# 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
UAW BLACK LAKE EMPLOYEES PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 01/01/1976

**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)
INTERNATIONAL UNION, UAW

8000 EAST JEFFERSON
DETROIT, MI 48214-3963

**2b** Employer Identification Number (EIN)
38-0679801

**2c** Plan Sponsor's telephone number
313-926-5000

**2d** Business code (see instructions)
813930

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/01/2026 | MARGARET MOCK |
| | **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

BOARD OF ADMINISTRATION

8000 EAST JEFFERSON
DETROIT, MI 48214-3963

**3b** Administrator's EIN
38-2096031

**3c** Administrator's telephone number
313-926-5000

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 154 |
| **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)** | 8 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 8 |
| **b** | Retired or separated participants receiving benefits | **6b** | 108 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 8 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 124 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 29 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 153 |
| **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:

1B

**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 _____
- (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
UAW BLACK LAKE EMPLOYEES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTERNATIONAL UNION, UAW

**D** Employer Identification Number (EIN)
38-0679801

**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** | 22906615 |
| **b** Actuarial value | **2b** | 21899095 |

**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 | 143 | 14952919 | 14952919 |
| **b** For terminated vested participants | 8 | 371819 | 371819 |
| **c** For active participants | 8 | 614171 | 614171 |
| **d** Total | 159 | 15938909 | 15938909 |

**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** | 5.28 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 31759 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 31759 |

**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

10/02/2026
Date

JOHN J. MCKEVITT III
Type or print name of actuary

26-08580
Most recent enrollment number

CHEIRON, INC.
Firm name

312-629-8401
Telephone number (including area code)

230 WEST MONROE, SUITE 650
CHICAGO, IL 60606
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 | 800604 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | | 800604 |
| 10 | Interest on line 9 using prior year's actual return of 9.67 % | | 77418 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | |
| | 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 5.05 % | | |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| | c Total available at beginning of current plan year to add to prefunding balance | | |
| | d Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 878022 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 131.88 % |
| 15 | Adjusted funding target attainment percentage | 15 | 137.39 % |
| 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 | 132.07 % |
| 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) | | 18(c) |

| | | | |
|---|---|---|---|
| 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 | |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

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

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 5.00 % | 2nd segment: 5.27 % | 3rd segment: 5.50 % | ☐ N/A, full yield curve used |
| **b** Applicable month (enter code) | | | **21b** | 0 |
| **22** Weighted average retirement age | | | **22** | 62 |

**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** | |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | |
| **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** | 31759 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 31759 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | | |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **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** | |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | | |

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

## 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 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
UAW BLACK LAKE EMPLOYEES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL UNION, UAW

**D** Employer Identification Number (EIN)
38-0679801

**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: UAW MASTER PENSION TRUST

**b** Name of sponsor of entity listed in (a): INTERNATIONAL UNION, UAW

| **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) |
|---|---|---|
| 38-0679801-006 | M | 24535863 |

**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
UAW BLACK LAKE EMPLOYEES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL UNION, UAW

**D** Employer Identification Number (EIN)
38-0679801

## 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) | 35102 | 11281 |
| **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) | 22929755 | 24535863 |
| **(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 | 22964857 | 24547144 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 58242 | 58242 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 58242 | 58242 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 22906615 | 24488902 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(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) | | |
| **(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) | | |
| **(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) | | |
| **(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) | | |

| | | (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) | | 3055857 |
| (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 | | 3055857 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1473570 | |
| (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) | | 1473570 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1473570 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1582287 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

**(1)** [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: CALIBRE CPA GROUP, PLLC **(2)** EIN: 47-0900880

**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 | | 1000000 |
| **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** | | X | |
| **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** | | X | |

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585301.

# 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
UAW BLACK LAKE EMPLOYEES PENSION PLAN

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL UNION, UAW

**D** Employer Identification Number (EIN)
38-0679801

## 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**

**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): 04-3581074

**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** 0

## 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**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_____.

# U.A.W. BLACK LAKE EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

# U.A.W. BLACK LAKE EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

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# INDEPENDENT AUDITOR'S REPORT

Board of Administration
U.A.W. International Union
U.A.W. Black Lake Employees Pension Plan

## Opinion

We have audited the accompanying financial statements of U.A.W. Black Lake Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 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, including omissions, 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 GAAS, we:

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

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

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

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

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

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

Caliber CPA Group, PLLC

Chicago, IL
August 28, 2026

# U.A.W. BLACK LAKE EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| **Investments** | | |
| Plan interest in U.A.W. Master Pension Trust | $ 24,535,863 | $ 22,929,755 |
| **Receivables** | | |
| Medicare reimbursement receivable | 11,281 | 35,102 |
| Total assets | 24,547,144 | 22,964,857 |
| **Liabilities and Net Assets** | | |
| **Liabilities** | | |
| Due to U.A.W. Staff Cash Balance Plan | 58,242 | 58,242 |
| **Net assets available for benefits** | $ 24,488,902 | $ 22,906,615 |

See accompanying notes to financial statements.

# U.A.W. BLACK LAKE EMPLOYEES PENSION PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| Net investment gain from Plan interest in U.A.W. Master Pension Trust | $ 3,055,857 | $ 2,085,947 |
| **Deductions** | | |
| Benefits paid | 1,473,570 | 1,491,196 |
| **Net change** | 1,582,287 | 594,751 |
| **Net assets available for benefits** | | |
| Beginning of year | 22,906,615 | 22,311,864 |
| End of year | $ 24,488,902 | $ 22,906,615 |

See accompanying notes to financial statements.

# U.A.W. BLACK LAKE EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

## NOTE 1. DESCRIPTION OF THE PLAN

The following description of the U.A.W. Black Lake Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**General** - The Plan is a single employer plan. Participants are all permanent UBE, Inc. employees employed on or after January 14, 1994 and before February 1, 2011. Normal age of retirement is sixty-five, with 5 or more years of eligibility service. Early retirement is age sixty-two, with 5 or more years of eligibility service, or age sixty, with 10 years or more of eligibility service, or age fifty-five, if age and eligibility service total at least 80 years. Some participants are eligible for joint survivor benefits and other optional benefits. Active participants will not receive credited service or benefit service after April 30, 2011.

**Funding Policy** - The Plan is fully funded by the sponsor, UBE, Inc., a wholly owned subsidiary of U.A.W. International Union. Contributions are made in accordance with the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

**Vesting** - Each participant's benefit entitlement is vested at any age with 5 years of eligibility service.

**Payment of Benefits** - Upon retirement, application and approval, benefits will be paid on the first day of each month on and after the commencement date of retirement.

**Administrative Expenses** - Substantially all administrative expenses are paid by the employer, UBE, Inc., a wholly owned subsidiary of U.A.W. International Union.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

**Use of Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Investment Valuation and Income Recognition** - Investments are reported at fair value, which is defined as the amount 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 (the exit price). The fair value of the Plan's interest in the U.A.W. Master Pension Trust is based on contributions into the Master Trust plus allocated investment income less actual distributions and allocated administrative expenses. Generally, quoted market prices or other observable market data are used to value investments in the Master Trust. The Plan's share of net earnings of the Master Trust is reported as net investment gain in the statements of changes in net assets available for benefits.

**Payment of Benefits** - Benefits are recognized when paid.

## NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated June 27, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

U.S. generally accepted accounting principles require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities.

As of December 31, 2025, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## NOTE 4. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The prior amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.

## NOTE 4. PLAN TERMINATION (CONTINUED)

3. All other vested benefits not insured by the PBGC.

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

## NOTE 5. ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS

Accumulated benefits are those future periodic payments, including lump sum distributions, that are attributed under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' total credited service, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits and changes in accumulated plan benefits as of the most recent actuarial report as of January 1, 2025 is:

| Accumulated plan benefits | |
|---|---|
| Vested benefits | |
| Retirees and beneficiaries currently receiving payments | $ 13,707,843 |
| Inactive participants entitled to deferred benefits | 334,747 |
| Active participants | 518,319 |
| Total vested benefits | 14,560,909 |
| Non-vested benefits | 13,278 |
| Total actuarial present value of accumulated plan benefits | $ 14,574,187 |

## NOTE 5. ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED PLAN BENEFITS (CONTINUED)

Changes in accumulated plan benefits

| | |
|---|---|
| Actuarial present value of accumulated plan benefits at January 1, 2024 | $ 14,955,139 |
| Change during the year attributable to | |
| Decrease in discount period | 924,383 |
| Benefit payments | (1,491,196) |
| Actuarial (gain)/losses | 108,005 |
| Assumption changes | 37,248 |
| Plan amendments | 40,608 |
| Net change | (380,952) |
| Actuarial present value of accumulated plan benefits at January 1, 2025 | $ 14,574,187 |

Significant assumptions used in the latest valuation date of January 1, 2025, were:

| | |
|---|---|
| Assumed Rate of Return on Investments | 6.5%. |
| Interest on Liabilities | 6.5%. |
| Mortality Basis | IRS 2025 Small Plan Combined Static Mortality Table (updated from IRS 2024 Small Plan Combined Static Mortality Table in prior valuation). |
| Retirement Age | Age 62. |

The actuarial cost method used was the Unit Credit Cost Method.

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

Since information on the accumulated plan benefits at December 31, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2025 and changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST

All of the Plan's investments are in the U.A.W. Master Pension Trust (Master Trust) which was established for the investment of assets of the Plan and several other U.A.W. International Union sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by State Street Bank and Trust Company. At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 1.985% and 2.001%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans each month based on the ratio of the Average Balance in each Plan Account to the average balance in all Plan Accounts. The Average Balance is the mean of the market values at the beginning and end of the month.

The following table presents the net assets at December 31, 2025 for both the Plan's interest in the Master Trust and the total net assets of the Master Trust:

| | 2025 | |
|---|---|---|
| | Plan Interest in U.A.W. Master Pension Trust | U.A.W. Master Pension Trust Total |
| Assets | | |
| Cash | $ 44,534 | $ 2,244,225 |
| Receivables | | |
| Investment income | 12,137 | 611,625 |
| Due from brokers | 530,001 | 26,708,362 |
| Investments, at fair value | | |
| Interest-bearing cash (including money market funds) | 703,753 | 35,464,288 |
| U.S. Government securities | 1,462,686 | 73,709,211 |
| Corporate debt instruments | | |
| Preferred | 217,771 | 10,974,163 |
| All other | 103,103 | 5,195,669 |
| Corporate stocks | | |
| Common | 60,199 | 3,033,610 |
| Partnership/joint venture interests | 3,101,723 | 156,305,347 |
| Loans secured by mortgages | 12,076 | 608,567 |
| Municipal bonds | 17,697 | 891,823 |
| Other | 2,337 | 117,762 |
| Common collective trusts | 15,644,402 | 788,369,399 |
| Pooled separate account | 610,486 | 30,764,283 |
| Registered investment companies | 1,192,262 | 60,081,737 |
| 103-12 investment entity | 1,894,961 | 95,492,901 |
| Liabilities | | |
| Due to broker | (1,074,265) | (54,117,283) |
| Net assets of U.A.W. Master Pension Trust | $ 24,535,863 | $ 1,236,455,689 |

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

The following table presents the net assets at December 31, 2024 for both the Plan's interest in the Master Trust and the total net assets of the Master Trust:

| | 2024 | |
|---|---|---|
| | Plan Interest in U.A.W. Master Pension Trust | U.A.W. Master Pension Trust Total |
| Assets | | |
| Cash | $ 47,273 | $ 2,362,102 |
| Receivables | | |
| Investment income | 8,890 | 444,190 |
| Due from brokers | 697,538 | 34,854,242 |
| Investments, at fair value | | |
| Interest-bearing cash (including money market funds) | 1,107,485 | 55,338,303 |
| U.S. Government securities | 1,381,387 | 69,024,493 |
| Corporate debt instruments | | |
| Preferred | 108,368 | 5,414,862 |
| All other | 145,601 | 7,275,312 |
| Corporate stocks | | |
| Common | 60,712 | 3,033,610 |
| Partnership/joint venture interests | 3,389,400 | 169,359,894 |
| Loans secured by mortgages | 11,324 | 565,856 |
| Municipal bonds | 14,694 | 734,234 |
| Other | 3,979 | 198,823 |
| Common collective trusts | 13,884,655 | 693,781,815 |
| Pooled separate account | 588,223 | 29,392,053 |
| Registered investment companies | 924,136 | 46,176,780 |
| 103-12 investment entity | 1,761,105 | 87,998,061 |
| Liabilities | | |
| Due to broker | (1,205,015) | (60,238,313) |
| Net assets of U.A.W. Master Pension Trust | $ 22,929,755 | $ 1,145,716,317 |

The following table summarizes the Master Trust's investment gain for the years ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Investment gain | | |
| Net appreciation of investments | $ 141,851,578 | $ 89,279,943 |
| Investment income (net of expenses) | 11,503,418 | 14,631,019 |
| Total investment gain | $ 153,354,996 | $ 103,910,962 |

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

Fair Value Measurements - Master Trust

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

*Interest-bearing cash*: Estimated based on amortized cost which approximates fair value.

*U.S. Government securities, corporate debt instruments, loans secured by mortgages, municipal bonds, and other*: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

*Corporate stocks*: Valued using the quoted prices of identical investments on the active markets they are traded. Certain stock held which is not publicly traded is carried at estimated fair valued as determined by management using historical prices from prior transactions.

*Registered investment companies*: Valued using reported closing prices in the market in which the securities are traded.

Investments Measured at Net Asset Value (NAV)

*Partnerships/joint venture interests*: Valued based on the Master Trust's share of the partnership as determined by the general partner's valuation of the underlying investments.

*Common collective trusts*: Valued at the NAV of the shares held by the Master Trust at year end as reported by the custodians of these trusts. NAV is calculated based on the fair value of the underlying securities held using reported closing prices in the market in which the securities are traded, independent third-party pricing agents or in accordance with fair value procedures established by the trustees of the funds.

*Pooled separate account*: Valued at the NAV of the shares held by the Master Trust at year end as reported by the asset manager. NAV is calculated from fair value estimates based upon property appraisals prepared by independent real estate appraisers at the time of property acquisition, or no less than annually, of underlying real estate investments.

*Registered investment companies*: Registered investment companies not traded on an active exchange are valued at the NAV of the shares held by the Master Trust at year end as reported by the registered investment company. NAV is calculated based on the fair value of the underlying securities held using reported closing prices in the market in which the securities are traded or the last available bid/ask prices in an active secondary market for such securities.

*103-12 investment entity*: Valued at the NAV of the shares held by the Master Trust at year end as reported by the investment manager. NAV is calculated based on the fair value of the underlying securities held using reported closing prices in the market in which the securities are traded, independent third-party pricing agents or in accordance with fair value procedures established by the investment manager.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2025 and 2024:

| | 2025 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Interest-bearing cash | $ 35,464,288 | $ - | $ 35,464,288 | $ - |
| U.S. Government securities | 73,709,211 | - | 73,709,211 | - |
| Corporate debt instruments | | | | |
| Preferred | 10,974,163 | - | 10,974,163 | - |
| All other | 5,195,669 | - | 5,195,669 | - |
| Corporate stocks | | | | |
| Common | 3,033,610 | - | - | 3,033,610 |
| Loans secured by mortgages | 608,567 | - | 608,567 | - |
| Municipal bonds | 891,823 | - | 891,823 | - |
| Other | 117,762 | - | 117,762 | - |
| Total | 129,995,093 | $ - | $ 126,961,483 | $ 3,033,610 |
| Investments measured at net asset value* | 1,131,013,667 | | | |
| Investments at fair value | $ 1,261,008,760 | | | |

| | 2024 | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Interest-bearing cash | $ 55,338,303 | $ - | $ 55,338,303 | $ - |
| U.S. Government securities | 69,024,493 | - | 69,024,493 | - |
| Corporate debt instruments | | | | |
| Preferred | 5,414,862 | - | 5,414,862 | - |
| All other | 7,275,312 | - | 7,275,312 | - |
| Corporate stocks | | | | |
| Common | 3,033,610 | - | - | 3,033,610 |
| Loans secured by mortgages | 565,856 | - | 565,856 | - |
| Municipal bonds | 734,234 | - | 734,234 | - |
| Other | 198,823 | - | 198,823 | - |
| Registered investment companies | 3,774,761 | 3,774,761 | - | - |
| Total | 145,360,254 | $ 3,774,761 | $ 138,551,883 | $ 3,033,610 |
| Investments measured at net asset value* | 1,022,933,842 | | | |
| Investments at fair value | $ 1,168,294,096 | | | |

*In accordance with the Accounting Standards Codification, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of assets, liabilities and net assets.

There were no purchases of investments whose fair value has been determined using significant unobservable inputs (Level 3) for the years ended December 31, 2025 and 2024.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

Authoritative guidance on fair value measurements permits the Master Trust to measure the fair value of an investment entity that does not have a readily determinable fair value based upon the NAV or its equivalent of the investment. This guidance does not apply if it's probable that the investment will be sold at a value different than NAV.

The Master Trust's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Master Trust's proportionate share of fees and expenses incurred or charged by these investment entities. To diversify its investment risk, the Master Trust looked for different investment vehicles where the return did not necessarily correlate to general market returns as what was previously invested.

The Master Trust's risk of loss in these entities is limited to its investment. The Master Trust may increase or decrease its level of investment in these entities at its discretion. The Master Trust typically has the ability to redeem its investment from these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

The following tables summarize the Master Trust's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2025 and 2024:

| 2025 | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| a. Partnership/joint venture interests | $ 156,305,347 | $ 25,140,170 | Varies | * |
| b. Common collective trusts | 788,369,399 | - | Daily - Quarterly | Daily - 45 Days |
| b. Pooled separate account | 30,764,283 | - | Quarterly | 90 Days |
| c. Registered investment companies | 60,081,737 | - | Daily | Daily |
| b. 103-12 investment entity | 95,492,901 | - | Daily | Daily |
| | $ 1,131,013,667 | $ 25,140,170 | | |

| 2024 | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| a. Partnership/joint venture interests | $ 169,359,894 | $ 29,882,823 | Varies | * |
| b. Common collective trusts | 693,781,815 | - | Daily - Quarterly | Daily - 45 Days |
| b. Pooled separate account | 29,392,053 | - | Quarterly | 90 Days |
| c. Registered investment companies | 42,402,019 | - | Daily | Daily |
| b. 103-12 investment entity | 87,998,061 | - | Daily | Daily |
| | $ 1,022,933,842 | $ 29,882,823 | | |

* Any redemption requires approval of the general partner. Generally, no redemption is allowed. Distributions are expected at termination of the partnership or at the discretion of the general partner. The time at which the redemption restriction might lapse is unknown.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

a. *Partnership/joint venture interests:*

*AG Capital Recovery VIII*: The investment objective is to primarily invest in financially distressed issuers.

*Apollo Investment Fund VIII*: The investment objective is to achieve long-term capital appreciation through equity and equity-equivalent investments providing control or influential minority equity positions and through investments in debt or other rights, interests or securities that have an expected return comparable to that of equity or equity-related securities or are made in connection with investments in equity or equity-related securities, including distressed debt investments.

*Artis Ventures III*: The investment objective is to make venture capital investments, principally by investing in and holding equity and equity-oriented securities of privately held companies in technology and technology-related fields.

*Bardin Hill Opportunistic Credit Fund Offshore*: The Partnership's stated investment objective is primarily achieved through its investment in the Master Accounts. The stated investment objective of the Master Accounts is to target superior risk-adjusted returns with low correlation to global credit and equity markets. The Master Accounts will focus on mitigating downside risk by identifying opportunities within various credit and similar strategies and dynamically allocating assets seeking to maximize return potential while mitigating losses for a given credit environment by targeting primarily credit and credit-related instruments as well as less liquid assets whose returns are determined by process-driven outcomes. The Master Accounts will primarily invest in the United States and Western Europe.

*BCP Special Opportunities Offshore Feeder II LP*: The Offshore Feeder invests substantially all of its investable assets in BCP Special Opportunities Fund II LP (the Fund), a Cayman Islands exempted limited partnership. The Fund's investment objective is to make credit-oriented investments on an opportunistic basis and is expected to utilize a variety of credit investing strategies as part of its investment program.

*CIREP V Institutional Feeder LP*: The Institutional Feeder invests substantially all of its assets in CIREP V Institutional SP, LP, a Cayman Islands exempted limited partnership. The objective of the partnership is to maximize total pre-tax returns on capital by seeking capital appreciation and, from time to time, current income, through the investment in, and management of, a diversified portfolio of real estate and real estate-related investments.

*Dune Real Estate Fund III and IV*: The partnerships were formed for the purpose of making opportunistic investments in a broad range of real estate related assets, including without limitation, portfolios, joint ventures, and debt securities and loans.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

*Entrust Special Opportunities Fund III*: The partnership seeks to achieve above-average rates of return and long-term capital growth by investing opportunistically in a select group of funds and investment vehicles that are generally expected to be illiquid.

The partnership expects to invest in a broad range of investments, including, but not limited to, global distressed corporate securities, activist equities, value equities, post-reorganizational equities, municipal bonds, high yield bonds, leveraged loans, unsecured debt, collateralized debt obligations, mortgage-backed securities, commercial mortgage backed securities, direct lending, and sovereign debt.

*First Reserve Fund XIII*: The investment objective is to generate significant long-term capital appreciation primarily through privately negotiated equity and equity-related control investments. These investments will be solely in companies involved in the energy sector.

*Francisco Partners Agility II A and VI B*: The partnership was organized as a Cayman Islands exempted limited partnership on November 19, 2019 to make investments in technology companies, for long-term capital appreciation, using various transaction structures including leveraged buyouts, management buyouts, spinouts, recapitalizations, minority investments, restructurings, and growth equity investments.

*Global Infrastructure Partners II-A*: The partnerships were formed to invest in infrastructure assets or portfolios of infrastructure assets in the energy, transport, and water/waste industries globally.

*H.I.G. Advantage Buyout Fund*: The partnership was organized for the purpose of investing in equity and equity-related securities in conjunction with privately negotiated transactions.

*Highstar Capital IV*: The investment objective is to generate both current income and long-term capital appreciation primarily in infrastructure assets and businesses, including assets and businesses in the energy, transportation, and environmental services sectors.

*Kohlberg IX TE Investors*: The principal purpose of the partnership is to make and oversee equity and equity related investments. The main objective is capital appreciation by way of controlling private equity investments in management buyouts and recapitalizations of companies with enterprise values ranging from approximately $200 million to $1.5 billion.

*Lightspeed Venture Partners Fund XIII and Select IV*: The partnership is organized for the purpose of realizing capital appreciation through investments in securities (whether debt, equity, or any combination thereof) issued primarily in start-ups, early-stage, development, and expansion-stage companies engaged, or to be engaged, in business in the technology area, and in any other investments consistent with and substantially similar to the foregoing as the partnership may determine.

*Mesirow Financial Capital Partners X*: The investment objective is to primarily to invest in a diversified portfolio of direct private equity investments.

*Monomoy Capital Partners AIV III*: The investment objective is to seek long-term capital appreciation primarily by acquiring, holding, or disposing of controlling and non-controlling positions in securities in companies in the middle market.

*Oaktree Enhanced Income Fund*: The investment objective is to invest primarily in a diversified portfolio of U.S. dollar-denominated bank loans and other senior debt instruments of borrowers that are organized or have a substantial portion of their operations, assets, or business located in the United States or Canada.

*Sculptor Credit Opportunities Overseas Institutional Fund*: The investment strategy is to use a global multi-strategy approach focused on portfolio diversification and risk management. Strategies include merger arbitrage, long/short equity special situations, corporate credit, structured credit, convertible/derivative arbitrage, and private investments.

*Starwood Distressed Opportunity Fund IX, Starwood Opportunity Fund X, and Starwood Opportunity Fund X International*: The investment objective is to generate returns by making opportunistic real estate equity and debt investments in hotels, office properties, retail centers, zoned residential land opportunities, and other real estate assets located in the United States and abroad. In addition, the partnership may make equity and debt investments in real estate related businesses or companies, as well as in select development opportunities.

*Stonepeak Infrastructure Fund*: The purpose of the partnership is to make investments in infrastructure assets and businesses, including assets and businesses which may include but are not limited to energy and utilities, transportation, communications infrastructure, social infrastructure, as well as other assets and businesses that exhibit infrastructure characteristics.

*Warburg Pincus Private Equity XI*: The purpose of the partnership is to invest in global growth companies in private equity.

b. *Common collective trusts, pooled separate account, and 103-12 investment entity*: All report as direct filing entities and can be redeemed according to the tables.

## NOTE 6. INTEREST IN U.A.W. MASTER PENSION TRUST (CONTINUED)

c. *Registered investment companies*: PIMCO Fund portfolios utilize various fixed income strategies to maximize total return, consistent with preservation of capital and prudent investment management. Each portfolio issues its shares in private placement transactions.

## NOTE 7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

UBE, Inc., a wholly owned subsidiary of U.A.W. International Union, as Plan sponsor, provides certain administrative services to the Plan, and pays for auditing, legal and actuarial services on behalf of the Plan. The costs of the administrative services are not readily determinable. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

## NOTE 8. RISKS AND UNCERTAINTIES

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

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## NOTE 9. SUBSEQUENT EVENTS

On March 5, 2026, the International Executive Board of the International Union, U.A.W., formally adopted Amendment No. 3 to the Plan. The amendment, effective April 30, 2024, reinstates future eligibility service and benefit service accrual for employees who were actively employed on April 30, 2024. The amendment also provides for increased benefit rates for eligible participants beginning January 1, 2024.

The provisions of Amendment No. 3 were reflected in the actuarial valuation used in determining the Plan's accumulated plan benefits as of January 1, 2025. Accordingly, the effects of the amendment have been incorporated into the accompanying financial statements. The formal adoption of the amendment occurred subsequent to year-end. Subsequent events have been evaluated through August 28, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no other material events or transactions which would require an adjustment to or disclosure in the accompanying financial statements.

## Schedule SB, Part V – Summary of Plan Provisions

**A. Plan Year:** January 1 through December 31

**B. Pension Credit Year:** January 1 through December 31

**C. Participation:** Any person employed by the employer at the UAW Black Lake facility in Michigan. Any person first employed on or after February 1, 2011, shall not be entitled to any benefits whatsoever under the Plan. On or after January 1, 2024, any person employed prior to Plan Freeze date and still employed is entitled to reinstated benefit accruals under the Plan.

**D. Plan Freeze:** The Plan was frozen as of April 30, 2011, for future Eligibility Service and benefit service accruals. Participants were allowed to grow into retirement categories based upon increased age.

**E. Plan Unfrozen:** The Plan reinstated future Eligibility Service and benefit service accruals for all remaining active employees as of January 1, 2024. No past service was granted for the period between the Plan Freeze date and January 1, 2024. The frozen accrued benefit determined as of April 30, 2011 using a Benefit Rate of $40.50 will remain unchanged. Future accruals will be earned on a prospective basis using the following applicable Benefit Rates:

| Plan Year | Benefit Rate |
|---|---|
| January 1, 2024 | $42.50 |
| January 1, 2025 | $43.50 |
| January 1, 2026 | $44.50 |
| January 1, 2027 | $45.50 |

**F. Vesting Service:** One year of Eligibility Service is credited for 1,000 hours worked in a calendar year. Service prior to 1976 credited to nearest complete year. If benefit service is greater, Eligibility Service equals benefit service.

**G. Credited Service:** 1/12$^{th}$ year benefit service is credited for each 140 hours worked to a maximum one-year credit in a calendar year. Additional benefit service is given for personal, military, sick, and maternity leaves.

**H. Normal Retirement:**

| | |
|---|---|
| **Age Requirement** | 65 |
| **Service Requirement** | Five years of Eligibility Service |
| **Amount** | For members retiring on or after January 1, 2024, a monthly benefit equal to $40.50 multiplied by the member's benefit service through April 30, 2011 plus the Benefit Rate applicable for each year of service earned after January 1, 2024. A retiree with less than 10 years of benefit service will be credited 10 years of benefit service. |

## Schedule SB, Part V – Summary of Plan Provisions

### I. Early Retirement:

| | |
|---|---|
| **Eligibility Requirement** | • Age 62 with 5 years of Eligibility Service, or<br>• Age 60 with 10 years of Eligibility Service, or<br>• Age 55 with combined years of age and Eligibility Service totaling at least 85 years. |
| **Benefit** | A monthly benefit equal to the Normal Retirement Benefit, reduced ½ of 1% for each complete month commencement age is below age 62 (reduction does not apply for retirees with combined years of age and Eligibility Service totaling at least 80 years and termination is no later than January 14, 2011). |

### J. Special Early Retirement:

| | |
|---|---|
| **Age Requirement** | 55 |
| **Service Requirement** | Ten years of Eligibility Service and terminated at the option of the employer or under mutually satisfactory conditions. |
| **Benefit** | A monthly benefit equal to the accrued Normal Retirement Benefits plus, if applicable, the temporary benefit (below). |

### K. Disability Retirement:

| | |
|---|---|
| **Age Requirement** | Any age before 62 |
| **Service Requirement** | Ten years of Eligibility Service |
| **Benefit** | A monthly benefit equal to the accrued Normal Retirement Benefits plus, if applicable, the temporary benefit (below). |

### L. Vesting:

| | |
|---|---|
| **Age Requirement** | Any age |
| **Service Requirement** | Five years of Eligibility Service |
| **Amount** | A monthly benefit, commencing on or after age 60, equal to the accrued Normal Retirement Benefit, reduced ½ of 1% for each complete month the commencement age is below age 65. |

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**M. Death before Retirement:**

| | |
|---|---|
| **Age Requirement** | None |
| **Service Requirement** | Five years of vesting service |
| **Amount** | If married, 55% of the reduced benefit the employee would have received had he retired the day before he died and elected the Joint and Survivor option. Benefits commence immediately, or at the participant's early retirement age, if later. |

**N. Temporary Benefit:**

A monthly benefit, payable to age 62 to special early and disability retirees who are ineligible for full Social Security benefits, equal to $9.50 multiplied by the member's benefit service through April 30, 2011, to a maximum of $237.50.

**O. Change in Plan Provisions:**

The Plan provision changes presented herein are based on discussions with Plan counsel and our understanding of the benefit provisions in the most recent Collectively Bargaining Agreement (CBA). The CBA reinstated future Eligibility Service and benefit service accruals for all remaining active employees as of January 1, 2024. No past service was granted for the period between the Plan Freeze date and January 1, 2024. Future accruals will be earned on a prospective basis using the following applicable Benefit Rates:

| Plan Year | Benefit Rate |
|---|---|
| January 1, 2024 | $42.50 |
| January 1, 2025 | $43.50 |
| January 1, 2026 | $44.50 |
| January 1, 2027 | $45.50 |

## Schedule SB, Line 26a – Schedule of Active Participant Data

**Table A-3**
**Distribution of Active Participants**
**by Age and Service as of January 1, 2025**
**Counts by Age/Service**

| Age | Service | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up | |
| Under 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45-49 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 50-54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55-59 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 3 |
| 60-64 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 3 |
| 65-69 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 70 & Up | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 5 | 0 | 1 | 2 | 0 | 0 | 0 | 8 |

Average Age = 60.29 Average Service = 16.61

## Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

### Actuarial Basis

**A. Actuarial Cost Method:**

The cost method for valuation of liabilities used for this valuation is the Unit Credit cost method. This is one of a family of valuation methods known as accrued benefits methods. The chief characteristic of accrued benefits methods is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit cost method, the Normal Cost is determined as the additional benefit accrued over the plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of each participant's benefit earned prior to the valuation date.

**B. Actuarial Value of Assets:**

The Actuarial Value of Assets is calculated as the average market value over the past 24 months. The market value for each of the prior two years is adjusted for benefit payments, contributions, and expected interest. The expected interest cannot exceed the interest expected assuming the third segment rate. The Actuarial Value of Assets is constrained so that it cannot exceed 110% of the market value and cannot be less than 90% of the market value.

**C. Amortization Method:**

15-year amortization period

**D. Disclosures Regarding Models Used:**

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

***Valuation Software***
Cheiron used ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech), for the intended purpose of calculating liabilities, normal costs, and projected benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed the underlying workings of this model to the degree feasible and consistent with ASOP No. 56 and believe them to be appropriate for the purposes of the valuation. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this actuarial valuation report.

***Projection Model***
Projections in this report were developed using *P-scan*, our proprietary tool for the purpose of developing projections. The projections shown in this report cover multiple individual scenarios and the variables are not necessarily correlated. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect the projections shown in this report.

**E. Method Changes:**

None

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

In order to place a value on the benefits provided by the Plan and to determine the contribution levels required by ERISA to fund plan benefits, assumptions must be made to resolve the contingencies surrounding actual payment of the benefits and future investment earnings of the Plan. The actuarial assumptions are used for purposes of the minimum funding requirement, deduction limitation, determination of PBGC variable rate premium, LDROM, and financial reporting and disclosure information.

**A. Discount Rate:**

1. *Funding Target interest rates*

   5.28% is the effective interest rate based on the IRC §430(h)(2)(B) base segment rates for 2025, as allowed under IRC §430(h)(2)(C)(iv) as amended by IIJA.

   i. Segment 1 5.00%
   ii. Segment 2 5.27%
   iii. Segment 3 5.50%

2. *Maximum Deductible Funding Target, LDROM, and PBGC 4010 test interest rates*

   5.26% is the effective interest rate based on the IRC §430(h)(2)(B) base segment rates for January 2025, as allowed under IRC §430(h)(2)(E). These rates are referred to as PPA rates and do not reflect the IIJA corridors.

   i. Segment 1 5.00%
   ii. Segment 2 5.27%
   iii. Segment 3 5.40%

3. *PBGC Funding Target interest rates (Alternative Method)*

   5.26% is the effective interest rate based on the IRC §430(h)(2)(B) base segment rates for January 2025, as allowed under IRC §430(h)(2)(E). These rates are referred to as PPA rates and do not reflect the IIJA corridors.

   i. Segment 1 5.00%
   ii. Segment 2 5.27%
   iii. Segment 3 5.40%

4. *ASC 960 Accounting* 6.50%

**B. Expected Net Investment Return:** 6.50%

**C. Expenses Payable from the Plan:** None

**D. Healthy and Disabled Lives Mortality:** IRS 2025 Small Plan Combined Static Mortality Table

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

**E. Withdrawal:**

| Rate % | | | | |
|---|---|---|---|---|
| | Withdrawal | | Disability | |
| Age | Male | Female | Male | Female |
| 20 | 30.00 | 40.00 | 0.03 | 0.04 |
| 25 | 7.18 | 17.70 | 0.03 | 0.05 |
| 30 | 3.31 | 5.60 | 0.04 | 0.06 |
| 35 | 2.17 | 3.15 | 0.05 | 0.08 |
| 40 | 1.57 | 2.14 | 0.07 | 0.10 |
| 45 | 1.11 | 1.48 | 0.10 | 0.15 |
| 50 | 0.67 | 0.88 | 0.18 | 0.26 |
| 55 | 0.29 | 0.42 | 0.36 | 0.49 |
| 60 | 0.00 | 0.00 | 0.90 | 1.21 |

**F. Retirement Probabilities:**

| Age | Annual Probability |
|---|---|
| 55 | 0.15 |
| 56-61 | 0.05 |
| 62 | 0.25 |
| 63 | 0.05 |
| 64 | 0.20 |
| 65-66 | 0.40 |
| 67-69 | 0.20 |
| 70 | 1.00 |

**G. Retirement Age:**

Terminated vested participants are assumed to commence retirement benefits at age 62.

**H. Percent Married:** 85% for males, 60% for females

**I. Survivor Benefit Election:** 100%

**J. Age of Spouse:** Wife 2 years younger than husband

**K. Late Retirement Adjustments:**

No actuarial increases are assumed for Active Participants continuing to work after age 65. For terminated vested participants over age 65, an actuarially equivalent late retirement increase factor is applied to the monthly benefit and assumed to be payable immediately.

**L. Change in Methods and Assumptions:**

***Non-Prescribed Actuarial Assumptions***

Actuarial equivalent late retirement increase factors have been applied to terminated vested members over age 65.

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

Termination, disability, and retirement decrement rates apply for active participants following the reinstatement of benefit accruals.

***Prescribed Actuarial Assumptions***

For funding purposes, the mortality table for healthy and disabled lives changed from the IRS 2024 Small Plan Combined Static Mortality Table to the IRS 2025 Small Plan Combined Static Mortality Table in accordance with appropriate guidance to comply with mandated assumptions prescribed by the regulatory guidance of the Pension Protection Act of 2006 (PPA). Both the 2024 and 2025 mortality assumption utilizes Pri-2012 as the base table, adjusted for static mortality improvements using the IRS 2024 adjusted MP-2021 scale. The same table was used for ASC 960 accounting disclosures.

The Funding Target Liability as determined by IRC 430(h)(2)(B) is determined using the base segment interest rates for 2025, as modified under IIJA. For the January 1, 2025 valuation, the liabilities were valued using an effect interest rate of 5.28%.

**M. Rationale for Non-Prescribed Funding Assumptions:**

The mortality and discount rate assumptions for funding purposes are prescribed by law. In accordance with Actuarial Standards of Practice No. 27, the rationale for the non-prescribed assumptions follows:

***Economic***

The assumption of expected investment return used in developing the Actuarial Value of Assets and ASC 960 liabilities is based on the Plan Sponsor's risk preference, capital market outlook of investment managers, and the Plan's target asset allocation as of the valuation date.

| Asset Allocation | Percentage |
|---|---|
| Equity | 51% |
| Fixed Income | 24% |
| Treasuries | 3% |
| Real Estate | 6% |
| Private Equity | 13% |
| Private Debt | 3% |
| **Total** | **100%** |

***Demographic***

The demographic assumptions used in this valuation have been reviewed annually against the sources of liability gains and losses. In our professional opinion, the assumptions both collectively and on an individual basis have not reflected a gain or loss bias and continue to be appropriate for the measurement.

## Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

***Non-prescribed Actuarial Assumptions***

Actuarial equivalent late retirement increase factors have been applied to terminated vested members over age 65.

Termination, disability, and retirement decrement rates apply for active participants following the reinstatement of benefit accruals.

***Prescribed Actuarial Assumptions***

For funding purposes, the mortality table for healthy and disabled lives changed from the IRS 2024 Small Plan Combined Static Mortality Table to the IRS 2025 Small Plan Combined Static Mortality Table in accordance with appropriate guidance to comply with mandated assumptions prescribed by the regulatory guidance of the Pension Protection Act of 2006 (PPA). Both the 2024 and 2025 mortality assumption utilizes Pri-2012 as the base table, adjusted for static mortality improvements using the IRS 2024 adjusted MP-2021 scale. The same table was used for ASC 960 accounting disclosures.

The Funding Target Liability as determined by IRC 430(h)(2)(B) is determined using the base segment interest rates for 2025, as modified under IIJA. For the January 1, 2025 valuation, the liabilities were valued using an effective interest rate of 5.28%.

## Schedule SB, Line 25 – Change in Method

None

**Attachments to 2025 Schedule SB (Form 5500)**
**UAW Black Lake Employees' Pension Plan**
**EIN 38-0679801, Plan 005**

## Schedule SB, Line 22 – Description of Weighted Average Retirement Age

| Age (1) | Assumed Rate of Retirement (2) | Population (3) | Expected Number of Retirements [(2) x (3)] (4) | Weighted Average [(1) x (4)] (5) |
|---|---|---|---|---|
| 55 | 0.15 | 50,000 | 7,500 | 412,500 |
| 56 | 0.05 | 42,500 | 2,125 | 119,000 |
| 57 | 0.05 | 40,375 | 2,019 | 115,069 |
| 58 | 0.05 | 38,356 | 1,918 | 111,233 |
| 59 | 0.05 | 36,438 | 1,822 | 107,493 |
| 60 | 0.05 | 34,617 | 1,731 | 103,850 |
| 61 | 0.05 | 32,886 | 1,644 | 100,301 |
| 62 | 0.25 | 31,241 | 7,810 | 484,242 |
| 63 | 0.05 | 23,431 | 1,172 | 73,808 |
| 64 | 0.20 | 22,260 | 4,452 | 284,922 |
| 65 | 0.40 | 17,808 | 7,123 | 462,998 |
| 66 | 0.40 | 10,685 | 4,274 | 282,072 |
| 67 | 0.20 | 6,411 | 1,282 | 85,904 |
| 68 | 0.20 | 5,129 | 1,026 | 69,749 |
| 69 | 0.20 | 4,103 | 821 | 56,620 |
| 70 | 1.00 | 3,282 | 3,282 | 229,761 |
| | | **Total** | 50,000 | 3,099,521 |
| | | **Average** | | **61.99** |

# 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.)

**B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

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

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

## Part II Basic Plan Information - enter all requested information

**1a** Name of plan
UAW BLACK LAKE EMPLOYEES PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 005

**1c** Effective date of plan 01/01/1976

**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)
INTERNATIONAL UNION, UAW

8000 EAST JEFFERSON

DETROIT MI 48214-3963

**2b** Employer Identification Number (EIN) 38-0679801

**2c** Plan Sponsor's telephone number 313-926-5000

**2d** Business code (see instructions) 813930

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

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

| | | | |
|---|---|---|---|
| SIGN HERE | Margaret Mock | 10/01/24 | MARGARET MOCK |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.** **Form 5500 (2025) v. 250312**

518401 12-22-25

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor
BOARD OF ADMINISTRATION

8000 EAST JEFFERSON
DETROIT MI 48214-3963

**3b** Administrator's EIN
38-2096031

**3c** Administrator's telephone number
313-926-5000

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN
**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 154 |
| **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)** | 8 |
| **a (2)** | Total number of active participants at the end of the plan year | **6a(2)** | |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | |
| **d** | Subtotal. Add lines **6a(2), 6b,** and **6c** | **6d** | |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** | Total. Add lines **6d** and **6e** | **6f** | |
| **g (1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B

**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 ____
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

# 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
UAW Black Lake Employees Pension Plan

**B** Three-digit plan number (PN) ▶ 005

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
International Union, UAW

**D** Employer Identification Number (EIN)
38-0679801

**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 1 Day 1 Year 2025

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 22,906,615 |
| **b** Actuarial value | **2b** | 21,899,095 |

**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 | 143 | 14,952,919 | 14,952,919 |
| **b** For terminated vested participants | 8 | 371,819 | 371,819 |
| **c** For active participants | 8 | 614,171 | 614,171 |
| **d** Total | 159 | 15,938,909 | 15,938,909 |

**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** | 5.28 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 31,759 |
| **b** Expected plan-related expenses | **6b** | 0 |
| **c** Target normal cost | **6c** | 31,759 |

**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**

John J. McKevitt III

Signature of actuary

10/02/2026
Date

JOHN J. MCKEVITT III
Type or print name of actuary

26-08580
Most recent enrollment number

CHEIRON, INC.
*Firm name*

(312) 629-8401
*Telephone number (including area code)*

230 W MONROE
SUITE 650
CHICAGO IL 60606
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 | 800,604 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 800,604 |
| 10 | Interest on line 9 using prior year's actual return of 9.67% | 0 | 77,418 |
| 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 5.05% | | |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| 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 | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 878,022 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 131.88% |
| 15 | Adjusted funding target attainment percentage | 15 | 137.39% |
| 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 | 132.07% |
| 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 |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 5.00 % | 5.27 % | 5.50 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**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** | 31,759 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 31,759 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **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** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **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** | |
| **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