Form 5500	Annual Return/Repo	ort of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed and 4065 of the Employee Retire sections 6057(b) and 6058(a)	2023	
Department of Labor Employee Benefits Security Administration		l entries in accordance with	
Pension Benefit Guaranty Corporation	the instruc	tions to the Form 5500.	This Form is Open to Public Inspection
Part I Annual Repo	rt Identification Information		
For calendar plan year 2023 of	or fiscal plan year beginning	and ending	
A This return/report is for:	a multiemployer plan	a multiple-employer plan (Filers checking employer information in accordance with	
	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)
<b>C</b> If the plan is a collectively	/-bargained plan, check here	<u></u>	
<b>D</b> Check box if filing under:	<b>X</b> Form 5558	automatic extension	the DFVC program
-	special extension (enter de		
	lopted plan permitted by SECURE Ac <b>nformation—</b> enter all requested in	t section 201, check here	•
<b>1a</b> Name of plan	<b>ITOTTIATION</b> —enter all requested in		<b>1b</b> Three-digit plan
•	Y EMPLOYEES BENEFICIAR		number (PN) ► 501
ASSOCIATION TRUST			<b>1c</b> Effective date of plan
			12/16/2020
2a Plan sponsor's name (em	ployer, if for a single-employer plan)		2b Employer Identification
Mailing address (include r	room, apt., suite no. and street, or P.C	D. Box)	Number (EIN)
	vince, country, and ZIP or foreign pos	tal code (if foreign, see instructions)	**-**8670
UAW-FORD VOLUNTAR			<b>2c</b> Plan Sponsor's telephone
BENEFICIARY ASSOC	IATION TRUST FUND		number
			313-392-7100
			2d Business code (see
151 WEST JEFFERSC	N N		instructions) 336100
DETROIT	MI 48232-5009		330100
	MI 40252 5009		

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	CHRISTOPHER M. SCOTT, CPA/PFS, MS	10/07/2024	DARRYL GOODWIN, EXECUTIVE DIRECTOR		
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN	CHRISTOPHER M. SCOTT, CPA/PFS, MS	10/07/2024	MICHAEL LANK, EXECUTIVE DIRECTOR		
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		

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Form 5500 (2023)

UAW-1	FORD VOLUNTARY EMPLOYEES **-**8670		
	Form 5500 (2023) Page <b>2</b>		
<b>3a</b> Plan	administrator's name and address Same as Plan Sponsor	3b Adı	ministrator's EIN
JOIN	F BOARD OF TRUSTEES UAW-FORD	**	-***8670
VOLU	NTARY EMPLOYEE BENEFICIA ASSOC	3c Ad	ministrator's telephone
UAW-1	FORD JOINT TRUSTS	nu	mber
151	WEST JEFFERSON AVENUE	31	3-392-7100
DETRO			
	e name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan	<b>4b</b> EIN	l
	er the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		
	nsor's name	<b>4d</b> PN	
	n Name	5	110000
	al number of participants at the beginning of the plan year		119836
	nber of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1)).	,	
oa(4	2), 6b, 6c, and 6d).		
a(1)	Total number of active participants at the beginning of the plan year	6a(1)	55978
a(1)			
a(2)	Total number of active participants at the end of the plan year	6a(2)	58852
~(_)			
b	Retired or separated participants receiving benefits	6b	0
С	Other retired or separated participants entitled to future benefits	6c	59583
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	118435
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<u>6e</u>	
f	Total. Add lines 6d and 6e		
		6f	
	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	0(0)	
	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 Ente	er the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4J 4Q 4U

9a Plan funding arrangement (check all that apply)		9b	Plan be	ene	it ar	rangement (check all that apply)	
(1)		Insurance		(1)		In	surance
(2)		Code section 412(e)(3) insurance contracts		(2)		C	ode section 412(e)(3) insurance contracts
(3)	Х	Trust		(3)	Х	Tr	ust
(4)		General assets of the sponsor		(4)		G	eneral assets of the sponsor
10 Check	all	applicable boxes in 10a and 10b to indicate which schedules are attached	, and,	where in	ndica	ted,	enter the number attached. (See instructions)
a Pensi	ion	Schedules	b	Genera	al S	che	dules
(1)		R (Retirement Plan Information)		(1)	Х	Н	(Financial Information)
(2)	$\Box$	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)		Т	(Financial Information - Small Plan)
	_	Purchase Plan Actuarial Information) - signed by the plan		(3)		Α	(Insurance Information) – Number Attached
(0)		actuary		(4)	Х	С	(Service Provider Information)
(3)		<b>SB</b> (Single-Employer Defined Benefit Plan Actuarial		(5)		D	(DFE/Participating Plan Information)
(4)		Information) - signed by the plan actuary DCG (Individual Plan Information) – Number Attached		(6)		G	(Financial Transaction Schedules)
(5)	Н	MEP (Multiple-Employer Retirement Plan Information)					
(-)		······ (······························					

Form 5500 (2023)		Page 3
	Yes 🗴 No	by welfare benefit plans) filing requirements during the plan year? (See instructions and 29 CFR
<b>11b</b> is the plan currently in com	pliance with the Form M-1 filing requirements? (	See instructions and 29 CFR 2520.101-2.) Yes No
<b>11c</b> Enter the Receipt Confirmation C Receipt Confirmation Code for th	ode for the 2023 Form M-1 annual report. If the plan wa	as not required to file the 2023 Form M-1 annual report, enter the nder the Form M-1 filing requirements. (Failure to enter a valid
Receipt Confirmation Code		

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SCHEDULE C	Service Provider Inform	nation	0	MB No. 1210-0110	
(Form 5500)					
Internal Revenue Service	Retirement Income Security Act of 1974 (ERISA).			2023	
Department of Labor Employee Benefits Security Administration	File as an attachment to Form	n 5500.	This F	orm is Open to Public	
Pension Benefit Guaranty Corporation For calendar plan year 2023 or fiscal pla	n vear beginning	and ending		Inspection.	
A Name of plan		<b>B</b> Three-digit			
		plan number (PN	J) 🕨	501	
UAW-FORD VOLUNTARY E	MPLOYEES BENEFICIARY				
C Plan sponsor's name as shown on I	ine 2a of Form 5500	D Employer Identifi	cation Numl	per (EIN)	
UAW-FORD VOLUNTARY E	MPLOYEES	**-***8670			
Part I Service Provider In	formation (see instructions)				
\$5,000 or more in total compensation (i.e., position with the plan during the plan year. you are required to answer line 1 but are n	e with the instructions, to report the information required for <b>ea</b> money or anything else of monetary value) in connection with a If a person received <b>only</b> eligible indirect compensation for wh ot required to include that person when completing the remaind	services rendered to the pla ich the plan received the r ler of this Part.	an or the perso	on's	
1 Information on Persons Re	ceiving Only Eligible Indirect Compensa	ation			
	her you are excluding a person from the remainder of plan received the required disclosures (see instruction				
	the name and EIN or address of each person providir nation. Complete as many entries as needed (see in		res for the s	ervice providers who	
(b) Enter name	and EIN or address of person who provided you disc	losures on eligible indir	ect compens	sation	
(b) Enter name	and EIN or address of person who provided you disc	losures on eligible indir	ect compens	sation	
(b) Enter name	and EIN or address of person who provided you disc	losures on eligible indir	ect compens	sation	
		-			
(b) Enter name	and EIN or address of person who provided you disc	losures on eligible indir	ect compens	sation	
	, , , , , , , , , , , , , , , , , , , ,	<b>J</b>	1		

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Schedule C (Form 5500) 2023

Page 2-

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

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

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

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

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

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

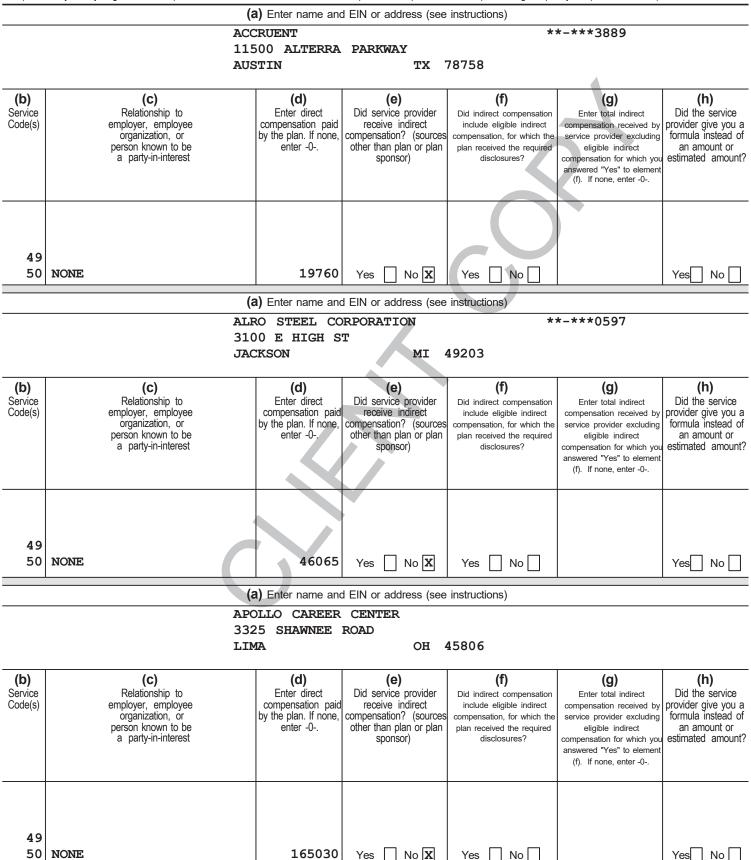
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

Schedule C (Form 5500) 2023

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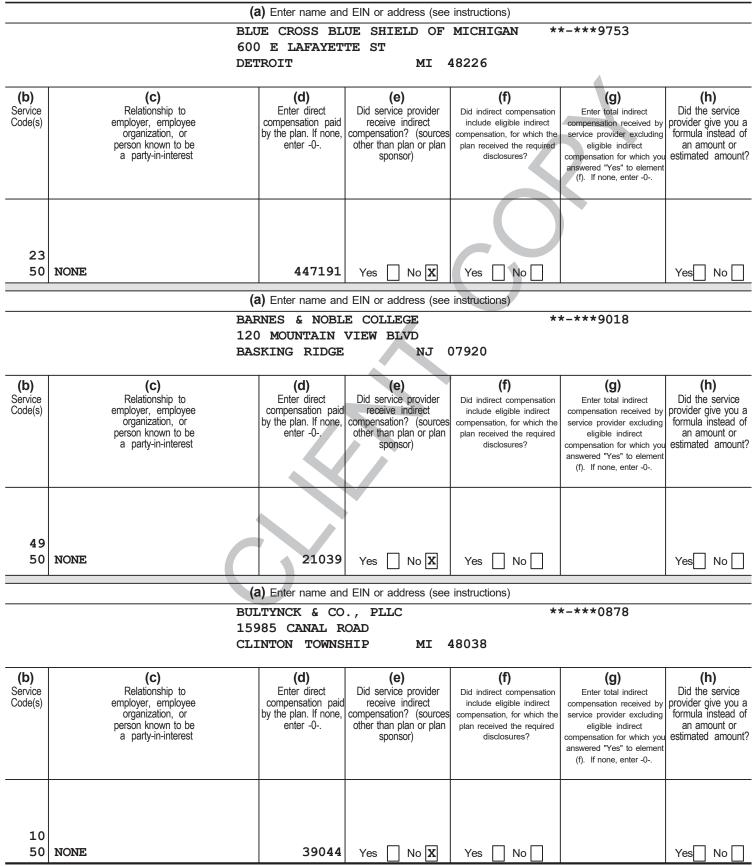
Page 3- 1



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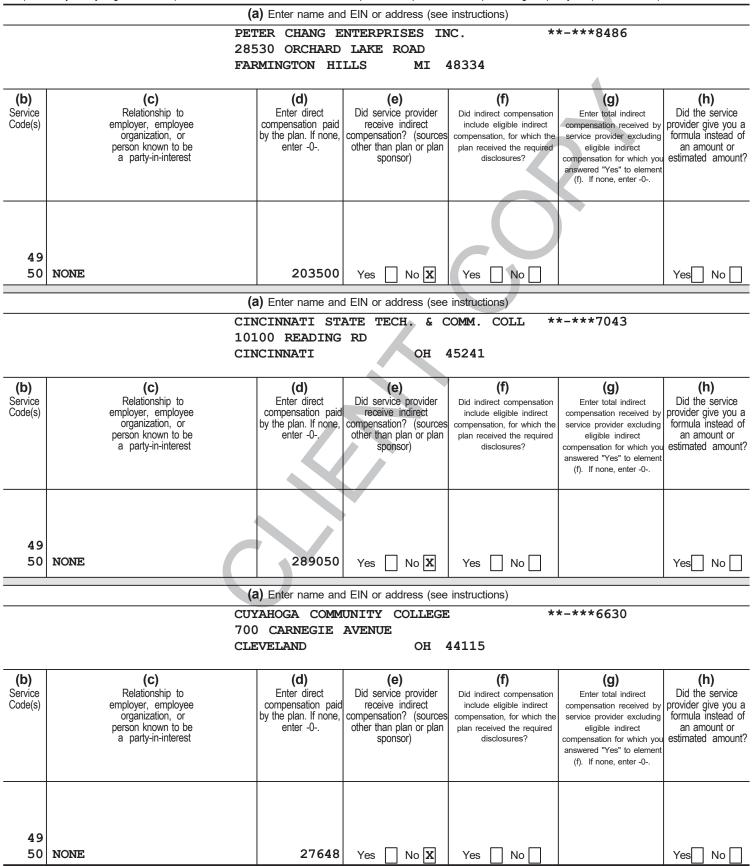
Page 3- 2



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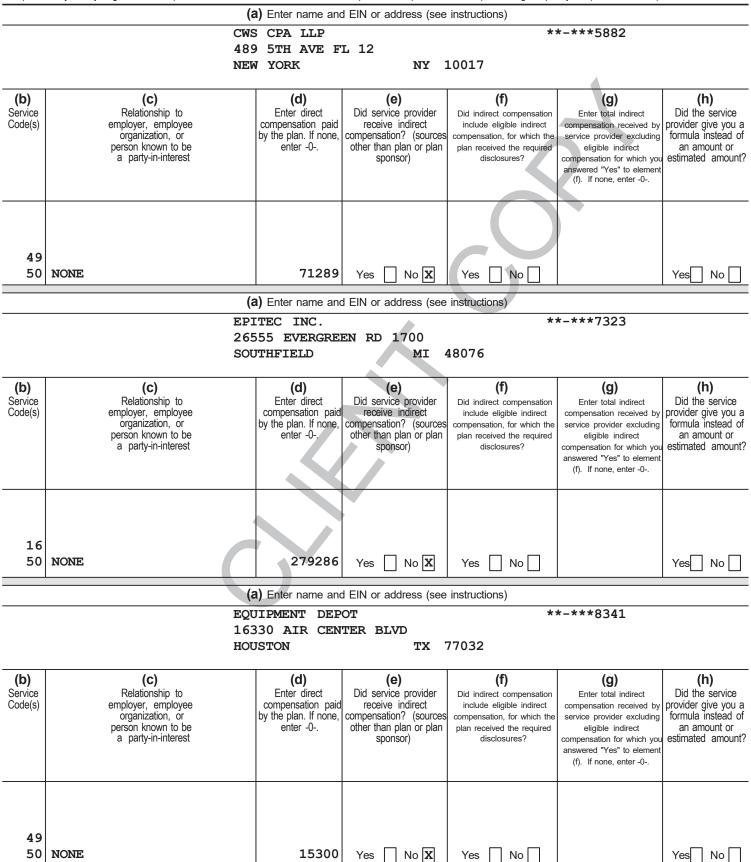
Page 3- 3



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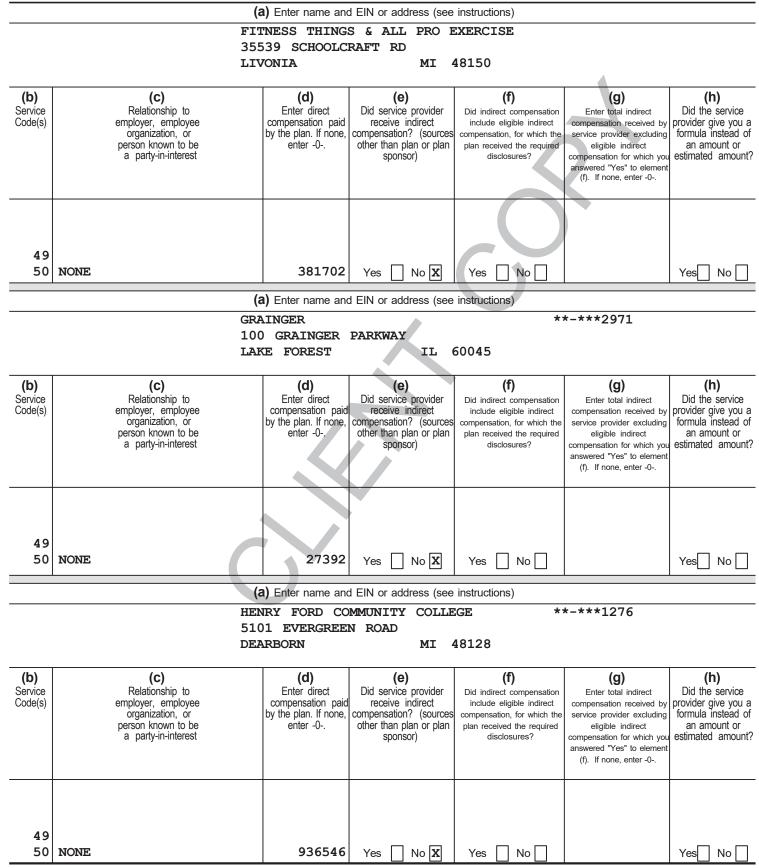
Page 3- 4



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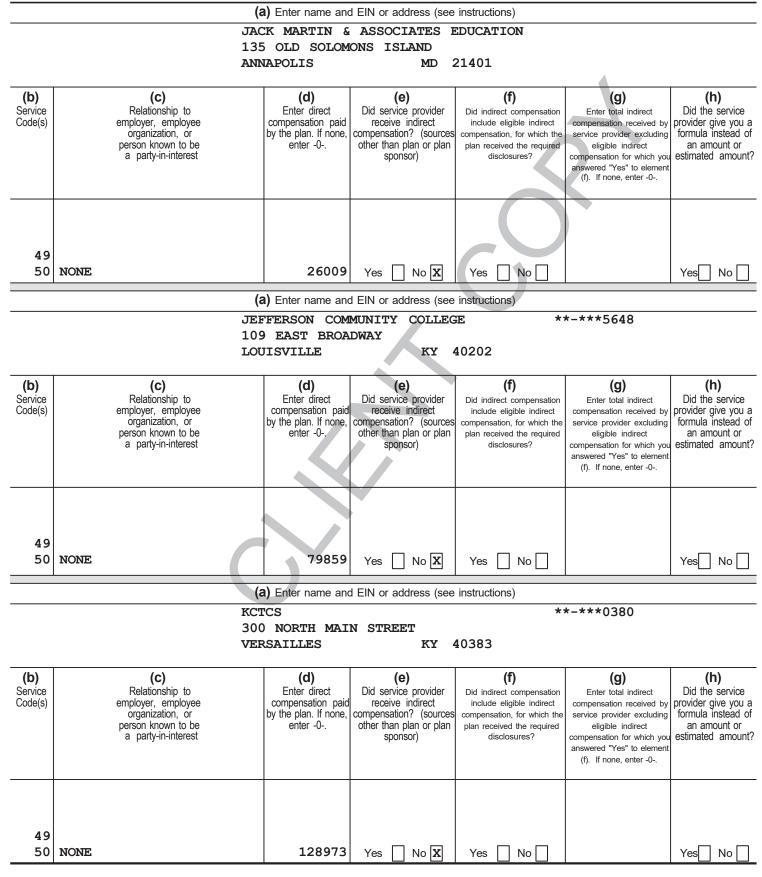
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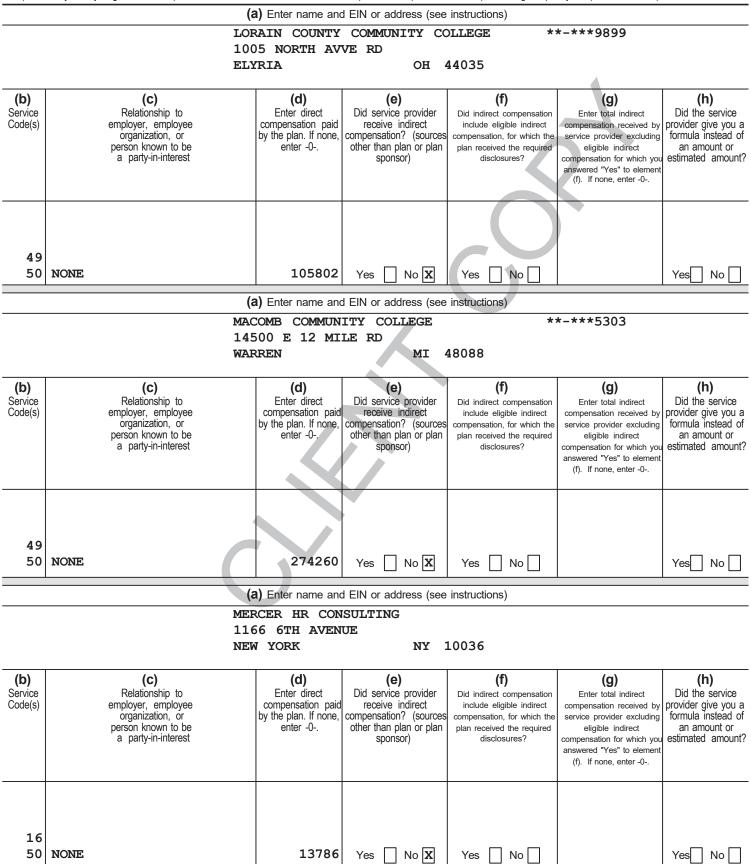
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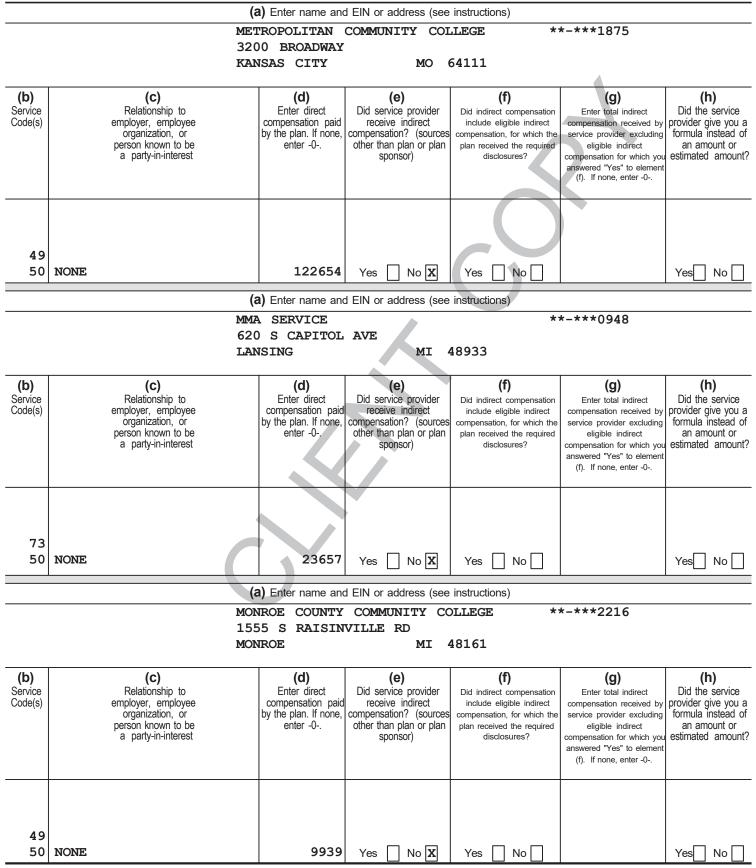
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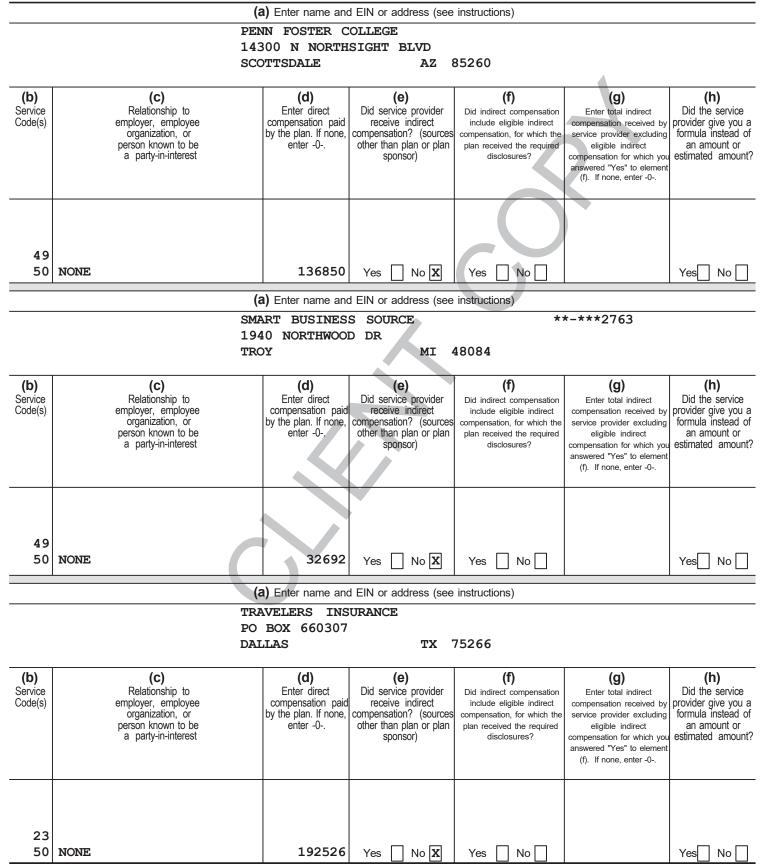
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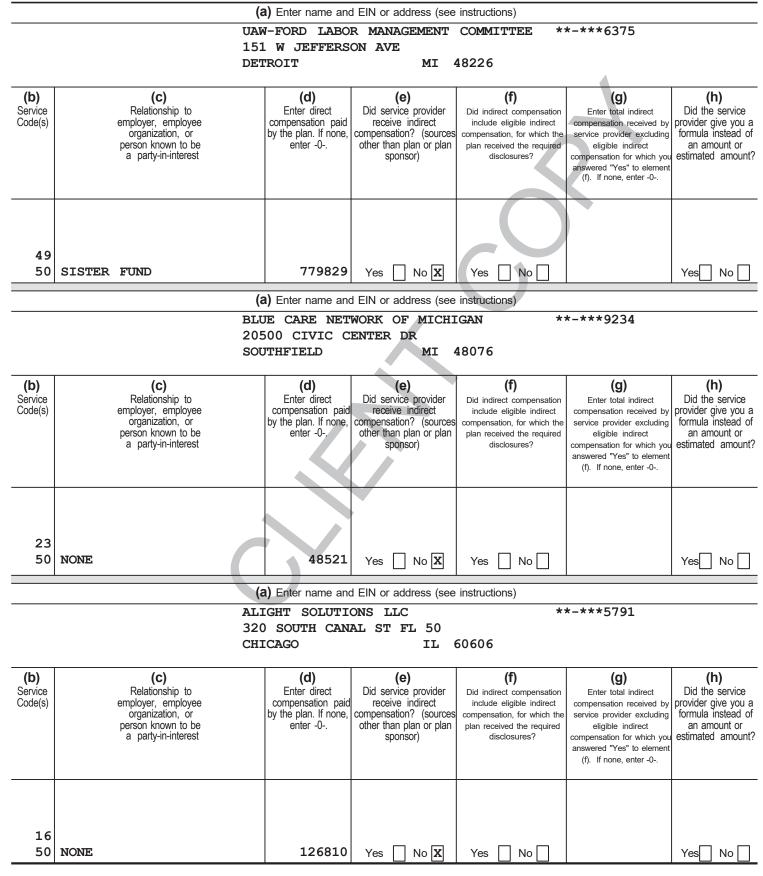
Page 3- 9



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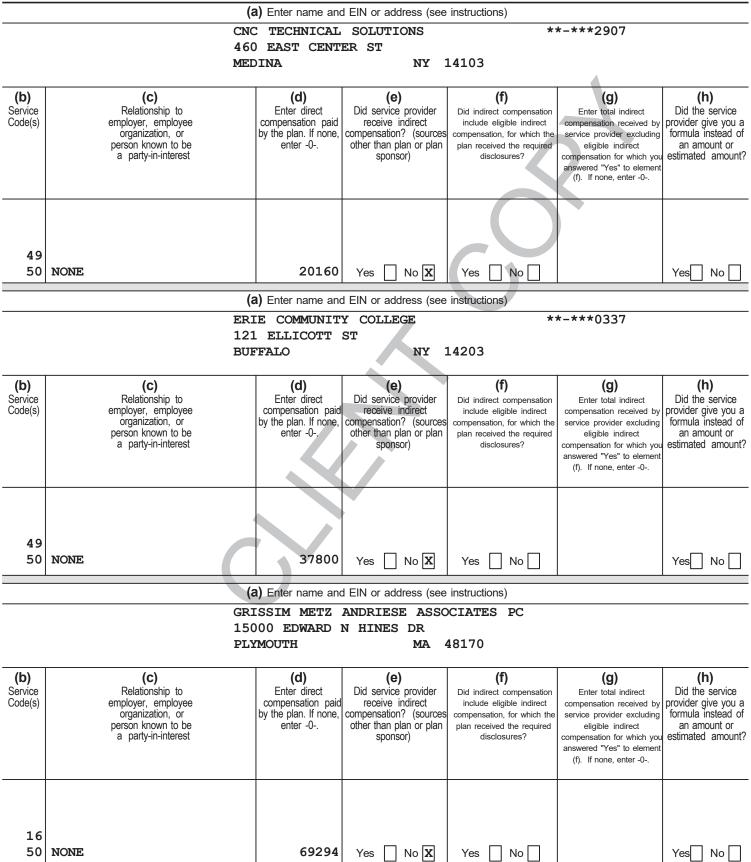
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Schedule C (Form 5500) 2023

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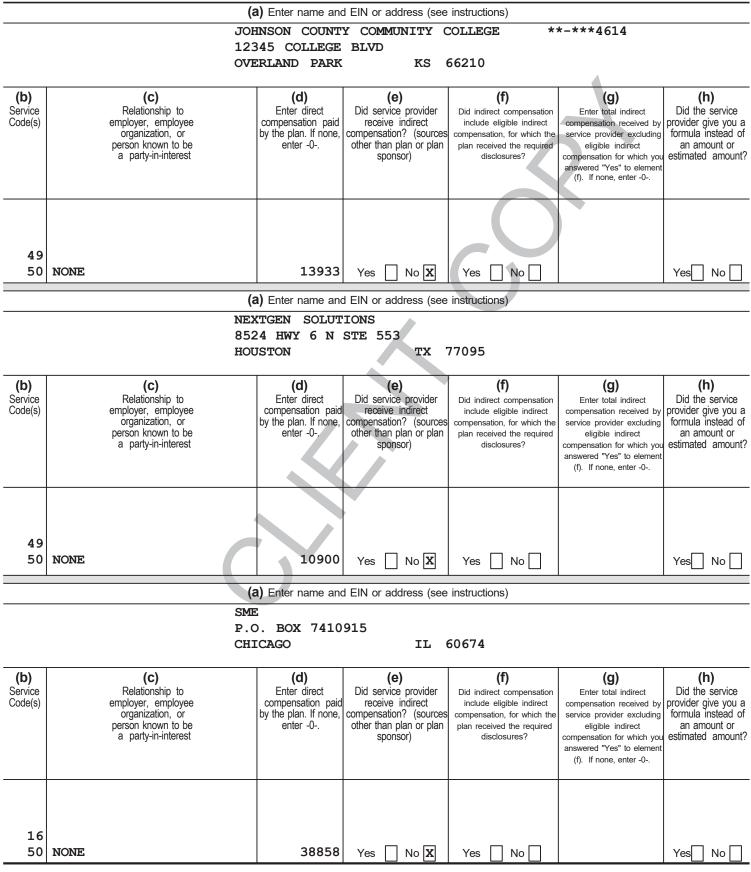
Page 3- 11



Schedule C (Form 5500) 2023

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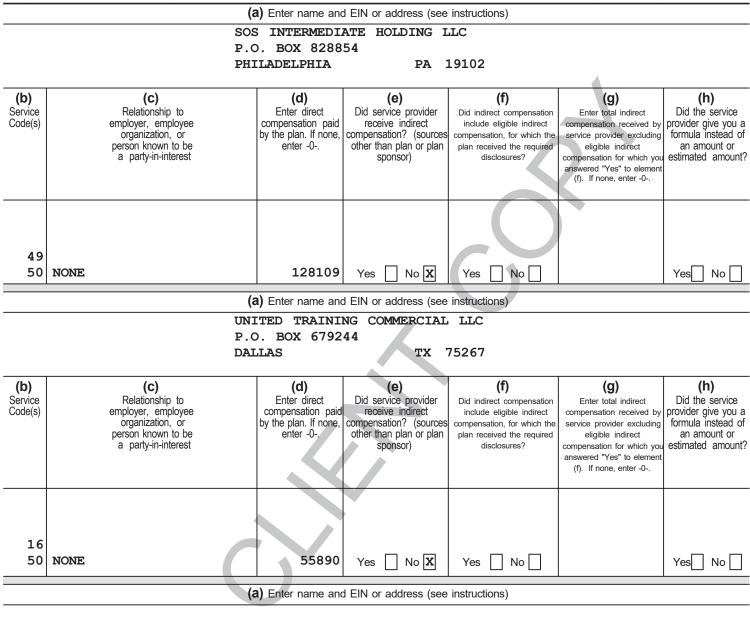
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<b>(b)</b> Service Code(s)	( <b>c</b> ) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation?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

Schedule C (Form 5500) 2023

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Part I Service Provider Information (continued)		
<ol> <li>Service Provider Information (continued)</li> <li>If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by or provides contract administrator, consulting, custodial, investment advisory, investment management questions for (a) each source from whom the service provider received \$1,000 or more in indirect com provider gave you a formula used to determine the indirect compensation instead of an amount or estimany entries as needed to report the required information for each source.</li> </ol>	, broker, or recordkeeping services, a pensation and (b) each source for wh	answer the following om the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
	Q	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine t	compensation, including any the service provider's eligibility e indirect compensation.
	6	
(a) Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		compensation, including any the service provider's eligibility e indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine t	compensation, including any the service provider's eligibility e indirect compensation.

Schedule C (Form 5500) 2023

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Part II Service Providers Who Fail or Refuse t		
Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	er who failed or refused to provide the information necessary to comple
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

Schedule C (Form 5500) 2023

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	rt III	Termination Information on Accountants and Enrolled Actuaries (see (complete as many entries as needed)	e inst	tructions)
	Name:		b	EIN:
		ח:		
d	Addres		е	Telephone:
				·
Exp	planation	с 		4
а	Name:		b	EIN:
		2.	~	2017
	Addres		е	Telephone:
u	Addres	s.	C	
Exp	planatior			
а	Name:		h	EIN:
		2		LIN.
	Addres		•	Telephone:
u	Addres	s.		
Exp	planatior			
	Name:		h	EIN:
а		2'		
	1 03110			
С	Addros			
c d	Addres	s:		Telephone:
c d	Addres	s:		
c d Exp	blanatior	s:	e	Telephone:
c d Exp	blanatior Name:	s: :	e	
c d Exp	Dianation Name: Position	s: 	b	Telephone:
c d Exp	Dianation Name: Position	s: 	b	Telephone:

	SCHEDULE H	SCHEDULE H Financial Information			01	/IB No. 1210-0110		
	Department of the Treasury Internal Revenue Service	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).				2023		
	Department of Labor ployee Benefits Security Administration	► File as an attachment to Forr	,			n is Open to Public		
	Pension Benefit Guaranty Corporation					Inspection		
_	alendar plan year 2023 or fiscal p	plan year beginning	and e	Q				
A N	ame of plan			B Three-digi plan num		▶ 501		
ΰ	AW-FORD VOLUNTARY	EMPLOYEES BENEFICIARY						
Ρ	lan sponsor's name as shown or	ا line 2a of Form 5500		D Employer	Identification	Number (EIN)		
						. ,		
Ū	AW-FORD VOLUNTARY	EMPLOYEES		**-***	8670			
Ра	rt I Asset and Liabilit	y Statement						
lir b	nes 1c(9) through 1c(14). Do not enefit at a future date. <b>Round of</b>	a commingled fund containing the assets of more than enter the value of that portion of an insurance contra <b>f amounts to the nearest dollar.</b> MTIAs, CCTs, PS IEs also do not complete lines 1d and 1e. See instruc- Assets	act which gua As, and 103	arantees, durin	ig this plan ye t complete lin	ear, to pay a specific dolla		
ат	tal poninterest-bearing cash	A33013	1a		674,264	2,282,222		
<b>b</b> R	eceivables (less allowance for d	oubtful accounts):		1,	074,204	2,202,222		
			1b(1)					
(2	Participant contributions		1b(1)					
(3				1	622,965	1,511,209		
•	eneral investments:		10(3)	1,	022,903	1,511,205		
		money market accounts & certificates						
( -		,	1c(1)					
(2	LLS Covernment accurition		1c(2)					
•	· · ·	ther than employer securities):						
`			1c(3)(A)					
			1c(3)(B)					
(4	) Corporate stocks (other than	employer securities):						
-			1c(4)(A)					
			1c(4)(B)					
	) Partnership/joint venture inter	ests	1c(5)					
(5		yer real property)	1c(6)					
<b>(</b> -	) Real estate (other than emplo	· · · · · · · · · · · · · · · · · · ·						
<b>(</b> -	) Real estate (other than emplo ) Loans (other than to participa	nts)	1c(7)					
(6 (7 (8	) Loans (other than to participal ) Participant loans	nts)	1c(8)					
(6 (7 (8 (9	<ul> <li>Loans (other than to participal</li> <li>Participant loans</li> <li>Value of interest in common/c</li> </ul>	nts) collective trusts	1c(8) 1c(9)					
(6 (7 (8 (9 (10	<ul> <li>Loans (other than to participal</li> <li>Participant loans</li> <li>Value of interest in common/c</li> <li>Value of interest in pooled sep</li> </ul>	xollective trusts	1c(8) 1c(9)					
(6 (7 (8 (9 (10 (11	<ul> <li>Loans (other than to participal Participant loans</li> <li>Value of interest in common/c</li> <li>Value of interest in pooled sep</li> <li>Value of interest in master true</li> </ul>	nts) collective trusts parate accounts st investment accounts	1c(8) 1c(9) 1c(10)					
(6 (7 (8 (9 (10 (11 (12	<ul> <li>Loans (other than to participal Participant loans</li> <li>Value of interest in common/c</li> <li>Value of interest in pooled sep</li> <li>Value of interest in master tru</li> <li>Value of interest in 103-12 inv</li> </ul>	nts) collective trusts parate accounts st investment accounts restment entities	1c(8) 1c(9) 1c(10) 1c(11)					
(6 (7 (8 (9 (10 (11 (12	<ul> <li>Loans (other than to participal Participant loans</li> <li>Value of interest in common/c</li> <li>Value of interest in pooled sep</li> <li>Value of interest in master tru</li> <li>Value of interest in 103-12 inv</li> <li>Value of interest in registered</li> </ul>	nts) collective trusts parate accounts st investment accounts restment entities investment companies (e.g., mutual	1c(8) 1c(9) 1c(10) 1c(11) 1c(12) 1c(13)					
(6 (7 (8 (10 (11 (12 (13	<ul> <li>Loans (other than to participal Participant loans</li> <li>Value of interest in common/c</li> <li>Value of interest in pooled sep</li> <li>Value of interest in master tru</li> <li>Value of interest in 103-12 inv</li> <li>Value of interest in registered funds)</li> <li>Value of funds held in insurant</li> </ul>	nts) collective trusts parate accounts st investment accounts restment entities	1c(8) 1c(9) 1c(10) 1c(11) 1c(12) 1c(13) 1c(14)					

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

Schedule H (Form 5500) 2023

Schedule H (Form 5500) 2023

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e	32,612,953	31,412,942
f	Total assets (add all amounts in lines 1a through 1e)	1f	35,910,182	35,206,373
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	2,254,134	648,618
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	774,007	918,826
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	3,028,141	1,567,444
	Net Assets			
1	Net assets (subtract line 1k from line 1f)	11	32,882,041	33,638,929
		· · · · ·		

# Part II Income and Expense Statement

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 Co	ntributions:			
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	12,680,453	
	(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)		12,680,453
b Ea	mings on investments:			
(1)	Interest:			
	<ul> <li>(A) Interest-bearing cash (including money market accounts and certificates of deposit)</li> </ul>	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2)	Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3)	Rents	2b(3)		
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

Schedule H (Form 5500) 2023

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		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment			
companies (e.g., mutual funds)	2b(10)		
<b>c</b> Other income	2c	A	91,166
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		12,771,619
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8,490,852	2
(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)		8,490,852
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)	1,415,006	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37,617	
(5) Investment advisory and management fees	2i(5)	· · · ·	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	19,381	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2,051,875	
(12)Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3,523,879
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12,014,731
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		756,888
Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Schedule H (Form 5500) 2023

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Pa	art 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	. Comp	lete line	e 3d if a	n opinion is not
	attached.					
а		ached opinion of an independent qualified public accountant for this plan is (see instructions):				
	<u> </u>	X     Unmodified     (2)     Qualified     (3)     Disclaimer     (4)     Adverse	<u> </u>			
		he appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C ed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursu	·			n boxes (1) and (2) if the audit was
		OL Regulation 2520.103-8(2) $\Box$ DOL Regulation 2520.103-12(d) $\mathbf{X}$ neither DOL Regulation				r DOL Regulation 2520 103 12(d)
		e name and EIN of the accountant (or accounting firm) below:		20.10	5-0 110	T DOL Tregulation 2320.103-12(d).
C		Name:       BULTYNCK & CO., P.L.L.C.       (2) EIN:	**-*	**0	878	
d		nion of an independent qualified public accountant is <b>not attached</b> as part of Schedule H bec		00	570	
-	(1)			0 purs	uant to	29 CFR 2520.104-50.
	( ) [					
D		Compliance Questions				
	art IV	Compliance Questions				
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4 2 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not c				
		ete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see				
	During	g the plan year:		Yes	No	Amount
а	Was t	here a failure to transmit to the plan any participant contributions within the time				
		described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until				
	-	orrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x	
b		any loans by the plan or fixed income obligations due the plan in default as of the				
		of the plan year or classified during the year as uncollectible? Disregard participant loans				
		ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is	41-		x	
<u>د</u>	check	any leases to which the plan was a party in default or classified during the year as	4b		^	
С		ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		x	
d		there any nonexempt transactions with any party-in-interest? (Do not include transactions	+0			
•		ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is				
		ed.)	4d		x	
е	Was t	his plan covered by a fidelity bond?	4e	X		500000
f	Did th	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				
		ud or dishonesty?	4f		х	
g		e plan hold any assets whose current value was neither readily determinable on an				
h		ished market nor set by an independent third party appraiser?	4g		х	
		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		x	
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked,	411		Α	
-		ee instructions for format requirements.)	4i		x	
j	Were	any plan transactions or series of transactions in excess of 5% of the current				
-		of plan assets? (Attach schedule of transactions if "Yes" is checked and				
		structions for format requirements.)	4j		х	
k		all the plan assets either distributed to participants or beneficiaries, transferred to another				
		or brought under the control of the PBGC?	4k		X	
		ne plan failed to provide any benefit when due under the plan?	41		х	
n		is an individual account plan, was there a blackout period? (See instructions and 29 CFR			v	
n		101-3.)	4m		Х	
		exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
52			_	X No		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? $\_$ s," enter the amount of any plan assets that reverted to the employer this year	]. 55	L. 10		
	11 165	, כחוכו עום מחסטות טו מוזץ אמו מספנס עומג ובעפונפט נט עום פוואטטצר עווס צפמו				

UAW-FORD	VOLUNTARY	EMPLOYEES
Schedule H	l (Form 5500) 202	23

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5b	If, during this plan year, any assets or liabilities were transferred from this plan to another transferred. (See instructions.)	plan(s), identify the plan(s) to which as	sets or liabilities w
	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 t instructions.)		section 4021 and Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing	g for this plan year	

	<sup>oyees</sup> ederal Statements oluntary Employees Beneficiary Plan: 501
Statement 1 - Form	5500, Schedule H, Line 1j - Other Liabilities
Description Due to ford motor company Due to lmc	BOY Amount         EOY Amount           \$ 35,683 738,324         \$ 48,683 870,143
TOTAL	\$ 774,007 \$ 918,826
	5500, Schedule H, Line 2c - Other Income
Description RENTS REIMBURSEMENTS REVERTED BENEFITS TOTAL	Amount       \$     67,921       18,461       4,784       \$     91,166
Statement 3 - Form 5	500, Schedule H, Line 2i(4) - Other Expenses
CONSULTING FEES PAYROLL EXPENSES INSURANCE OFFICE EXPENSES OCCUPANCY EQUIPMENT & MAINTENANCE DEPRECIATION POSTAGE & PRINTING TRAVEL SOFTWARE TOTAL	Amount \$ 44,354 73,421 39,788 116,524 141,929 69,978 1,509,985 2,388 50,620 \$ 2,051,875

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Form 5500	PDF Attachment Report	20	023
Form 5500 For calendar year 2023, or tax year beginning , a	and ending		
		Taxpayer Identificat	tion Number
UAW-FORD VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION TRUST FUND		**-**8670	0
Title	Attachment Source		Proforma
FEDERAL ATTACHMENTS: OTHER ATTACHMENT	\\TSCLIENT\F\E-FILE ATTACHMENTS\2023 ULTRA \EXTENSION.PDF	TAX\23736A01	A NO
OTHER ATTACHMENT	\\TSCLIENT\F\E-FILE ATTACHMENTS\2023 ULTRA \12-31-2023 FINANCIAL STATEMENTS.PDF	TAX\23736A01	A NO
SCHEDULE H AND I: IQPA REPORT (ACCOUNTANT OPINION)	\\TSCLIENT\F\E-FILE ATTACHMENTS\2023 ULTRA \12-31-2023 AUDITOR'S REPORT.PDF	TAX\23736A01	A NO
MANUALLY SIGNED FORM 5500 OR 5500-SF UNDER E-SIGNATUR OPTION FOR SERVICE PROVIDERS	E \\TSCLIENT\F\E-FILE ATTACHMENTS\2023 ULTRA \12-31-2023 SIGNED FORM 5500.PDF	TAX\23736A01	A NO
	\\TSCLIENT\F\E-FILE ATTACHMENTS\2023 ULTRA \12-31-2023 SIGNED E-FILE AUTHORIZATION.PDF		A NO

	Form 5500 R	eturn Summar	y	
For calendar year 2023,	or tax year beginning	, and e	ending	
UAW-FORD VOLUN ASSOCIATION TRU		S BENEFICIAR	Y 50	)1
	DLUNTARY EMPLO ASSOCIATION		**-**8670	
		econciliation		
Balance Sheet	Beginning	of Year		of Year
Total assets	<u>35,910,182</u> 3,028,141		35,206,373	
Total liabilities	5,020,141	32,882,041		33,638,929
Equity (Fund balance)	-	52,002,041		
Income Statement Income 91,166 Contributions 12,680,453 Total income Expenses 3,523,879 Distributions 8,490,852 Total deductions	12,771,619 12,014,731	C		
Net transfers		0		
EOY fund balance per income s	tatement			33,638,929
Fund balance difference bet	ween balance sheet and	income statement		
	Dettionent	<b>B</b> asson silicition		
	Financial Statement - F	Reconciliation	Difference	
BOY fund balance	32,882,041		32,882,041	
Net increase / decrease	-11,923,565	0	-11,923,565	
Company contributions	12,680,453	0	12,680,453	
EOY fund balance	33,638,929	0	33,638,929	
		us Information		
Amended re				
	active participants at end of	year <u>58,8</u>	<u>52</u>	
Return Due	Date	10/15/20	)24	