participating in the DTE Cash Balance Plan as non-represented employees on August 9, 2010 or represented by Local 39 and hired after August 9, 2010 and before August 26, 2013
- Employees represented by Local 223 (Trades and OPT) hired after December 31, 2010 and before March 23, 2013 who affirmatively elected to participate in the DTE Cash Balance Plan

DTE Gas Union Retirement Plan

The DTE Gas Union Retirement Plan generally provides benefits to certain employees of DTE LLC and DTE Gas who are 18 years of age or older, have six months of service, and are represented by the following unions and as of certain dates:

- Local 223 (Gas Division) and hired prior to March 23, 2013
- Local 223 (Gas Division) who were hired on March 25, 2013 and who chose to participate in the DTE Gas Union Retirement Plan on January 1, 2015
- Local 799C Transmission and Storage Operations (“Local 799C T&SO”) of the International Chemical Workers Union Council of the United Food and Commercial Workers and hired prior to March 27, 2013
- Local 799C Northern, Local 70C or Local 132C of the International Chemical Workers Union Council of the United Food and Commercial Workers and hired prior to June 6, 2011

Note 1 - Plan Description (Continued)

Employees represented by Local 223 (Gas Division) and Local 799C T&SO hired on or after January 1, 2011 but prior to March 23, 2013 (Local 223) or prior to March 27, 2013 (Local 799C T&SO) were eligible to choose between a traditional final average pay defined benefit plan (“Traditional Plan”) option and a cash balance defined benefit plan (“Cash Balance Plan”) option at the time of hire.

Shenango Pension Plan

Non-union employees of Shenango hired on or before December 31, 2008, and union employees hired on or before May 5, 2013 who have completed one year of continuous service and have attained age 21, are eligible to participate in the Shenango Pension Plan. The Shenango Pension Plan is closed to non-union employees hired after December 31, 2008 and union employees hired after May 5, 2013.

Administration

DTE Energy Corporate Services, LLC is the sponsor of the Plans. The DTE Energy Benefit Plan Administration Committee ("BPAC"), as provided for in the respective plan's legal documents, is the plan administrator and has responsibility for the administration of the DTE Retirement Plan and DTE Gas Union Retirement Plan. The Shenango Pension Board ("SPB") is the plan administrator and has responsibility for the administration of the Shenango Pension Plan. The DTE Energy Investment Committee (the "Investment Committee") may wholly or partially amend the Master Trust at any time.

Certain administrative functions are performed by officers or employees of the Company.

Funding

Contributions are made by the Company in actuarially determined amounts. The Company’s policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Vesting

Participants are generally fully vested for retirement benefits after five years of service. For any cash balance components of any of the respective Plans, participants are fully vested for retirement benefits after three years of service.

Pension Benefits

Benefits available are determined under the terms of the plan document in effect at the time of an employee’s retirement or termination of employment.

Early retirement benefits are available to participants who meet certain minimum age and service requirements as defined in the respective Plan documents.

Excluding the DTE Retirement Plan, employees that meet certain years of service requirements and become disabled prior to normal retirement age may be eligible for a benefit, depending on the type of disability. Requests for total and permanent disability retirement benefits are subject to review and approval by the Company. The disability benefit varies according to the respective plan documents.

DTE Retirement Plan and DTE Gas Union Retirement Plan

Benefits paid to a participant will depend on the component of the respective plan in which an individual participates.

Note 1 - Plan Description (Continued)

Eligible and vested employees under a traditional plan structure are entitled to normal monthly pension benefits that are based on final average compensation and credited service. Benefit payments begin at the participant's normal retirement age of 65. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination or they may elect to receive their benefits as a life annuity payable monthly from retirement.

Eligible and vested employees under a cash balance structure are entitled to benefits based on annual contribution credits and interest credits as defined in the respective plan documents. The monthly pension benefit at the normal retirement date is the actuarial equivalent of the participant's hypothetical cash balance account expressed as a single-life annuity. Employees may also elect to receive the value of their benefit in the form of a lump-sum distribution.

Shenango Pension Plan

Eligible and vested employees under the Shenango Pension Plan that are governed by its salaried provisions are entitled to normal monthly pension benefits that are based on final average compensation and credited service. Benefit payments begin at the participant's normal retirement age of 65. The benefit of any employee whose participation is governed by the Shenango Pension Plan's salaried provisions was frozen as of December 31, 2008, using the number of years of service and final average compensation as of that date.

Participants covered under collective bargaining agreements are entitled to a minimum monthly pension benefit that is calculated in accordance with the applicable collective bargaining agreement and the Shenango Pension Plan document.

Death Benefits

In certain circumstances, if an active or terminated employee who has a vested interest in the DTE Retirement Plan or DTE Gas Union Retirement Plan dies prior to their normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the respective Plan.

401(h) Account

The DTE Retirement Plan includes a health and welfare component, in addition to normal retirement benefits, to fund a portion of the postretirement obligations for certain retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code of 1986 ("IRC"). A separate account in the Master Trust has been established and maintained for the net assets of the DTE Retirement Plan related to the health and welfare component (the "401(h) account"). In accordance with IRC Section 401(h), the DTE Retirement Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for eligible retirees and their beneficiaries. Any assets transferred to the 401(h) account from the DTE Retirement Plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the DTE Retirement Plan. There were no such transfers in the current plan year. The related obligations for health benefits are not included as obligations in the accompanying financial statements of the DTE Retirement Plan, but are reflected as obligations in the financial statements of the DTE Energy Company Comprehensive Retiree Group Health Care Plan. The DTE Retirement Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually or more frequently and are at the discretion of the Company.

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

Certain Master Trust assets are in investment funds managed by State Street. State Street is the trustee of the Plans, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plans, except as noted below, are prepared on the accrual basis of accounting.

As discussed in Note 7 to the financial statements, the Shenango Pension Plan was terminated effective December 31, 2025. As a result, the Shenango Pension Plan changed its basis of accounting for periods subsequent to December 31, 2024 from the accrual basis to the liquidation basis in accordance with accounting principles generally accepted in the United States of America (GAAP).

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Memorandum Totals

The "Total (Memorandum Only)" columns in the accompanying financial statements represent the total balances and activity for the Plans currently participating in the Master Trust and are provided for information purposes only.

Investment Valuation and Income Recognition

Investments held by the Master Trust are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion of fair value measurements.

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.

Benefit Payments

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plans' provisions, to the service employees have rendered through the valuation date. These include benefits expected to be paid to:

(a) Retired or terminated employees or their beneficiaries
(b) Beneficiaries of employees who have died
(c) Present employees or their beneficiaries

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plans at December 31, 2025 and 2024 are summarized as follows:

Assumption	2025	2024
Actuarial cost method	Projected unit credit	Projected unit credit
Discount rate	7.40% (Shenango Pension Plan - 5.16% which is the single equivalent rate based on the Aon Annuity Yield Curve as of December 31, 2025 and the September 2025 417(e) lump sum segment rates).	7.40% (Shenango Pension Plan - 6.90%)
Mortality assumption	Pri-2012 mortality table projected to 2021 using the MP-2021 improvement scale and projected beyond 2021 using a modified MP-2021 improvement scale	Pri-2012 mortality table projected to 2021 using the MP-2021 improvement scale and projected beyond 2021 using a modified MP-2021 improvement scale
Average retirement age	60	60

The foregoing actuarial assumptions, except as noted below, are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

See Note 7 for description of the Shenango Pension Plan's termination. As a result of the Shenango Pension Plan's termination, the basis of measurement changed from an ongoing actuarial basis to a liquidation basis.

Administrative Expenses

Trustee fees, investment management fees, recordkeeping fees, and other expenses incidental to the Plans are paid from Master Trust assets. The Master Trust reimburses certain administrative costs incurred by the Company. Other costs of administering the Plans are paid by the Company.

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, liabilities, and accumulated plan benefits, as well as disclosure of contingent assets and liabilities, at the date of the financial statements and the reported amounts of changes in net assets and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

Contributions to the Plans and the accumulated plan benefits 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.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 7, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

State Street (the "Trustee") holds the Master Trust's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements, including Master Trust information included in Notes 4 and 6, are based solely on information certified by the Trustee.

Note 4 - Interest in Master Trust

The Plans' investments are in the Master Trust, which was established for the investment of assets of the Plans. Each participating benefit plan has an undivided interest in the Master Trust. The DTE Retirement Plan's assets include assets that are in a separate 401(h) account which is used to fund eligible health and welfare benefits.

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon their pro-rata share in the investments of the Master Trust.

The Shenango Pension Plan has less than a 1% interest in the Master Trust at December 31, 2025 and December 31, 2024.

At December 31, 2025 and 2024, the Plans' approximate ownership interests in the Master Trust (rounded to the nearest 1%) were as follows:

	2025	2024
DTE Retirement Plan (including 9% related to the 401(h) account at December 31, 2025 and 2024)	90 %	90 %
DTE Gas Union Retirement Plan	10	10
Total - Master Trust	100 %	100 %

Note 4 - Interest in Master Trust (Continued)

The net assets of the Master Trust, and each of the Plans' respective interests in the net assets of the Master Trust, at December 31, 2025 and 2024 are as follows:

	December 31, 2025			
		Plan's Interest in Master Trust Balances		
	Master Trust Balances	DTE Retirement Plan (including 401(h) account)	DTE Gas Union Retirement Plan	Shenango Pension Plan
Investments:				
Short term investment funds	$ 83,886,987	$ 74,994,961	$ 8,643,412	$ 248,614
Common and preferred stocks	79,996,786	71,517,122	8,242,579	237,085
Mutual funds	108,601,827	97,090,027	11,189,939	321,861
Government securities	683,728,978	611,253,664	70,448,961	2,026,353
Corporate debt instruments and loans	1,672,424,162	1,495,147,098	172,320,536	4,956,528
Other	36,727,013	32,833,947	3,784,219	108,847
Partnerships and joint venture interests	852,625,521	762,247,163	87,851,450	2,526,908
Hedge funds	126,091,894	112,726,145	12,992,053	373,696
Common/collective trusts, commingled equity funds, and other investments at NAV	571,276,073	510,720,774	58,862,220	1,693,079
Total Master Trust investments	4,215,359,241	3,768,530,901	434,335,369	12,492,971
Other assets - Due from broker for securities purchased and other	107,132,567	95,776,510	11,038,551	317,506
Other liabilities - Due to broker for securities sold and other	(129,280,144)	(115,576,441)	(13,320,558)	(383,145)
Total net assets of the Master Trust	$ 4,193,211,664	$ 3,748,730,970	$ 432,053,362	$ 12,427,332

Note 4 - Interest in Master Trust (Continued)

	December 31, 2024			
		Plan's Interest in Master Trust Balances		
	Master Trust Balances	DTE Retirement Plan (including 401(h) account)	DTE Gas Union Retirement Plan	Shenango Pension Plan
Investments:				
Short term investment funds	$ 78,991,917	$ 70,622,656	$ 8,129,543	$ 239,718
Common and preferred stocks	107,056,994	95,714,214	11,017,893	324,887
Mutual funds	107,134,500	95,783,508	11,025,869	325,123
Government securities	775,674,753	693,491,349	79,829,453	2,353,951
Corporate debt instruments and loans	1,583,007,344	1,415,286,361	162,917,008	4,803,975
Other	4,752,768	4,249,208	489,137	14,423
Partnerships and joint venture interests	889,443,113	795,205,853	91,538,054	2,699,206
Hedge funds	121,473,453	108,603,237	12,501,579	368,637
Common/collective trusts, commingled equity funds, and other investments at NAV	549,283,499	491,086,442	56,530,139	1,666,918
Total Master Trust investments	4,216,818,341	3,770,042,828	433,978,675	12,796,838
Other assets - Due from broker for securities purchased and other	88,089,594	78,756,426	9,065,841	267,327
Other liabilities - Due to broker for securities sold and other	(175,389,444)	(156,806,782)	(18,050,405)	(532,257)
Total net assets of the Master Trust	$ 4,129,518,491	$ 3,691,992,472	$ 424,994,111	$ 12,531,908

The net investment income for the Master Trust, including $36,391,972 of net income related to the 401(h) account, for the year ended December 31, 2025 is as follows:

Net investment income:	
Net realized and unrealized gains and other gains	$ 315,271,220
Interest and dividend income	77,588,641
Total investment income - Net	$ 392,859,861

Note 5 - 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 Master Trust has the ability to access.

Note 5 - 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 whereby 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 Master 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 valuation methodologies have been used to value the Master Trust's investments:

Short Term Investment Funds

Short term investment funds are valued based on quoted prices in actively traded markets.

Common and Preferred Stocks and Mutual Funds

Common and preferred stocks and mutual funds are valued at quoted prices reported in active markets.

Government Securities

Government securities are valued based on quotes received from independent pricing services or from dealers who make markets in such securities. Pricing services utilize matrix pricing, which considers readily available inputs such as the yield or price of securities of comparable quality, coupon, maturity, and type. U.S. Government securities are considered by management to be traded in active markets. Therefore, government securities issued by the U.S. Government are classified as Level 1 within the fair value hierarchy.

Corporate Debt Instruments and Loans

Corporate debt instruments and loans 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.

Partnerships and Joint Venture Interests

Investments in partnerships and joint venture interests are valued at the net asset value (NAV) per share (or its equivalent) of the funds based on the audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments.

Hedge Funds

Hedge Funds are valued by using NAV per unit as a practical expedient to measure fair value at year end, as quoted by the fund manager.

Note 5 - Fair Value Measurements (Continued)

Common/Collective Trusts, Commingled Equity Funds, and Other Investments Valued at NAV

Common/collective trusts, commingled equity funds, and other investments valued at NAV are valued at the net asset value per share or its equivalent of the funds, which is based on the fair value of the funds' underlying net assets.

Other

Other investments include insurance-linked securities, asset-backed securities, and derivatives that are comprised primarily of swaps and futures contracts. The insurance-linked and asset-backed securities are valued using quotations from brokers or pricing services. The derivatives are valued based upon the expected amount the Master Trust would receive or pay to exit the derivative at the reporting date.

The following tables present information about the Master Trust's investments measured at fair value on a recurring basis at December 31, 2025 and 2024:

	Master Trust Net Assets at December 31, 2025		
	Total	Level 1	Level 2
Investments at fair value:			
Short term investment funds	$ 83,886,987	$ 83,886,987	$ -
Common and preferred stocks	79,996,786	79,996,786	-
Mutual funds	108,601,827	108,601,827	-
Government securities	683,728,978	594,303,967	89,425,011
Corporate debt instruments and loans	1,672,424,162	-	1,672,424,162
Other	36,727,013	(894,668)	37,621,681
Total	2,665,365,753	$ 865,894,899	$ 1,799,470,854
Investments measured at NAV:			
Partnerships and joint venture interests	852,625,521		
Hedge funds	126,091,894		
Common/collective trusts, commingled equity funds, and other	571,276,073		
Total investments	$ 4,215,359,241		

Note 5 - Fair Value Measurements (Continued)

	Master Trust Net Assets at December 31, 2024		
	Total	Level 1	Level 2
Investments at fair value:			
Short term investment funds	$ 78,991,917	$ 78,991,917	$ -
Common and preferred stocks	107,056,994	107,056,994	-
Mutual funds	107,134,500	107,134,500	-
Government securities	775,674,753	691,896,653	83,778,100
Corporate debt instruments and loans	1,583,007,344	-	1,583,007,344
Other	4,752,768	(3,750,901)	8,503,669
Total	2,656,618,276	$ 981,329,163	$ 1,675,289,113
Investments measured at NAV:			
Partnerships and joint venture interests	889,443,113		
Hedge funds	121,473,453		
Common/collective trusts, commingled equity funds, and other	549,283,499		
Total investments	$ 4,216,818,341		

Investments in Entities that Calculate NAV

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

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

	December 31, 2025	December 31, 2024			
	Fair Value	Fair Value	2025 Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Investments:					
Partnerships and joint venture interests (1)	$ 852,625,521	$ 889,443,113	$ 204,916,352	N/A	N/A
Hedge funds (2)	126,091,894	121,473,453	-	Quarterly - Annually	45 Days - 2 Years
Common/collective trusts, commingled equity funds, and other (3)	571,276,073	549,283,499	-	Daily - Monthly	1 - 10 Days
Total	$ 1,549,993,488	$ 1,560,200,065	$ 204,916,352		

(1) This class represents investments that include a diversified group of funds and strategies that primarily invests in private equity partnerships. This class also includes funds that invest in real estate and private debt. Funds in this class have original terms averaging 10 to 13 years and beyond, and cannot be redeemed within the fund without the consent of the applicable General Partner. Although it is not probable that such investments will be sold, it is possible to sell fund units in the secondary market.

(2) This class represents hedge fund investments that include a diversified group of strategies that attempt to capture uncorrelated sources of return and provide additional diversification.

Note 5 - Fair Value Measurements (Continued)

(3) This class represents common/collective trusts, commingled equity funds and other funds valued at NAV invested broadly in U.S., developed international and emerging market equity securities and are not publicly traded.

Note 6 - Derivative Instruments

Derivatives may be utilized in a risk controlled manner, to potentially increase the portfolio beyond the market value of invested assets and/or reduce portfolio investment risk. Select investment managers are permitted to employ leverage (including through the use of derivatives or other tools) that may alter economic exposure.

The following are the estimated fair values of Master Trust derivative instruments at December 31, 2025 and 2024 shown at the gross amounts:

	2025		2024	
	Assets	Liabilities	Assets	Liabilities
Interest rate and other swaps	$ 63,743,869	$ (65,861,091)	$ 5,433,499	$ (26,677,862)
Credit default swaps	26,606,898	(15,034,543)	9,268,748	(8,502)
Options	1,990	(28,749)	398,036	(474,348)
Future contracts	2,256,059	(3,150,727)	794,972	(4,545,873)
Forwards	26,660	(633,567)	634,520	(177,549)
Total derivatives	$ 92,635,476	$ (84,708,677)	$ 16,529,775	$ (31,884,134)

The net fair value of Master Trust derivative instruments and any associated collateral are included in "Other" in Notes 4 and 5.

The notional amount represents the contract amount, not the amount at risk. The following table presents the notional amounts of derivative instruments at the Master Trust level at December 31:

	2025		2024	
	Assets	Liabilities	Assets	Liabilities
Interest rate and other swaps	$ 221,311,933	$ 99,847,011	$ 170,605,126	$ 339,495,047
Credit default swaps	447,269,780	16,327,672	16,403,133	364,884,005
Options	3,084,812	23,284,812	28,839,550	62,078,910
Futures contracts	34,324,042	227,093,409	59,844,176	275,609,450
Total	$ 705,990,567	$ 366,552,904	$ 275,691,985	$ 1,042,067,412

For the year ended December 31, 2025, the amount of realized and unrealized gains or (losses) attributable to derivative instruments and recognized within the net Master Trust investment income is as follows:

Interest rate and other swaps	$ 31,516,738
Credit default swaps	5,256,747
Options	1,175,745
Futures contracts	4,696,803
Forwards	(1,986,797)
Total	$ 40,659,236

Note 7 - Plan Termination and Liquidation Basis

The Company and the BPAC have the right to terminate any of the individual plans.

Should any of the Plans terminate at some future time, the net assets of a terminated plan will be available on a pro rata basis to provide participants' benefits under that terminated plan. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some plan benefits may be fully or partially provided for by the then-existing assets of the terminated plan and the PBGC guarantee, while other benefits may not be provided for at all.

Shenango passed a resolution exercising its right to terminate the Shenango Pension Plan with an effective date of December 31, 2025, subject to the provisions set forth in the plan document and ERISA. Under the liquidation basis of accounting, assets are recorded at the amount expected to be collected and liabilities are recorded at amounts expected to be paid during the course of liquidation. The Plan Sponsor has estimated the administrative expenses expected to be incurred through liquidation, which is based on historical experience of monthly administrative expenses incurred.

Liquidation of the Plan's assets is expected to occur throughout 2026 and 2027 through offering lump-sum distributions to participants and purchasing annuity contracts for the remaining accumulated plan benefits.

Note 8 - Income Tax Status

The Plans received favorable determination letters with respect to the qualified tax-exempt status of each of the Plans pursuant to IRC Section 401(a). The Plans have been amended since receiving the determination letters. The Plans' administrator, the Plans' tax counsel, and the Company's legal counsel believe that the Plans are designed and are currently being operated in compliance with the applicable requirements of the IRC.

The Master Trust is subject to the provisions of IRC Section 512, which pertain to unrelated business taxable income ("UBTI"). However, the tax expense and liability associated with UBTI is not considered material to the Master Trust or to the Plans' financial statements. In addition, the Plan administrator is not aware of any unrecognized tax benefits or liabilities as of December 31, 2025 or 2024.

Note 9 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements of the DTE Retirement Plan to the net assets available for benefits per the Form 5500 at December 31:

	2025	2024
Reconciliation of net assets available for benefits:		
Net assets available for benefits per the financial statements	$ 3,349,165,260	$ 3,320,146,618
Assets held in 401(h) account	397,914,219	371,402,709
Net assets available for benefits per Form 5500	$ 3,747,079,479	$ 3,691,549,327

There were no reconciling items at December 31, 2025 or December 31, 2024 between net assets available for benefits per the financial statements of the DTE Gas Union Retirement Plan or the Shenango Pension Plan to the respective Forms 5500.

Note 9 - Reconciliation of the Financial Statements to Form 5500 (Continued)

The following is a reconciliation of various amounts included in the Statement of Changes in Net Assets Available for Benefits of the DTE Retirement Plan to Form 5500:

	Year Ended December 31, 2025		
	Amounts per Financial Statements	401(h) Account	Form 5500
Plan's share of DTE Energy Company Affiliates Employee Benefit Plans Master Trust net investment income	$ 315,096,170	$ 36,391,972	$ 351,488,142
Benefits paid directly to participants or beneficiaries	(273,469,839)	(7,044,649)	(280,514,488)
Administrative and investment expenses, PBGC premiums, and transfers	(12,607,689)	(2,835,813)	(15,443,502)

There were no reconciling items for 2025 between the Statement of Changes in Net Assets Available for Benefits of the DTE Gas Union Retirement Plan or the Shenango Pension Plan to their respective Forms 5500.

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	4	6						
35-39			4	9	24 $105,548					
40-44		5	7	20 $101,688	53 $109,470	26 $106,208	1			
45-49			3	17	42 $105,549	51 $103,849	33 $100,824			
50-54	1	2	11	28 $104,492	36 $106,785	52 $100,504	34 $101,010	11		
55-59		2	8	14	35 $100,243	35 $107,934	19	40 $102,362	18	
60-64	1	2	4	5	20	23 $99,615	11	23 $101,421	11	2
65-69			1		5	4	5	2	4	1
70+			1			3	1			1

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Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2024).
1st Segment Rate	5.07%.
2nd Segment Rate	5.31%.
3rd Segment Rate	5.50%.
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization corridors.
1st Segment Rate	5.03%.
2nd Segment Rate	5.33%.
3rd Segment Rate	5.36%.
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Social Security Wage Base Increases	Future wage indices are based on national wage increase of 3.50% per year.
Social Security COLA Increases	2.50%.
Optional Payment Form Election Percentage	50% Lump Sum (where available). 25% Life Annuity. 25% Joint and Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums.
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Represented: Age 63.
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 1.

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Disability Rates	See Table 1.
Decrement Timing	Middle-of-year decrements, with 100% retirement occurring at beginning of year.
Surviving Spouse Benefit	It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2024 pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	5.74%.
2024 Plan Year	5.59%.
2025 Plan Year	5.50% The expected return on assets is limited by the third segment rate for the applicable plan year.
Trust Expenses Included in Target Normal Cost	Based on the average of the two prior years actual plan administrative expenses (excluding PBGC premiums), plus the estimated PBGC premiums for the current year, rounded up to the nearest $10,000.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Actuarial Assumptions and Methods

Table 1

	Retirement					
	With Under 30 Years of	With 30 or More Years		Disability		Salary
Age	Service	of Service	Withdrawal	Male	Female	Increase
20	0.00%	0.00%	1.25%	0.06%	0.06%	15.00%
21	0.00%	0.00%	1.25%	0.06%	0.06%	15.00%
22	0.00%	0.00%	1.25%	0.06%	0.06%	15.00%
23	0.00%	0.00%	1.25%	0.06%	0.06%	15.00%
24	0.00%	0.00%	1.25%	0.06%	0.06%	15.00%
25	0.00%	0.00%	1.25%	0.06%	0.06%	8.50%
26	0.00%	0.00%	1.25%	0.06%	0.06%	8.50%
27	0.00%	0.00%	1.25%	0.06%	0.06%	8.50%
28	0.00%	0.00%	1.25%	0.06%	0.08%	8.50%
29	0.00%	0.00%	1.25%	0.06%	0.08%	8.50%
30	0.00%	0.00%	1.25%	0.06%	0.08%	5.50%
31	0.00%	0.00%	1.25%	0.06%	0.10%	5.50%
32	0.00%	0.00%	1.25%	0.06%	0.10%	5.50%
33	0.00%	0.00%	1.25%	0.06%	0.10%	5.50%
34	0.00%	0.00%	1.25%	0.06%	0.10%	5.50%
35	0.00%	0.00%	1.25%	0.06%	0.10%	4.00%
36	0.00%	0.00%	1.25%	0.06%	0.10%	4.00%
37	0.00%	0.00%	1.25%	0.06%	0.10%	4.00%
38	0.00%	0.00%	1.25%	0.06%	0.10%	4.00%
39	0.00%	0.00%	1.25%	0.06%	0.10%	4.00%
40	0.00%	0.00%	1.25%	0.06%	0.10%	3.50%
41	0.00%	0.00%	1.25%	0.06%	0.10%	3.50%
42	0.00%	0.00%	1.25%	0.06%	0.10%	3.50%
43	0.00%	0.00%	1.25%	0.06%	0.10%	3.50%
44	0.00%	0.00%	1.25%	0.06%	0.10%	3.50%
45	1.25%	1.25%	1.25%	0.06%	0.10%	3.50%
46	1.25%	1.25%	1.25%	0.06%	0.10%	3.50%
47	1.25%	1.25%	1.25%	0.07%	0.10%	3.50%
48	1.25%	1.25%	1.25%	0.08%	0.11%	3.50%
49	1.25%	1.25%	1.25%	0.09%	0.12%	3.50%
50	1.25%	1.25%	1.25%	0.11%	0.13%	3.50%
51	1.25%	1.25%	1.25%	0.13%	0.15%	3.50%
52	1.25%	1.25%	1.25%	0.15%	0.16%	3.50%
53	1.25%	1.25%	1.25%	0.18%	0.18%	3.50%
54	1.25%	1.25%	1.25%	0.20%	0.20%	3.50%
55	2.00%	5.00%	1.25%	0.23%	0.21%	3.00%
56	4.00%	5.00%	1.25%	0.26%	0.23%	3.00%
57	4.00%	10.00%	1.25%	0.29%	0.25%	3.00%
58	10.00%	20.00%	1.25%	0.32%	0.27%	3.00%
59	15.00%	15.00%	1.25%	0.35%	0.28%	3.00%
60	15.00%	20.00%	1.25%	0.38%	0.30%	3.00%
61	20.00%	25.00%	1.25%	0.42%	0.32%	3.00%
62	25.00%	35.00%	1.25%	0.46%	0.34%	3.00%
63	25.00%	25.00%	1.25%	0.50%	0.35%	3.00%
64	25.00%	25.00%	1.25%	0.55%	0.36%	3.00%
65	25.00%	30.00%	0.00%	0.00%	0.00%	3.00%
66	25.00%	30.00%	0.00%	0.00%	0.00%	3.00%
67	25.00%	30.00%	0.00%	0.00%	0.00%	3.00%
68	25.00%	30.00%	0.00%	0.00%	0.00%	3.00%
69	25.00%	30.00%	0.00%	0.00%	0.00%	3.00%
70+	100.00%	100.00%	0.00%	0.00%	0.00%	3.00%

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
DTE ENERGY CORPORATE SERVICES, LLC

D Employer Identification Number (EIN)
20-5898509

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	424,922,113
b Actuarial value	**2b**	423,239,091

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,304	234,604,582	234,604,582
b For terminated vested participants	189	8,902,961	8,902,961
c For active participants	782	158,022,475	171,136,798
	2,275	401,530,018	414,644,341

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,802,931
b Expected plan-related expenses	**6b**	750,000
c Target normal cost	**6c**	10,552,931

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE BRUCE R. MENZEL BRM — 9/25/2026

Signature of actuary — Date

BRUCE R. MENZEL — 2605790

Type or print name of actuary — Most recent enrollment number

Aon Consulting, Inc. — 952-886-8000

Firm name — Telephone number (including area code)

MSC# 17704
PO Box 551343
Atlanta GA 30355

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	99,451,623
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	15,804,432
9	Amount remaining (line 7 minus line 8)	0	83,647,191
10	Interest on line 9 using prior year's actual return of 4.05 %	0	3,387,711
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	87,034,902

Part III Funding Percentages

14	Funding target attainment percentage	14	81.08 %
15	Adjusted funding target attainment percentage	15	102.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	10,552,931
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	78,440,152	7,754,900
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**: 18,307,831

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	18,307,831	18,307,831

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Represented Employees with Under 30 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	1.25%	1.0000	0.57
46.5	1.25%	0.9875	0.57
47.5	1.25%	0.9752	0.58
48.5	1.25%	0.9630	0.58
49.5	1.25%	0.9509	0.59
50.5	1.25%	0.9390	0.59
51.5	1.25%	0.9273	0.60
52.5	1.25%	0.9157	0.60
53.5	1.25%	0.9043	0.60
54.5	1.25%	0.8930	0.61
55.5	2.00%	0.8818	0.98
56.5	4.00%	0.8642	1.95
57.5	4.00%	0.8296	1.91
58.5	10.00%	0.7964	4.66
59.5	15.00%	0.7168	6.40
60.5	15.00%	0.6093	5.53
61.5	20.00%	0.5179	6.37
62.5	25.00%	0.4143	6.47
63.5	25.00%	0.3107	4.93
64.5	25.00%	0.2330	3.76
65.5	25.00%	0.1748	2.86
66.5	25.00%	0.1311	2.18
67.5	25.00%	0.0983	1.66
68.5	25.00%	0.0737	1.26
69.5	25.00%	0.0553	0.96
70	100.00%	0.0415	2.90
		Weighted Average	60.67

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Represented Rates with 30 or More Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
45.5	1.25%	1.0000	0.57
46.5	1.25%	0.9875	0.57
47.5	1.25%	0.9752	0.58
48.5	1.25%	0.9630	0.58
49.5	1.25%	0.9509	0.59
50.5	1.25%	0.9390	0.59
51.5	1.25%	0.9273	0.60
52.5	1.25%	0.9157	0.60
53.5	1.25%	0.9043	0.60
54.5	1.25%	0.8930	0.61
55.5	5.00%	0.8818	2.45
56.5	5.00%	0.8377	2.37
57.5	10.00%	0.7958	4.58
58.5	20.00%	0.7162	8.38
59.5	15.00%	0.5730	5.11
60.5	20.00%	0.4870	5.89
61.5	25.00%	0.3896	5.99
62.5	35.00%	0.2922	6.39
63.5	25.00%	0.1899	3.02
64.5	25.00%	0.1425	2.30
65.5	30.00%	0.1068	2.10
66.5	30.00%	0.0748	1.49
67.5	30.00%	0.0524	1.06
68.5	30.00%	0.0366	0.75
69.5	30.00%	0.0257	0.53
70	100.00%	0.0180	1.26
		Weighted Average	59.56

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	794,812	136,409	20,282,097	21,213,318
2026	1,900,498	157,421	20,011,523	22,069,442
2027	3,016,850	175,403	19,732,754	22,925,007
2028	4,386,419	303,960	19,411,704	24,102,083
2029	5,543,886	410,638	19,077,359	25,031,883
2030	6,602,970	427,308	18,709,881	25,740,159
2031	7,757,294	461,021	18,316,214	26,534,529
2032	8,958,397	503,280	17,895,341	27,357,018
2033	10,077,999	542,700	17,450,994	28,071,693
2034	11,057,341	623,038	16,970,995	28,651,374
2035	11,841,362	695,930	16,459,334	28,996,626
2036	12,793,721	712,275	15,922,121	29,428,117
2037	13,418,273	704,854	15,344,470	29,467,597
2038	13,986,839	738,326	14,733,696	29,458,861
2039	14,551,716	755,632	14,090,571	29,397,919
2040	15,052,908	774,795	13,416,691	29,244,394
2041	15,532,743	769,741	12,722,499	29,024,983
2042	15,939,295	767,728	11,995,336	28,702,359
2043	16,179,790	770,775	11,247,554	28,198,119
2044	16,453,181	779,992	10,484,466	27,717,639
2045	16,557,244	778,221	9,712,303	27,047,768
2046	16,510,376	770,680	8,937,991	26,219,047
2047	16,382,423	754,280	8,168,945	25,305,648
2048	16,243,217	728,457	7,412,831	24,384,505
2049	15,943,132	703,044	6,677,229	23,323,405
2050	15,584,261	706,011	5,974,738	22,265,010
2051	15,152,094	677,015	5,300,757	21,129,866
2052	14,603,255	649,439	4,666,399	19,919,093
2053	14,068,670	617,090	4,076,079	18,761,839
2054	13,442,536	583,823	3,532,929	17,559,288
2055	12,782,556	555,700	3,038,735	16,376,991
2056	12,090,818	521,180	2,593,984	15,205,982
2057	11,386,139	486,464	2,197,948	14,070,551
2058	10,658,242	451,845	1,848,922	12,959,009
2059	9,932,272	417,614	1,544,389	11,894,275

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	9,203,145	384,045	1,281,225	10,868,415
2061	8,484,756	351,402	1,055,929	9,892,087
2062	7,783,890	319,942	864,802	8,968,634
2063	7,105,500	289,888	704,095	8,099,483
2064	6,453,587	261,406	570,139	7,285,132
2065	5,831,583	234,619	459,412	6,525,614
2066	5,242,542	209,614	368,623	5,820,779
2067	4,688,035	186,437	294,777	5,169,249
2068	4,169,029	165,093	235,183	4,569,305
2069	3,685,917	145,538	187,486	4,018,941
2070	3,238,766	127,699	149,633	3,516,098
2071	2,827,341	111,486	119,840	3,058,667
2072	2,451,117	96,815	96,588	2,644,520
2073	2,109,392	83,600	78,590	2,271,582
2074	1,801,269	71,750	64,759	1,937,778

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 1, 1960. Most recently amended for benefit changes effective for the 2021 Plan Year.
Participation	Employees become participants upon attainment of age 18 and completion of six months of Service. The plan was closed to Local 70, 132, and 799 Northern employees hired on or after June 6, 2011. The plan was closed to Local 223 employees hired on or after March 23, 2013 and to Local 799 T&SO employees hired on or after March 27, 2013.
Normal Retirement	
Eligibility	Age 65.
Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)	The monthly benefit is the sum of (a) + (b) with a minimum benefit equal to (c). This benefit cannot be less than the Prior Plan Accrued Benefit on December 31, 1991. (a) 1.33% of Final Average Monthly Earnings × Years of Credited Service. (b) 0.5% of Final Average Monthly Earnings in excess of Covered Compensation × Years of Credited Service up to 35 years. (c) The following minimum benefit applies for employees eligible for retirement as of December 31, 1998. As of December 31, 1998, the formula is frozen as a minimum benefit for employees who meet the eligibility requirements for Early Retirement: 1.4% of Final Average Monthly Earnings × Years of Credited Service up to 22.5 years + 0.5% of Final Average Monthly Earnings in excess of Covered Compensation × Years of Credited Service up to 22.5 years + 0.3% of Final Average Monthly Earnings × Years of Credited Service.
Amount for Benefit Service on or after January 1, 2005 (alternative effective dates for certain groups)	The monthly benefit is (a) with a minimum benefit equal to (b). This benefit, plus the benefit for service prior to January 1, 2005, cannot be less than the Prior Plan Accrued Benefit on December 31, 1991. (a) 1.5% of Average Final Normal Compensation × Years of Service. (b) $168 times Years of Credited Service.

Normal Retirement (continued)

Local 70, 132, 799 Northern who are active on June 8, 2010	June 8, 2008 negotiations changed the pension formula for service on or after June 8, 2010 from 1.5% to 1.6% average final compensation. Pension formula for service prior to June 8, 2010 remains at 1.5% of average annual compensation.
Amount of Minimum Benefit at Age 65 for Disability Retirees	1.4% of Final Average Monthly Earnings times Years of Credited Service up to 22.5 years + 0.5% of Final Average Monthly Earnings in excess of Covered Compensation × Years of Credited Service up to 22.5 years + 0.3% of Final Average Monthly Earnings × Years of Credited Service.

Early Retirement

Eligibility	Age 45 and 15 years of Eligibility Service.
Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)	A monthly benefit equal to the Normal Retirement Benefit, based on service prior to January 1, 2005, at the time of retirement. The benefit is reduced by 5/12% for each month commencement precedes age 62. Prior to age 55 reductions are actuarially equivalent to age 55.
Amount for Benefit Service on or After January 1, 2005 (alternative effective dates for certain groups)	A monthly benefit equal to the Normal Retirement Benefit, based on service on or after January 1, 2005, at the time of retirement. The benefit is reduced according to the schedule below:

Age When Allowance Commences	30 or More Years of Service	Less Than 30 Years of Service
45	27%	27%
46	29%	29%
47	31%	31%
48	34%	34%
49	37%	37%
50	40%	40%
51	43%	43%
52	46%	46%
53	49%	49%
54	53%	53%
55	80%	66%
56	88%	74%
57	96%	82%
58	100%	90%
59	100%	98%
60	100%	100%
61	100%	100%
62	100%	100%
63	100%	100%
64	100%	100%

Temporary Total and Permanent Disability

Eligibility	DTE Gas Union employee at the time of disability and one Year of Eligibility Service for occupational disability or five Years of Eligibility Service for non-occupational disability (ten Years of Eligibility Service for Local 70, 132, and 799 Northern employees who had less than three years of service on June 6, 2011). Local 70, 132, and 799 Northern employees hired after June 6, 2011 are not eligible.
Amount of Benefit	Minimum disability benefits are also available to occupational and non-occupational disabilities based on the benefit formula prior to 1991 based on Final Average Monthly Earnings and Credited Service at the time of disability. Temporary TPD benefit continues until age 65, early retirement, recovery, or death. At age 65 the greater of the Normal Retirement Benefit or special Minimum Normal Retirement Benefit for Disabled Retirees is payable.

Vested Termination

Eligibility	Five Years of Vesting Service.
Amount of Benefit	A monthly benefit payable at age 65 equal to the Normal Retirement Benefit. An actuarially reduced pension, based on service after January 1, 2005 (alternative effective dates for certain groups) is payable at age 45 or later if the participant terminated with 15 or more years of Eligibility Service. After 15 years of Eligibility Service, the minimum annual benefit is $168 multiplied by ratio of Credited Service at deferred vested retirement to expected Credited Service at retirement. The monthly benefit based on service prior to January 1, 2005 is payable at age 65. This benefit is also available as a lump sum or an actuarially reduced annuity at termination. If a Participant does not elect an immediate lump sum or annuity at termination, a reduced benefit may begin as early as age 55 with actuarial equivalent reductions as specified in the plan document.

Preretirement Surviving Spouse

Eligibility	All plan participants.
Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)	In general, following the death of an active Participant, the surviving spouse receives an immediate monthly life annuity equal to [(a) + (b)] × (c) below. (a) 20% of the Participant's Primary Monthly Earnings. (b) 5% of the Participant's Primary Monthly Earnings for each dependent child (maximum of 20%) payable to age 21 for each child. (c) Service prior to January 1, 2005 divided by Eligibility Service. If the Participant does not have a surviving spouse, the benefit described in (b) is payable to the dependent children. The minimum benefit payable to the surviving spouse following the death of an active Participant is the contingent benefit determined in accordance with a 50% Joint and Survivor Life Annuity payable commencing on the date the Participant would have been eligible to receive an Early Retirement Benefit (but not earlier than the Participant's date of death).
Amount for Benefit Service on or after January 1, 2005 (alternative effective dates for certain groups)	In general, following the death of an active Participant, the surviving spouse receives a monthly Life Annuity equal to a 50% Joint & Survivor Life Annuity payable commencing on the date the Participant would have been eligible to receive an Early Retirement Benefit (but not earlier than the Participant's date of death).

Supplemental Early Retirement Monthly Benefit

Eligibility	Early Retirement with 30 or more Years of Eligibility Service. The total benefit plus supplement cannot exceed $2,200.
Amount for Benefit Service Prior to January 1, 2005 (alternative effective dates for certain groups)	$2,200 prorated for service prior to January 1, 2005, minus the reduced Early Retirement Benefit. The supplement is payable to age 62 or commencement of Social Security benefits, if later.
Amount for Benefit Service on or After January 1, 2005 (alternative effective dates for certain groups)	$2,200 minus $20 per month for each year of service less than 30 years, prorated for service after January 1, 2005, minus the reduced Early Retirement Benefit. The supplement is payable to age 62.

Special Supplemental Benefit

Eligibility	Incumbent service consumption technicians whose pay rates were frozen on April 1, 1997.
Amount of Account	$3,000 on January 1, 2001. This account earns interest at prime rate of interest and is available as a lump sum at retirement.

Special Lump Sum Payments

Eligibility	Participants retired before January 1, 1995.
Benefit	Payment equal to discounted value of 2% times 12 months of initial pension benefit. Lump sums paid in February 2008, 2009, and 2010.

Alternative Effective Dates and Eligibility for COLA

Special Benefit for Participants Hired Before January 1, 1995	All benefits and provisions for service on or after January 1, 2005 apply to service on or after January 1, 2003 for employees hired before January 1, 1995. COLA applies on benefits accrued through December 31, 2004 with an adjustment for final average pay at termination.
Greater Michigan Locals	All January 1, 2005 dates in the plan provisions above have an effective date of January 1, 2006.

Form of Benefit

Normal Form for Service Prior to January 1, 2005 (alternative effective dates for certain groups)	For a single Participant, the Normal Form of Benefit is a Life Annuity. For a married Participant, the Normal Form of Benefit is a 10-year Certain Annuity that is payable during the Participant's lifetime and 50% of the benefit continuing to the spouse after the Participant's death with half of the Participant's payment guaranteed for a 10-year period after retirement. The benefit is reduced for form of payment. If the spouse predeceases the Participant, the Participant's benefit is increased to an unreduced Life Annuity.
Normal Form for Service on or After January 1, 2005 (alternative effective dates for certain groups)	For a single Participant, the Normal Form of Benefit is a Life Annuity. For a married Participant, the Normal Form of Benefit is an annuity which is payable during the Participant's lifetime and 50% of the benefit continuing to the spouse after the Participant's death. If the spouse predeceases the Participant, the Participant's benefit increases to a Life Annuity benefit unreduced for form of payment.

Optional Forms for Service Prior to January 1, 2005 (alternative effective dates for certain groups)	The optional forms of payment are as follows. • Life Annuity. • 10-Year Certain and Life. • 100%, or 50% Joint and Survivor Annuity with (or without) a 10-year certain guarantee and a pop-up feature (if terminated or retired on or after January 1, 1992). • 100%, 50% Joint and Survivor annuity and a pop-up feature (if terminated or retired on or after January 1, 1992). • 75% actuarially equivalent Joint and Survivor Annuity for married participants. • Up to 70% of the benefit as a Lump Sum (in 10% increments) with the rest in any other Optional Form above. The Lump Sum will not include early retirement subsidies, supplement, or the value of COLA, if applicable. However, the residual annuity will be adjusted for total COLA, if applicable. • 100% Lump Sum. • Terminated vested participants may elect a lump sum or immediate life annuity, 50% J&S or 75% J&S, if married, at termination, on the pre-2005 benefit.
Optional Forms for Service on or After January 1, 2005 (alternative effective dates for certain groups)	• Life Annuity. • 100% or 50% Joint and Survivor Annuity with a pop-up feature with any beneficiary if terminate on or after January 1, 1994). • 75% actuarially equivalent Joint and Survivor Annuity for married participants. • 100% Lump Sum

Definitions

Final Average Monthly Earnings for Service Prior to January 1, 2005 (alternative effective dates for certain groups)	Average Primary Monthly Earnings for highest 60 consecutive calendar months out of the last 15 Years of Credited Service. Earnings for any month computed at basic hourly, weekly, monthly, or annual rate, excluding amounts deferred under a nonqualified deferred compensation agreement, bonuses, overtime, and other premium pay, but including qualified elected deferrals, any shift differential, and sales commission earned during the month.

Average Normal Compensation for Service on or After January 1, 2005 (alternative effective dates for certain groups)	Average Normal Compensation for Local 223 Gas and Local 223 T&SO and Local 799 T&SO represented participants is based on the highest nonconsecutive 260 weeks over the last 10 years. Normal Compensation includes base pay and lump sums awarded in lieu of base pay increases, if negotiated. After the highest 260 weeks are determined, shift differential, overtime, and Sunday pay are included. For Local 132, 70, and 799N, highest 60 nonconsecutive months over the last 10 years are used effective January 1, 2012.
Primary Social Security Benefit	Social Security primary insurance amount assuming no future Earnings.
Years of Credited Service Prior to January 1, 2005 (alternative effective dates for certain groups)	An employee receives one Year of Credited Service for each 12-month period, beginning on his anniversary date, during which he has 2,080 or more hours of employment. Proportionate credit is given for 1,000 to 2,080 hours of employment.
Years of Credited Service on or After January 1, 2005 (alternative effective dates for certain groups)	Years and fractional years measured from the later of date of hire or January 1, 2005.
Years of Service Prior to January 1, 2005 (alternative effective dates for certain groups)	An employee receives one Year of Service for each 12-month period, beginning on the employee's anniversary date, in which he has 1,000 or more hours of employment. Years of Service completed prior to attainment of age 18 are excluded.
Years of Service on or After January 1, 2005 (alternative effective dates for certain groups)	Years and fractional years measured from the later of date of hire or January 1, 2005.
Prior Plan Accrued Benefit	The monthly benefit as of December 31, 1991 is the sum of (a) + (b) – (c). (a) 2% of Final Average Monthly Earnings as of December 31, 1991 × Years of Credited Service on December 31, 1991 (maximum 22.5 years). (b) 0.3% of Final Average Monthly Earnings as of December 31, 1991 × all Years of Credited Service through December 31, 1991. (c) 40% of monthly Primary Social Security Benefits as of December 31, 1991 × Years of Credited Service as of December 31, 1991 × a fraction. The numerator of the fraction is Years of Credited Service (maximum 22.5 years), the denominator is 22.5.
Covered Compensation	35-year average of the Social Security Wage Base.

Eligibility Service	Sum of Credited Service under any of the plan formulas in the DTE Retirement Plan and Years of Credited Service under the DTE Gas Union Plan.

DTE Cash Balance Formula

Participation	Local 223 Gas, Local 223 T&SO, and Local 799 T&SO employees who were hired on or after January 1, 2011 and before March 23, 2013 (March 27, 2013 for Local 799 T&SO), and who choose to participate in the DTE Cash Balance Formula.
Amount of Benefit for DTE Cash Balance Plan	Cash balance account based on annual contributions of 7% of pay for Service up to 30 years and 7.5% of pay for Service over 30 years. Annual Interest Credits based on the annual rate of interest on 30-year Treasury securities for September of the prior year. Participants in the DTE Cash Balance Formula are not eligible for a supplemental benefit.
Vesting Eligibility	Three years of Vesting Service based on elapsed time.
Optional Forms	A member may elect to convert his Normal Form of Benefit into a benefit of equivalent actuarial value in accordance with certain options permitted under the plan. The optional forms of payment are as follows. • Life Annuity. • 100% or 50% Joint and Survivor Annuity. • 75% actuarially equivalent Joint and Survivor Annuity. • Cash balance lump sum.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump-sum payments from the 2024 plan year IRC section 417(e)(3) mortality table to the 2025 plan year IRC section 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not terminated) basis using personnel data furnished as of January 1, 2025 by DTE Energy Company. Asset information and dates and amounts of contributions are based on information supplied by DTE Energy Company.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 49,425,395	January 1, 2023	13	$ 5,079,727
Shortfall	$ (6,838,112)	January 1, 2024	14	$ (667,764)
Shortfall	$ 35,852,869	January 1, 2025	15	$ 3,342,937

Schedule SB Attachment (Form 5500) —2025 Plan Year
DTE Gas Company Retirement Plan for Employees Covered By Collective Bargaining Agreements
EIN: 20-5898509 PN: 005

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the retirement, termination and salary increase rates to the rates shown in table 1.
- A change in the terminated vested commencement age to age 63.
- A change in the optional Form of Payment election assumption to 25% Single Life Annuity, 25% Joint Life Annuity and 50% Lump Sum.

These assumption changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Code Section 430(h)(5). Therefore, approval of the commissioner is not required.