

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 02/01/2008
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UAW RETIREES OF THE DANA CORP. HEALTH AND WELFARE TRUST COMMITTEE C/O GROOM LAW GROUP, CHARTERED 1701 PENNSYLVANIA AVE. NW SUITE 1200 WASHINGTON, DC 20006
2b	Employer Identification Number (EIN) 26-1851652
2c	Plan Sponsor's telephone number 248-813-9800
2d	Business code (see instructions) 336100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	SUZANNE DANIELS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	2296
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	0
		6a(2)	0
		6b	2250
		6c	0
		6d	2250
		6e	
		6f	
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

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

4A 4D 4H 4U

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	501
UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UAW RETIREES OF THE DANA CORP. HEALTH AND WELFARE TRUST COMMITTEE	26-1851652	

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

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF MICHIGAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-2069753	54291	51643/601	2871	01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1672698
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF THE DANA CORP. HEALTH AND WELFARE TRUST COMMITTEE	D Employer Identification Number (EIN) 26-1851652	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK INVESTMENTS, LLC	1 UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CARLYLE STRATEGIC PARTNERS IV, L.P.	
98-1437574	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CION INVESTMENTS	100 PARK AVENUE, 25TH FLOOR NEW YORK, NY 10017

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ENTRUST GLOBAL PARTNERS OFFSHORE LP	
90-0644478	

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

FIDELITY BROKERAGE SERVICES LLC

900 SALEM STREET
SMITHFIELD, RI 02917

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

GOLDMAN SACHS & CO. LLC

200 WEST STREET, 29TH FLOOR
NEW YORK, NY 10282

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

MCMORGAN & COMPANY LLC

52-2334338

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

PIMCO

33-0629048

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

PUTNAM INVESTMENTS

P.O. BOX 219697
KANSAS CITY, MO 64121

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

HAMLIN CAPITAL MANAGEMENT, LLC

52-2344187

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50 68	NONE KNOWN	202866	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BENESYS INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 14 15 36 50 64 99	NONE KNOWN	183151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 72	NONE KNOWN	123145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PLANTE & MORAN, PLLC

33-1498605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	91890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL OF OHIO

31-0685339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE KNOWN	88761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 70 50	NONE KNOWN	77548	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLARKSTON CAPITAL PARTNERS, LLC

83-0473650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	71097	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

REINHART PARTNERS, LLC

39-1711628

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	69165	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SAGE ADVISORY SERVICES, LTD. CO.

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	66332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLUE CROSS BLUE SHIELD OF WISCONSIN

39-0138065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 50 62	NONE KNOWN	62287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROOM LAW GROUP, CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE KNOWN	55950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SNG CONSULTING, LLC

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	37634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARKER BUSINESS SOLUTIONS, LLC

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	36195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARY PETRONI

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	36195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD ISAACSON

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	36195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANTHONY FEYERS

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	33600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACK MARTIN

1701 PENNSYLVANIA AVE. NW
SUITE 1200
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	TRUSTEE	31146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	27666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MADISON INVESTMENT ADVISORS, LLC

39-1194160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	24016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE KNOWN	0	Yes ☒ No ☐	Yes ☒ No ☐	10359	Yes ☐ No ☒

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 50 72	INSTITUTIONAL TRUSTEE	9528	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

SMART SOURCE LLC

30-0830429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE KNOWN	9406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	22 53	9608

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan UAW RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 UAW RETIREES OF THE DANA CORP. HEALTH AND WELFARE TRUST COMMITTEE	D Employer Identification Number (EIN) 26-1851652	

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	2698034	4433944
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	914973	942262
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8465786	3587251
(2) U.S. Government securities	1c(2)	17974746	17095836
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	41742959	43948090
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	31931944	36925366
(5) Partnership/joint venture interests	1c(5)	55299929	116585926
(6) Real estate (other than employer real property)	1c(6)	1662505	2793041
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	120963658	113597223
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	86771229	36441373

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	368425763	376350312
Liabilities			
g Benefit claims payable	1g	992000	203000
h Operating payables	1h	2183330	1184224
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3175330	1387224
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	365250433	374963088

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)	1819188	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1819188
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	74421	
(B) U.S. Government securities	2b(1)(B)	418770	
(C) Corporate debt instruments	2b(1)(C)	945418	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	607040	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2045649
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1024825	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7079721	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8104546
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	38672057	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	35319172	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3352885
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3185299	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3556918
c Other income	2c		6434426
d Total income. Add all income amounts in column (b) and enter total	2d		28498911

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	1672698	
(3) Other	2e(3)	15672685	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17345383
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)	245437	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	91890	
(5) Investment advisory and investment management fees	2i(5)	584287	
(6) Bank or trust company trustee/custodial fees	2i(6)	9955	
(7) Actuarial fees	2i(7)	77548	
(8) Legal fees	2i(8)	55950	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	210966	
(11) Other expenses	2i(11)	164840	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1440873
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18786256

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9712655
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **33-1498605**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		147246730
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

UAW Retirees of the Dana Corporation Health and Welfare Plan

**Financial Report
December 31, 2024**

UAW Retirees of the Dana Corporation Health and Welfare Plan

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Independent Auditor's Report

To the Committee Members
UAW Retirees of the Dana Corporation
Health and Welfare Plan

Opinion

We have audited the financial statements of UAW Retirees of the Dana Corporation Health and Welfare 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 and plan benefit obligations as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits and changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023 and the changes in net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the 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.

Emphasis of Matter

As explained in Note 4, the financial statements include investments valued at approximately \$147,000,000 (39 percent of net assets) at December 31, 2024 and approximately \$137,000,000 (38 percent of net assets) at December 31, 2023, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the fund managers or general partners. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the 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 that may become due to such participants.

To the Committee Members
UAW Retirees of the Dana Corporation
Health and Welfare Plan

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Plante & Moran, PLLC

Southfield, Michigan
October 13, 2025

UAW Retirees of the Dana Corporation Health and Welfare Plan

Statement of Net Assets Available for Benefits

December 31, 2024 and 2023		
	2024	2023
Assets		
Investments at fair value:		
Money market fund	\$ 3,587,251	\$ 8,465,786
Mutual funds	113,597,223	120,963,658
Government securities	17,095,836	17,974,746
Corporate stocks	36,925,366	31,931,944
Debt securities	32,411,579	31,348,416
Private credit fund	11,536,511	10,394,543
Real estate investments	2,793,041	1,662,505
Partnerships/hedge funds	116,585,926	105,039,569
Real estate fund	30,660,804	31,909,362
Total investments	365,193,537	359,690,529
Accrued income	942,262	914,973
Cash	4,433,944	2,698,034
Other assets	5,780,569	5,122,227
Total assets	376,350,312	368,425,763
Liabilities		
Due to broker for securities purchased	-	1,096,339
Other payables	1,184,224	1,086,991
Total liabilities	1,184,224	2,183,330
Net Assets Available for Benefits	\$ 375,166,088	\$ 366,242,433

UAW Retirees of the Dana Corporation Health and Welfare Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Contributions - Subsidies from U.S. government	\$ 1,819,188	\$ 1,506,200
Investment income:		
Interest and dividends	17,199,018	15,739,900
Net realized and unrealized gains on investments	9,480,705	8,547,100
Total investment income	26,679,723	24,287,000
Total additions	28,498,911	25,793,200
Deductions		
Claims	16,461,685	14,568,441
Premiums	1,672,698	1,753,770
Expenses:		
Administrative and operating expenses	856,587	806,468
Investment advisory and management fees	584,286	455,352
Total deductions	19,575,256	17,584,031
Net Increase	8,923,655	8,209,169
Net Assets Available for Benefits		
Beginning of year	366,242,433	358,033,264
End of year	<u><u>\$ 375,166,088</u></u>	<u><u>\$ 366,242,433</u></u>

UAW Retirees of the Dana Corporation Health and Welfare Plan

Statement of Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents - Claims payable and claims incurred but not reported	\$ 203,000	\$ 992,000
Postretirement Benefit Obligation		
Current retirees	216,919,439	181,975,861
Other participants fully eligible for benefits	87,077,482	68,653,695
Other participants not fully eligible for benefits	36,184,591	46,579,257
Total postretirement benefit obligation	340,181,512	297,208,813
Total Plan Benefit Obligations	\$ 340,384,512	\$ 298,200,813

UAW Retirees of the Dana Corporation Health and Welfare Plan

Statement of Changes in Plan Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance - Beginning of year	\$ 992,000	\$ 402,000
Claims, premiums, and expenses reported and approved for payment	18,786,256	18,174,031
Claims, premiums, and expenses paid	(19,575,256)	(17,584,031)
Balance - End of year	203,000	992,000
Postretirement Benefit Obligation		
Balance - Beginning of year	297,208,813	268,411,334
Increase (decrease) during the year attributable to:		
Benefits accumulated	1,912,983	2,119,996
Interest due to the decrease in the discount period	13,519,989	12,720,154
Change in plan design	-	15,778,026
Change in actuarial assumptions	(7,410,259)	14,488,922
Benefits and expenses paid - Net subsidies from U.S. government reclassified to amounts currently payable	(16,967,068)	(16,667,831)
Actuarial experience	51,917,054	358,212
Net increase	42,972,699	28,797,479
Balance - End of year	340,181,512	297,208,813
Total Plan Benefit Obligations at End of Year	\$ 340,384,512	\$ 298,200,813

December 31, 2024 and 2023

Note 1 - Plan Description

The following description of UAW Retirees of the Dana Corporation Health and Welfare Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

The Plan was established on February 1, 2008 as a result of a court-approved bankruptcy plan submitted by Dana Corporation (Dana or the "Company"). The Plan provides health and welfare benefits to current and future retirees and disabled employees who ended their employment at Dana in an International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) represented bargaining unit and surviving spouses, spouses, and dependents who may be entitled to such benefits through their relationship with such retirees and disabled employees.

The Plan's assets are held in a voluntary employee beneficiary association trust (the "VEBA Trust"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Eligible participants include employees, their spouses, and eligible dependents of Dana who were eligible to participate under the terms of the health and welfare or long-term disability benefit plan or plans maintained pursuant to collective bargaining agreements between the UAW and Dana. Eligible retirees include employees who had terminated employment with Dana on or before the retiree benefit termination date (January 31, 2008) or active employees who retire after January 31, 2008 and satisfy certain plan provisions of age, hire date, and term of service.

Eligible disabled participants include employees identified by Dana and the UAW as being on long-term disability status or having begun a continuous period of disability as of the retiree benefit termination date that results in long-term disability.

Benefits

The Plan provides both insured and self-insured health benefits (medical, dental, prescription, long-term disability, and retiree flex plan benefits).

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

The Plan utilized a pharmacy benefit manager that periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Termination

The Plan may be terminated at any time in writing by the committee, with a copy of such written instrument to be provided to the trustee. Upon termination of the Plan, the assets of the Plan shall be paid out at the direction of the committee in the following order of priority: (a) the payment of reasonable and necessary administrative expenses (including taxes); (b) the payment of benefits to participants entitled to payments for claims arising prior to such termination; (c) at the discretion of the committee, used in accordance with Section 501(c)(9) of the Internal Revenue Code and ERISA for the benefit of participants in such fashion as the committee determines; and (d) charitable purposes.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

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

The government securities and debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The private credit fund is based on the underlying NAV of its outstanding shares. The NAV for this fund has a readily determinable fair value. All other investments are valued based on quoted market prices reported in active markets. See Note 4 for additional information.

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

Subsidies from U.S. Government

Since the prescription drug coverage offered by the Plan is considered creditable coverage or the actuarial equivalent of coverage offered under Part D of Medicare, the Plan participates in Centers for Medicare & Medicaid Services' (CMS) Retiree Drug Subsidy (RDS) program. The RDS program offers subsidy opportunities to plan sponsors that provide prescription drug benefits to their Medicare-eligible retirees. For each qualifying retiree enrolled in the Plan during a plan year, the Plan will receive a subsidy of 28 percent of the allowable retiree costs in the plan year. Allowable retiree costs are determined by subtracting cost threshold reductions, cost limit reduction, and price concessions in order to arrive at an adjusted cost amount. The 28 percent subsidy is then calculated based on this adjusted cost amount.

RDS subsidies are recorded when earned as contributions from other sources in the statement of changes in net assets available for benefits. Amounts due that have not been received are recorded as a receivable in other assets in the statement of net assets available for benefits in the amount of \$3,338,600 and \$3,066,200 at December 31, 2024 and 2023, respectively.

Benefit Payments

Claims and premiums are recorded when paid.

Refunds and Rebates

Prescription drug rebates and refunds due from the Plan's third-party claims processor are recorded when earned, with the offset being netted against claims paid. Rebates and refunds due as of the financial statement date have been reported as a receivable in other assets in the statement of net assets available for benefits of \$2,143,499 and \$1,986,962 at December 31, 2024 and 2023, respectively.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by existing plan assets, investment income, and participant self-payments. Prior to an employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

Notes to Financial Statements

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

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

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Discount rate	5.40 percent and 4.70 percent at December 31, 2024 and 2023, respectively
Mortality	For 2024 and 2023: Pri-2012 Blue Collar Annuitant Mortality Table projected with projection Scale MP-2021 was used for healthy participants, Pri-2012 Blue Collar Contingent Survivor Table with Scale MP-2021 was used for current surviving spouses. Pri-2012 Based Sex-Distinct Mortality Table with full generational projection using Scale MP-2021 was used for disabled participants.
Increase in medical costs	For measurement purposes, the prospective assumed annual rate of increase in the per capita cost of health care benefits due to factors other than changes in the composition of the population age and dependency status reflects the expectation of higher future short-term increases in health care costs recognized in 2024 and 2023. The annual rate of increase for 2024 was 6.20 percent for pre-Medicare costs and an increase of 9.10 percent for Medicare costs, declining to an ultimate rate of 3.70 percent for both pre-Medicare and Medicare costs in 2074 and after. The annual rate of increase for 2023 was 7.10 percent for pre-Medicare costs and an increase of 10.60 percent for Medicare costs, declining to an ultimate rate of 3.70 percent for both pre-Medicare and Medicare costs in 2074 and after.

Other Changes

The decrease in the 2024 postretirement benefit obligation of \$7,410,259 related to changes in actuarial assumptions was the result of a change in the discount rate and the medical trend rate to better reflect fund experiences. The increase in the 2023 postretirement benefit obligation of \$14,488,922 related to changes in actuarial assumptions was the result of a change in the discount rate and a change in the medical trend. The increase in the 2024 postretirement benefit obligation of \$51,917,054 in actuarial experience was related to changes in health care data and increase in Medicare Advantage premium rates.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by 1 percentage point, it would increase the obligation as of December 31, 2024 and 2023 by \$31,192,631 and \$27,747,151, respectively.

The foregoing 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 the postretirement benefit obligation.

Claims Incurred but not Reported

The Plan's liability for incurred but unreported claims (IBNR) is estimated by the Plan's actuary, using payments made subsequent to year end in conjunction with historical trend information. IBNR is recorded in the accompanying statement of plan benefit obligations.

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 13, 2025, which is the date the financial statements were available to be issued.

Note 3 - Tax Status

The VEBA Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (the "Code"), and, accordingly, the VEBA Trust's net investment income is generally exempt from income taxes. The VEBA Trust has obtained a favorable tax exemption letter from the Internal Revenue Service, and the plan sponsor, the committee members of the Plan, believes that the VEBA Trust continues to qualify and to operate in accordance with applicable provisions of the Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2

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

Level 3

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

UAW Retirees of the Dana Corporation Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2024 and 2023:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2024			
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	\$ 3,587,251	\$ 3,587,251	\$ -
Mutual funds	113,597,223	113,597,223	-
Government securities	17,095,836	-	17,095,836
Corporate stocks	36,925,366	36,925,366	-
Private credit fund	11,536,511	-	11,536,511
Debt securities	32,411,579	-	32,411,579
Real estate investments	2,793,041	2,793,041	-
Total	217,946,807	\$ 156,902,881	\$ 61,043,926
Investments measured at NAV:			
Real estate fund	30,660,804		
Partnerships/hedge funds	116,585,926		
Total investments	\$ 365,193,537		

Assets Measured at Fair Value on a Recurring Basis at December 31, 2023			
	Investments (at Fair Value)	Level 1	Level 2
Money market fund	\$ 8,465,786	\$ 8,465,786	\$ -
Mutual funds	120,963,658	120,963,658	-
Government securities	17,974,746	-	17,974,746
Corporate stocks	31,931,944	31,931,944	-
Private credit fund	10,394,543	-	10,394,543
Debt securities	31,348,416	-	31,348,416
Real estate investments	1,662,505	1,662,505	-
Total	222,741,598	\$ 163,023,893	\$ 59,717,705
Investments measured at NAV:			
Real estate fund	31,909,362		
Partnerships/hedge funds	105,039,569		
Total investments	\$ 359,690,529		

Investments in Entities that Calculate Net Asset Value per Share

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

UAW Retirees of the Dana Corporation Health and Welfare Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (Continued)

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

	December 31, 2024	December 31, 2023			
	Fair Value	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible	Redemption Notice Period
Partnerships/hedge funds:					
Carlyle Strategic					
Partners IV LP (2)	\$ 15,440,610	\$ 15,562,459	\$ 3,315,721	Nonredeemable	Nonredeemable
Cion-Ares Diversified Credit (1)	5,037,867	4,567,040	-	Quarterly	30 days
PIMCO Flexible Income FD LP (1)	34,102,304	29,610,141	-	Quarterly	30 days
McMorgan Infrastructure Fund I (1)	47,023,501	47,330,037	18,590,003	Nonredeemable	Nonredeemable
All other partnerships (1)	14,981,644	7,969,892	20,069,665	Nonredeemable	Nonredeemable
Real estate fund (3)	30,660,804	31,909,362	-	Quarterly	10 days and 30 days
Total	<u>\$ 147,246,730</u>	<u>\$ 136,948,931</u>	<u>\$ 41,975,389</u>		

- (1) This class represents investments in actively managed closed-end registered hedge funds that have invested primarily in publicly traded equity securities.
- (2) This class represents investments in actively managed partnerships that invest primarily in common stock and other publicly traded equity securities.
- (3) This class represents investments in an actively managed real estate fund that invests primarily in real estate debt, including, but not limited to, commercial mortgage-backed securities and mezzanine debt and other forms of debt.

Note 5 - Reconciliation of the Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 375,166,088	\$ 366,242,433
Less claims payable and claims incurred but not reported	(203,000)	(992,000)
Net assets available for benefits per Form 5500	<u>\$ 374,963,088</u>	<u>\$ 365,250,433</u>

The following is a reconciliation of claims paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	2024	2023
Claims paid to participants per the financial statements	\$ 16,461,685	\$ 14,568,441
Change in claims payable and claims incurred but not reported	(789,000)	590,000
Claims paid to participants per Form 5500	<u>\$ 15,672,685</u>	<u>\$ 15,158,441</u>

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	

A	This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
		☒ a single-employer plan	☐ a DFE (specify) _____
B	This return/report is:	☐ the first return/report	☐ the final return/report
		☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☐		
D	Check box if filing under:	☒ Form 5558	☐ automatic extension
		☐ special extension (enter description)	☐ the DFVC program
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 RETIREES OF THE DANA CORPORATION HEALTH AND WELFARE TRUST	1b	Three-digit plan number (PN) ▶ 501
		1c	Effective date of plan 02/01/2008
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UAW RETIREES OF THE DANA CORP. HEALTH AND WELFARE TRUST COMMITTEE c/o GROOM LAW GROUP, CHARTERED 1701 PENNSYLVANIA AVE. NW SUITE 1200 WASHINGTON DC 20006	2b	Employer Identification Number (EIN) 26-1851652
		2c	Plan Sponsor's telephone number 248-813-9800
		2d	Business code (see instructions) 336100

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		10/13/05	SUZANNE DANIELS PH.D
	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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2, 296
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 0 6a(2) 0 6b 2, 250 6c 0 6d 2, 250 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

Receipt Confirmation Code _____

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 29-1851652, Plan No. 501
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
Comerica Bank	Goldman Sachs Financial Square Funds:					
	Purchases - 423	\$ 49,766,415	\$ -	\$ 49,766,415	\$ 49,766,415	\$ -
	Sales - 146	-	53,991,557	53,991,557	53,991,557	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Money Market Fund - Goldman Sachs Financial Square	<u>\$ 3,587,251</u>	<u>\$ 3,587,251</u>
Comerica Bank	Mutual funds:		
	Fidelity 500 Index Fund-AI	10,848,971	15,109,765
	Ishares Tr Core Russell U.S. Va	6,870,289	13,951,646
	Pimco Income Fund	61,335,613	55,677,601
	Putnam Putman Funds Trust:	15,020,959	15,156,637
	Putnam Ultra Short Duration	16,012	16,059
	Putnam Ultra Short Duration	12,950	12,949
	Vanguard Ftse Developed Dev Mkt	<u>12,728,283</u>	<u>13,672,566</u>
	Total mutual funds	<u>\$ 106,833,077</u>	<u>\$ 113,597,223</u>
Comerica Bank	Government securities:		
	United States Treas Bds 2.25%	3,968,750	2,476,560
	United States Treas Bds 2.25%	1,204,179	1,162,008
	United States Treas 0.25% Pidi	943,893	923,511
	United States Treas 1.875% Nts	825,110	731,748
	United States Treasury Bill	586,832	593,667
	Us Treasury Note 0.00% 08/15/2033	521,451	509,170
	United States Treas Bds 1.75%	619,792	466,222
	United States Treasury Note	414,485	412,387
	United States Treas 0.00% 11/15/2027	414,778	412,174
	United States Treas 0% Nts	411,746	408,381
	Us Treasury Note 06/30/2029	405,144	402,756
	Pg&E Wildfire Recovery 5.099%	377,824	377,508
	Us Treasury Note 07/15/2027	372,333	364,935
	United States Treas 0.00% 08/31/2029	321,257	308,872
	Us Treasury Note 02/15/2034	299,930	292,952
	United States Treasury Notes	292,972	288,657
	Newport News Va Economic Dev	303,000	283,650
	Us Treasury Note 3.75% 05/31/2030	284,586	283,592
	United States Treasury Notes	287,014	282,686
	United States Treasury Notes	259,256	261,295
	United States Treasury Note	245,746	246,313
	United States Treasury Note	243,447	244,028

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Baylor Univ Tex Taxable-Ser A	280,000	237,293
	Us Treasury Note 0.00% 08/15/2033	234,362	236,027
	United States Treas 3.25% Nts	232,426	229,015
	Fhlmc 3.542% 03/25/2034	247,174	214,081
	United States Treas 0.25% Pidi	187,943	201,604
	United States Treas 0.25% Pidi	189,759	185,047
	Federal Natl Mtg Assn 3.500	183,086	174,773
	United States Treas Bds 2.875%	204,847	171,336
	Fnma Pass-Thru I Mbs 3.5%	176,942	170,427
	Federal Natl Mtg Assn 3.500	177,462	169,554
	Federal Natl Mtg Assn Gtd Mtg	198,405	168,973
	United States Treasury Note	174,911	165,470
	United States Treas Bds	169,387	164,205
	Federal Natl Mtg Assn 4.000	168,591	161,523
	Fnma Pool #Cb6475 5.00% 06/01/2053	159,730	158,064
	Fnma Pool #Ma5189 5.00% 11/01/2053	144,373	141,280
	United States Treas Nts	133,106	131,482
	Federal Natl Mtg Assn 5.000	131,867	131,183
	United States Treasury Note	129,716	128,362
	Us Treasury Bill 0.00% 02/06/2025	110,253	111,541
	Federal Natl Mtg Assn 5.000	112,309	111,307
	United States Treas Nts	110,202	108,750
	Fnma Pool #Ma5215 5.5% 12/01/2053	109,383	108,236
	Fhlmc Pool #Sd-8382 5.00% 12/01/2053	106,460	105,628
	Federal Natl Mtg Assn 4.500	105,981	103,192
	United States Treas Bds	112,019	102,424
	Fnma Pool #Ma5352 5.00% 05/01/2054	103,749	102,199
	Fnma Pool #Fs6866 5.00% 10/01/2053	99,231	97,602
	Fhlmc Pool #Sd-8394 5.00% 01/01/2054	97,547	96,416
	Fnma Pool #Ma5245 5.00% 01/01/2054	96,916	96,342
	Fhlmc Pool #Sd8342 5.50% 07/01/2053	97,935	96,306
	Fhlmc Pool #Sd-3977 5.00% 04/01/2053	97,692	95,977
	United States Treas Bds 02/52)	88,499	87,299
	United States Treasury Note	90,987	86,990
	Fnma Pool #Fs6668 5.5% 12/01/2053	61,528	61,049
	Fhlmc Pool #Ra-9475 5.00% 07/01/2053	51,666	51,339
	United States Treas Nts 05/15/2034	53,333	50,216
	Republica Oriental Del Uruguay	49,830	45,847

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	United States Treas Bds 3.125%	47,816	43,446
	Illinois St Txbl 5.1%	33,183	41,755
	California St Univ Rev Taxable	60,000	41,563
	United States Treas Bds 3% Bds	53,503	39,461
	United States Treas Bds 2.75%	31,521	33,630
	U S Treasury Note 0.00% 04/30/2029	30,368	30,287
	United States Treas 0.625% Pidi	34,282	28,423
	United States Treas Bds	25,205	24,290
	United States Treas Bds 2% Bds	18,875	16,786
	Peru Rep Glbl Bd 5.875% 08/08/2054	4,955	4,764
	Total government securities	\$ 19,222,840	\$ 17,095,836
Comerica Bank	Corporate stocks:		
	Aar Corp	143,576	145,111
	Abbvie Inc	413,776	921,908
	Aecom Technology Corp Delaware	246,797	245,900
	Air Lease Corp	188,205	191,924
	Alight Inc Com Com Cl A	88,344	88,618
	Antero Res Corp	91,840	104,905
	Api Group Corp Com Stk	289,495	279,055
	Arcosa Inc	296,390	284,029
	Ares Management Corporation	405,706	1,078,290
	Avantor Inc	179,363	178,231
	Bath Body Works Inc Com	216,060	216,879
	Beacon Roofing Supply Inc	304,079	303,724
	Berkley W R	178,227	179,422
	Boot Barn Hldgs Inc	188,138	195,696
	Broadcom Inc	272,868	1,594,596
	C H Robinson Worldwide Inc	-	(1,364)
	Chart Inds Inc	216,067	221,756
	Check Point Software Tech Adr	175,496	180,726
	Chemed Corp	270,869	276,556
	Churchill Downs Inc Com	271,085	278,297
	Clean Harbors Inc	265,018	258,217
	Cme Group Inc	799,269	1,041,784
	Colliers Intl Group Inc	257,128	254,944

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Concentrix Corporation Com	107,392	116,526
	Conocophillips	644,659	898,877
	Core Main Inc Cl A	157,041	158,330
	Crane Nxt, Co.	157,192	160,047
	Cummins Inc	553,842	1,001,179
	Dana Holding Corp	151,874	150,534
	Darden Restaurants Inc	726,379	828,717
	Eagle Materials Inc	298,310	285,255
	Eagle Materials Inc	-	-
	Expedia Inc Del	203,685	212,230
	Federal Agric Mtg Corp Cl C	179,242	176,861
	Fidelis Insurance Holdings Ltd Com	183,833	187,591
	First Amern Finl Corp	243,289	243,204
	Five9 Inc	192,909	189,179
	Fluor Corp	124,709	122,166
	Gfl Environmental Inc Sub Vtg	212,311	206,977
	Healthequity Inc	224,308	234,598
	Herc Hldgs Inc	204,289	207,884
	Home Bancshares Inc	222,264	221,306
	Home Depot Inc	557,460	807,154
	Icon Plc	209,604	214,953
	Ingersoll Rand Inc Com	146,909	141,932
	Intapp Inc Com	209,670	209,062
	International Seaways Inc	98,043	105,376
	Itt Inc	339,951	339,483
	Jazz Pharmaceuticals Plc	309,545	311,816
	Jb Hunt Transportation Services	182,247	181,924
	Johnson & Johnson	974,547	922,676
	Kadant Inc	270,100	263,227
	Kbr Inc	145,870	152,472
	Keurig Dr Pepper Inc Com	752,932	722,379
	Korn Ferry Intl New	214,372	215,570
	Lantheus Hldgs Inc	220,537	216,135
	Lithia Mtrs Inc - Cl A	186,010	184,791
	Littlefuse Inc	172,665	172,496
	Live Oak Bancshares Inc	126,973	124,820
	Moog Inc	246,505	257,270
	Morgan Stanley	727,133	1,080,438

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Nexstar Media Group Inc Common	169,502	168,712
	Nomad	226,164	223,996
	Northern Oil & Gas Inc Nev	126,029	126,604
	Old Rep Intl Corp	614,095	1,062,683
	Option Care Health Inc	185,512	187,827
	Packaging Corp Of America	204,081	199,240
	Pagerduty Inc	79,091	75,852
	Paychex Inc	769,081	1,016,174
	Pinterest Inc	166,734	161,733
	Post Hldgs Inc	304,559	302,403
	Procter & Gamble Co	598,286	845,962
	Prosperity Bancshares Inc	198,134	197,643
	Public Svc Enterprise Group Inc	791,323	1,195,534
	Pulte Homes Inc	200,754	195,149
	Reinsurance Group Of America	228,616	241,402
	Reliance Inc	181,312	181,751
	Roivant Sciences Ltd Shs	215,880	217,376
	Sensata Technologies Holding Plc	127,642	123,766
	Skechers Usa Inc Cl A	231,741	234,937
	Snap On Inc	499,295	966,160
	Ss&C Technologies Hldgs Inc	274,743	281,523
	Synnex Corp	302,749	303,872
	Talen Energy Corp Com	283,168	289,714
	Target Corp	563,322	553,697
	Technipfmc Plc	185,237	185,216
	Telephone & Data	267,278	274,927
	Tempur-Pedic Intl Inc	144,567	147,848
	Tenet Healthcare Corp	180,958	178,742
	Texas Instrs Inc	854,047	940,925
	Tidewater Inc New	110,290	121,949
	Transunion	221,340	220,279
	Travel Plus Leisure Co	212,278	213,252
	Ttm Technologies	171,309	169,587
	Ufp Industries, Inc	220,830	214,936
	Ufp Technologies Inc	128,727	130,079
	Ugi Corp	90,720	94,091
	Unilever Plc-Sponsored Adr	799,010	937,081
	United States Cellular Corp	229,498	235,388

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	United Therapeutics Corp Del	242,902	239,578
	Vistra Energy Corp	338,593	348,949
	Vontier Corporation Com	244,867	241,249
	Watsco Inc	660,566	944,937
	Weatherford International PI	239,815	245,906
	Western Alliance Common Stock	275,012	270,335
	Western Digital Corp	268,977	245,079
	Wex Inc	217,629	226,688
	Total corporate stocks	\$ 30,482,664	\$ 36,925,366
Comerica Bank	Debt securities:		
	3M Co 3.05% 04/15/2030-2030	62,899	64,176
	3M Co 3.7% 04/15/2050-2049	9,966	7,336
	Abbott Labs Nt 4.9%	103,174	74,674
	Abbvie Inc 4.25% 11/21/2049-2049	64,944	44,717
	Abbvie Inc 4.875%	221,657	218,199
	Abbvie Inc Sr Nt 4.95% 03/15/2031	40,441	39,992
	Adobe Inc Sr 4.95% 04/04/2034	44,912	44,632
	Aflac Inc 4.75% 01/15/2049-2048	125,891	91,946
	Air Lease Corp Fr 5.2% 07/15/2031	44,478	44,463
	Air Lease Corp Fxd-Frn Tier I	20,983	21,280
	Air Lease Corporation 1.875%	36,708	38,128
	Air Lease Corporation 3%	99,163	99,307
	Air Lease Corporation 3.25%	70,039	64,614
	Air Products & Chemical Inc	14,980	13,019
	Alabama Pwr Co 3%	127,916	128,378
	Alabama Pwr Co 3%	39,930	25,676
	Altria Group Inc 4.5% 05/02/2043	39,759	32,644
	Amazon Com Inc 1.5%	49,945	42,417
	Amazon Com Inc 3.6% 04/13/2032	64,881	60,165
	Amazon Com Inc 3.95% 04/13/2052	125,989	110,394
	Amazon Com Inc 4.05%	119,588	82,631
	Amentum Escrow 7.25% 08/01/2032	26,000	26,197
	Amer Water Works 3.75%	140,117	96,383
	American Express 5.24% 04/15/2031	99,977	102,145

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	American Express Co Var 07/28/2027	55,375	55,599
	American Intl Group Inc 4.75%	42,829	35,338
	American Wtr Cap 5.45% 03/01/2054	59,456	57,375
	Amgen Inc 2.3% 02/25/2031-2030	59,785	51,086
	Amgen Inc 2.77% 09/01/2053-2053	23,129	19,171
	Amgen Inc 4.4% 05/01/2045-2044	186,227	140,995
	Anheuser-Busch Companies Llc / A	131,747	128,050
	Anheuser-Busch Inbev Fin Inc	79,333	75,882
	Anheuser-Busch Inbev Fin Inc	74,824	67,818
	Anthem Inc 4.85% 08/15/2054-2054	15,637	12,436
	Aon Corporation / Aon Global Hol	29,546	22,009
	Aon North America Inc	40,943	41,122
	Appalachian Pwr Co 3.7%	14,911	10,413
	Appalachian Pwr Co 4.5%	54,298	51,746
	Apple Inc 1.65% 02/08/2031-2030	49,986	42,080
	Apple Inc 3.45% 02/09/2045	40,639	30,642
	Apple Inc 3.85% 05/04/2043	75,585	70,409
	Apple Inc 3.85% 08/04/2046	197,208	181,406
	Arizona Pub Svc Co 3.35%	29,859	20,266
	Arko Corp Pp 144A 5.125%	20,333	21,833
	As Mileage Plan Ip Ltd Sr Sec Gbl 31	22,000	21,480
	At&T Inc 2.25% 02/01/2032-2031	114,792	95,073
	At&T Inc 3.55% 09/15/2055-2055	81,869	59,188
	At&T Inc 4.35% 03/01/2029-2028	134,336	132,076
	Atmos Energy Corp 4.125%	100,744	77,361
	Atmos Energy Corp 4.3%	150,582	139,458
	B A T Cap Corp 5.282%	30,000	26,276
	B A T Cap Corp 5.65%	57,902	54,925
	Bank 2024-Bnk 5.716% 06/15/2057	41,198	41,384
	Bank America Corp Sub Var 08/15/2035	71,583	68,132
	Bank New York Mellon Corp 3.75%	30,699	32,133
	Bank New York Mellon Corp Medium	114,705	112,923
	Bank New York Mellon Var 07/21/2039	55,046	55,329
	Bank Nova Scotia 4.5% 12/16/2025	49,738	50,733
	Bank5 2024-5Yr8 08/17/2057	56,649	56,519
	Barrick North Amer Fin Llc 5.7%	37,394	44,150
	Bat Capital Corp Sr 7.081% 08/02/2053	15,000	16,456
	Bell Canada 4.464%	30,000	24,234

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Berkshire Hathaway 3.85%	58,605	56,777
	Berkshire Hathaway 4.25%	35,762	25,052
	Berkshire Hathaway 4.4%	140,068	109,032
	Berkshire Hathaway Energy Co	243,307	166,159
	Berkshire Hathaway Energy Co	25,191	21,657
	Berkshire Hathaway Energy Co	14,918	11,841
	Bhp Billiton Fin Usa Ltd Sr Nt 5.25%33	39,802	40,196
	Bhp Finance Usa Ltd Sr Nt 5%	85,361	60,728
	Biogen Idec Inc 2.25%	19,995	17,289
	Bk Of America Corp Fr 1.734%	61,032	64,826
	Bk Of America Corp Fr 2.299%	48,163	50,019
	Bk Of America Corp Fr 2.676%	104,580	107,606
	Bk Of America Corp Fr 3.419%	112,591	95,877
	Bk Of America Corp Fr 3.824%	137,888	143,057
	Bk Of America Corp Fr 4.078%	108,026	106,406
	Bk Of America Corp Fr 4.083%	85,429	62,626
	Bk Of America Corp Fr 4.271%	89,248	77,942
	Bk Of America Corp Fr Medium	74,197	78,245
	Boeing Co 2.196% 02/04/2026-2023	51,878	55,278
	Boeing Co 3.95% 08/01/2059-2059	64,392	42,915
	Boeing Co 5.805% 05/01/2050-2049	29,814	23,254
	Boeing Co Cr Sen Sr Gbl	10,000	10,629
	Bp Cap Markets America 3.379%	193,170	117,024
	Bristol Myers Squibb Co 2.55%	72,665	60,774
	Bristol Myers Squibb Co 3.25%	50,800	36,708
	Bristol Myers Squibb Co 3.7%	107,924	91,016
	Bristol Myers Squibb Co 4.25%	73,877	56,547
	Bristol-Myers Squibb 5.2% 02/22/2034	50,320	49,938
	Broadcom Inc 4.15%	47,090	47,844
	Broadcom Inc Pp 144A 3.75%	71,316	52,096
	Broadcom Inc Sr Nt 4.35% 02/15/2030	54,981	53,514
	Brown Forman Corp 4%	19,771	17,444
	Burlington Northn Santa 5.2% 04/15/54	24,987	23,527
	Burlington Northn Santa Fe Llc	524,328	366,256
	Burlington Northn Santa Fe Llc	153,655	118,074
	Burlington Northn Santa Fe Llc	19,887	12,443
	Campbell Soup Co 3.125%	14,959	9,657
	Canadian Natl Railway Co 2.45%	44,042	26,143

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Canadian Natural Resources Fb	34,973	30,015
	Canadian Pacific Railway 4.8%	45,002	30,951
	Capital One Finl Corp Gbl Flt	72,888	80,319
	Capital One Finl Corp Gbl Flt	74,000	74,770
	Capital One Finl Corp Gbl Flt	50,040	50,217
	Capital One Finl Corp Gbl Flt	32,698	32,974
	Capital One Finl Corp Sr Var 06/08/2029	64,273	68,152
	Capital One Mul 09/17/2029	199,964	196,573
	Capital One Multi-Asset	4,924	5,001
	Caterpillar Inc 3.25%	66,935	52,067
	Caterpillar Inc 3.25%	14,940	10,362
	Caterpillar Inc Sr Nt 5.2%	24,947	24,444
	Centene Corp 4.625%	45,912	46,342
	Centerpoint Energy 3.95%	119,871	80,634
	Champions Fing Inc 8.75% 02/15/2029	15,225	14,628
	Cheniere Corpus Christi Hldgs LI	24,866	25,134
	Chevron Corporation 2.236%	30,000	26,423
	Childrens Hosp Med Ctr 4.268%	25,000	21,559
	Cim Trust Cmo 2.5% 06/25/2051	73,910	62,977
	Cisco Sys Inc Sr 5.3% 02/26/2054	51,077	48,601
	Cisco Sys Inc Sr Nt 2.5%	51,611	48,454
	Cit Group Inc 6.125% 03/09/2028	49,477	49,380
	Citigroup Inc 1.122%	71,759	76,827
	Citigroup Inc 2.666% 01/29/2031	108,340	110,594
	Citigroup Inc 3.07%	72,758	76,950
	Citigroup Inc 3.52%	43,668	43,309
	Citigroup Inc 3.875%	20,909	21,360
	Citigroup Inc 3.98%	49,576	53,465
	Citigroup Inc 4.75% 05/18/2046	86,460	70,298
	Citigroup Inc 5.875% 02/22/2033	38,882	35,703
	Citigroup Inc Nt 5.875%	157,858	132,868
	Citigroup Inc Sub Gbl Nt Var 05/25/2034	93,143	92,704
	Citigroup Inc Sub Gbl Nt Var 05/25/2034	81,835	81,498
	Cleveland Clinic Fndtn 4.858%	98,381	62,342
	Cloud Capital	25,000	24,916
	Cna Finl Corp 4.5%	63,659	63,802
	Cnh Indl Cap Llc 1.45%	68,785	71,317
	Cnh Indl Cap Llc 1.45%	35,563	38,036

UAW Retirees of the Dana Corporation Health and Welfare Plan

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Cno Finl Group Inc 5.25%	142,080	126,106
	Cno Finl Group Inc 5.25%	51,329	52,627
	Cno Finl Group Inc 6.45% 06/15/2034	20,930	21,696
	Coca Cola Co 1.65%	34,929	29,848
	Comcast Corp 1.95%	73,208	75,280
	Comcast Corp 3.15%	46,994	42,873
	Comcast Corp 4.25% 01/15/2033	64,455	60,643
	Comcast Corp 4.6%	46,364	49,799
	Comcast Corp 4.75% 03/01/2044	24,597	17,449
	Comcast Corp New 5.5% 05/15/2064	131,166	121,241
	Commonwealth Edison 3%	145,459	99,938
	Conocophillips Sr Nt 5.05% 09/15/2033	19,961	19,734
	Conocophillips Co 3.8%	19,968	14,600
	Conocophillips Co 4.025%	26,455	17,342
	Conocophillips Gtd Nt 6.5%	73,012	54,653
	Conocophillips Sr Nt 5.3% 05/15/2053	4,969	4,626
	Conocophillips Sr Nt 5.55% 03/15/2054	61,050	57,681
	Consolidated Edison Co 3.35%	87,566	88,405
	Consolidated Edison Co 4.5%	29,970	25,425
	Consolidated Edison Co 6.15%	97,607	89,064
	Consumers Energy 3.5%	29,882	21,835
	Corporate Office Pptys L P 2.75%	61,590	56,341
	Corporate Office Pptys L P 2.75%	49,331	54,634
	Corporate Office Pptys L P 2.9%	32,029	35,348
	Costco Wholesale 1.75%	14,969	12,207
	Crown Castle Inc. 2.9%	14,934	10,433
	Crown Castle Inc. 4.15%	9,890	7,650
	Csx Corp 4.5% 08/01/2054-2054	29,902	25,076
	Csx Corp Nt 4.4% 03/01/2043-2042	74,169	64,862
	Cvs Health Corp Sr 5.3% 06/01/2033	39,877	38,346
	Cvs Health Corp Sr 6.05% 06/01/2054	24,838	23,451
	Cvs/Caremark Corp 4.78%	25,133	21,617
	Cvs/Caremark Corp 5.05%	24,146	20,614
	Deere John Cap Corp 4.05%	108,549	109,629
	Delhaize Group Sa Cdi Repstg Sr	15,663	16,725
	Dell Intl Llc/Emc 5.4% 04/15/2034	37,349	36,911
	Dignity Health 5.267% 11/01/2064	72,241	53,596
	Disney Walt Co New Medium Term	251,390	223,280

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

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December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Dollar Gen Corp New 4.125%	19,799	14,705
	Dominion Energy Inc Perp Gbl -C	82,699	62,647
	Driven Brands Funding Llc	24,938	25,372
	Dte Elec Co 2.25%	30,286	30,849
	Dte Elec Co 3.75%	175,859	120,429
	Dte Energy Co 4.95% 07/01/2027	20,975	21,079
	Duke Energy Carolinas Llc 2.55%	44,948	38,988
	Duke Energy Carolinas Llc 3.2%	132,885	83,293
	Duke Energy Carolinas Llc 6.05%	70,103	52,544
	Duke Energy Corp 3.4%	50,936	49,657
	Duke Energy Corp 4.5%	46,382	47,632
	Duke Energy Corp New Sr 5.75% 09/15/2033	48,962	50,237
	Duke Energy Fla Llc 3%	39,772	24,918
	Duke Energy Ind Llc 3.25%	421,244	268,392
	Duke Energy Progress Llc 3.4%	53,913	49,246
	Eaton Corp Ohio 4.15%	44,968	42,303
	Ebay Inc Nt 4% 07/15/2042	24,754	19,879
	Ecolab Inc 2.7% 12/15/2051	218,802	219,322
	Ecolab Inc 4.8% 03/24/2030-2029	10,969	10,012
	Edison International 5.75%	36,271	36,601
	Edison International 6.95%	9,528	9,611
	Elevance Health Inc 2.25%	24,906	21,719
	Elevance Health Inc 4.375%	77,696	56,423
	Eli Lilly & Co Sr 5.05% 08/14/2054	59,770	55,579
	Eli Lilly 5.00% 02/09/2054	39,772	36,760
	Emerson Electric 2.8%	74,834	46,326
	Enable Midstream Partners Lp	79,872	79,858
	Energy Transfer L P Sr 6.4% 12/01/2030	88,915	90,870
	Energy Transfer Partners L P	46,539	50,934
	Energy Transfer Partners L P Sr	104,672	96,310
	Entergy 2.8% 06/15/2030-2030	29,765	26,723
	Entergy La Llc 1M Gbl Bd5.15% 9/15/2034	23,909	23,604
	Entergy La Llc 4.2%	35,634	23,654
	Entergy La Llc 5.7% 03/15/2054	39,325	39,526
	Enterprise Prods Oper Llc 4.85%	64,752	58,094
	Enterprise Prods Oper Llc 6.125%	153,435	139,952
	Eog Resources Inc 4.95%	4,971	4,446
	Epr Pptys 3.75% 08/15/2029-2029	25,638	29,646

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Epr Pptys 4.5% 04/01/2025-2025	17,998	18,952
	Equifax Inc 5.1% 12/15/2027-2027	30,918	31,176
	Equinor Asa 3.7% Snr Pidi Nts	59,559	44,425
	Erac Usa Finance Co.	44,775	43,053
	Essential Utilities Inc 3.351%	15,000	9,860
	Eversource Energy 3.45%	112,988	75,177
	Exelon Corp 4.7% 04/15/2050-2049	9,989	8,438
	Extra Space Storage 3.875% 12/15/2027	41,557	43,982
	Exxon Mobil Corporation 2.44%	64,990	63,883
	Exxon Mobil Corporation 3.043%	53,695	54,135
	Exxon Mobil Corporation 3.452%	75,000	52,574
	Exxon Mobil Corporation 4.114%	508,369	373,111
	Exxon Mobil Corporation 4.114%	170,294	121,667
	Facebook Inc 3.5%	33,380	34,215
	Fedex Corp 4.55% 04/01/2046-2045	39,824	33,319
	Fedex Corp 5.25% 05/15/2050-2049	97,152	64,041
	Firstcash Holdings 6.875% 03/01/2032	17,000	17,069
	Flagstar Mortgage Trust	76,041	64,635
	Florida Pwr & Lt Co Sr Gbl FI	416,428	387,888
	Florida Pwr & Lt Co Sr Gbl FI	76,553	50,554
	Fmc Corp - New 4.5%	9,995	7,614
	Fmc Corp Nt 5.65% 05/18/2033	24,996	24,730
	Ford Motor 6.1% 08/19/2032	25,801	25,874
	Freedom Mortgage Corporation	15,075	16,589
	General Dynamics Corp 3.625%	14,842	14,163
	General Elec Cap Corp 4.91157%	50,770	63,112
	General Motors Co 4% 04/01/2025	39,527	39,902
	General Mtrs Finl 5.75% 02/08/2031	19,147	19,250
	General Mtrs Finl 5.8% 06/23/2028	60,620	61,200
	General Mtrs Finl Co Inc 3.6%	53,806	55,001
	Gilead Sciences Inc 3.5%	19,981	19,973
	Gilead Sciences Inc 4.6%	19,933	18,874
	Glencore Funding Llc Pp 144A	24,943	21,089
	Global Atlantic Finance 6.75% 03/15/2054	9,933	10,148
	Gm Financial Consumer 5.25% 12/18/2028	79,672	80,412
	Goldman Sachs Group Inc 1.948%	70,583	74,954
	Goldman Sachs Group Inc 2.65%	161,090	165,665
	Goldman Sachs Group Inc 3.102%	88,458	84,463

UAW Retirees of the Dana Corporation Health and Welfare Plan

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Goldman Sachs Group Inc 3.814%	70,917	72,134
	Goldman Sachs Group Inc 3.814%	58,564	52,898
	Goldman Sachs Group Inc 6.75%	183,077	155,231
	Goldman Sachs Group Inc 6.75%	91,676	85,645
	Goldman Sachs Group Inc Snr Nts	138,325	131,170
	Gs Mortgage-Backed Securities	71,565	61,060
	Harley Davidson Inc 3.5%	24,862	24,755
	Hasbro Inc 3.5% 09/15/2027-2027	19,975	19,274
	Hca Inc 4.5% 02/15/2027-2026	34,194	34,671
	Hca Inc 4.5% 02/15/2027-2026	25,145	25,755
	Hca Inc 5.375% 09/01/2026-2026	18,957	19,057
	Hca Inc 5.5% 06/15/2047-2046	140,346	99,879
	Hca Inc 5.875% 02/01/2029-2028	24,453	24,495
	Hca Inc. Sr Nt 6.00% 04/01/2054	24,856	23,815
	Hcp Inc Sr Nt 6.75%	142,269	108,181
	Health Care Reit Nt 6.5%	15,229	16,042
	Hewlett Packard 4.40% 09/25/2027	69,619	69,266
	Hewlett Packard 4.55% 10/15/2029	29,968	29,244
	Hewlett Packard 5.60% 10/15/2054	19,617	18,826
	Hewlett Packard Enterprise Co	178,699	140,106
	Home Depot Inc 1.875%	24,842	20,653
	Home Depot Inc 3.125%	16,581	16,736
	Home Depot Inc 3.35%	121,899	72,504
	Home Depot Inc 3.9%	57,333	39,117
	Home Depot Inc Sr Gbl 4.95% 06/25/2034	4,952	4,932
	Home Depot Inc Sr Nt 5.95%	81,932	62,996
	Honeywell 1.75% 09/01/2031-2031	325,118	327,876
	Honeywell 1.95% 06/01/2030-2030	69,924	60,439
	Humana Inc Sr Nt 5.75% 04/15/2054	24,987	23,169
	Huntington Bancshares Var 11/18/2039	33,235	32,957
	Indiana Michigan Power 4.55%	22,391	16,915
	Ingersoll Rand Inc 5.7% 06/15/2054	9,959	9,813
	Intel Corp 3.9% 03/25/2030-2029	44,908	42,161
	Interstate P & L Co 6.25%	35,156	31,700
	Invitation Homes Oper 4.875% 02/01/2035	40,531	38,787
	Jane Str Group 7.125% 04/30/2031	25,000	25,692
	Jbs Usa Lux S A / Jbs Usa Food Sr	30,104	30,517
	Jbs Usa Lux S A / Jbs Usa Food Sr Gbl	30,514	30,003

UAW Retirees of the Dana Corporation Health and Welfare Plan

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Jefferies Group Inc 6.25%	20,429	20,548
	Jefferson Capital 9.5% 02/15/2029	21,000	22,245
	Jeffries Financial Group Inc	23,061	25,311
	Johnson & Johnson 3.55%	500,284	406,052
	Johnson & Johnson 3.7%	24,834	19,763
	Johnson Ctls Intl Plc Sr Nt	47,567	38,841
	Jpmcc Coml Mtg Secs Tr 2017-Jp5	22,447	23,137
	Jpmorgan Chase & Co 1.045%	38,047	41,622
	Jpmorgan Chase & Co 1.953%	67,260	74,598
	Jpmorgan Chase & Co 2.083%	37,355	39,656
	Jpmorgan Chase & Co 2.525%	130,034	121,608
	Jpmorgan Chase & Co 3.109%	20,000	13,237
	Jpmorgan Chase & Co 3.54%	42,813	43,725
	Jpmorgan Chase & Co 3.882%	179,086	174,904
	Jpmorgan Chase & Co 4.005%	82,018	82,411
	Jpmorgan Chase & Co 4.26%	60,000	49,678
	Jpmorgan Chase & Co 5.5%	409,284	398,000
	Jpmorgan Chase & Co 6.4%	40,629	38,201
	Jpmorgan Chase & Co Sr 0.00% 04/24/2034	80,434	79,944
	Kellogg Co 4.5% 04/01/2046	19,801	16,840
	Kentucky Utils Co 3.3%	14,926	10,100
	Kenvue Inc Sr Gbl Nt 5.05% 03/22/2053	29,807	27,805
	Keurig Dr Pepper Inc 4.5%	34,687	28,774
	Kimberly Clark Corp 3.1%	39,969	36,976
	Kimberly Clark Corp 5.3%	562,932	392,380
	Kimco 4.45% 09/01/2047-2047	120,770	90,651
	Kimco 4.6% 02/01/2033	59,008	57,115
	Kimco Rlty Op Llc Sr 4.85% 03/01/2035	39,033	38,094
	Kla-Tencor Corp 5.65%	21,865	20,570
	Kraft Heinz Foods Co 3%	18,376	17,569
	Kyndryl Holdings Inc 3.15%	25,480	26,881
	Lam Resh Corp 1.9%	34,885	30,001
	Lear Corp 3.55% 01/15/2052-2051	34,946	22,943
	Lincoln Natl Corp 4.35%	19,993	15,524
	Lockheed Martin 4.5%	29,437	28,126
	Lowes Companies Inc 3.1%	29,009	29,002
	Lowes Companies Inc 4.5%	19,904	19,622
	Lowes Companies Inc 5.625%	99,425	96,099

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	Lpl Hldgs Inc Sr Nt 5.7% 05/20/2027	26,068	26,313
	Lyb International Finance Iii LI	9,849	7,651
	Marsh & McLennan 4.35%	49,973	37,585
	Massachusetts Inst Technology	25,000	14,359
	Massachusetts Mut Life Ins Co Pp	9,959	6,676
	Mastercard Inc 3.35%	14,971	14,017
	Merck & Co Inc 2.75%	56,994	39,393
	Merck & Co Inc 2.75%	30,233	29,943
	Merck & Co Inc 3.7%	83,479	58,082
	Meta Platforms Inc	49,424	54,986
	Meta Platforms Inc 5.4% 08/15/2054	50,018	48,419
	Metlife Inc 4.721% 12/15/2044	25,235	22,072
	Metlife Inc 5.7% 06/15/2035	75,359	72,030
	Metlife Inc Sr Nt 5.875%	421,724	408,264
	Microchip Technology Inc	43,954	43,843
	Micron Technology Inc 6.75%	33,081	31,940
	Microsoft Corp 2.675%	131,860	69,695
	Microsoft Corp 2.7%	30,476	29,938
	Microsoft Corp 2.921%	45,833	26,425
	Microsoft Corp 4.2%	52,178	49,703
	Midamerican Energy Co 4.8%	498,164	359,152
	Molson Coors Brewing Co 4.2%	24,839	19,957
	Mondelez Intl Inc 2.75%	11,633	9,839
	Moody'S Corporation 3.1%	30,559	26,826
	Moody'S Corporation 5.25%	20,333	18,936
	Morgan Stanley 3.217%	25,000	18,483
	Morgan Stanley 4.35% 09/08/2026	39,930	39,692
	Morgan Stanley 4.375% 01/22/2047	14,898	12,526
	Mplx Lp 4.7% 04/15/2048-2047	29,804	24,582
	Mylan N V 3.95% 06/15/2026-2026	30,121	31,492
	Mylan N V 5.25% 06/15/2046-2045	123,824	101,038
	National Rural Utils 4.8% 02/05/2027	50,064	50,151
	National Rural Utils Coop Fin	100,453	96,980
	National Rural Utils Coop Fin	50,003	43,005
	Nationstar Mtg Hldgs Inc	24,906	25,312
	Netflix Inc. Sr Nt 5.4% 08/15/2054	4,990	4,863
	New York & Presbyterian Hosp	47,809	32,316
	New York Life Insurance Pp 144A	19,878	14,563

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	Nike Inc Snr Pidi Nts 27/03/2050	29,899	21,128
	Norfolk Southern Corp 4.1%	81,402	55,360
	Norfolk Southn Corp Sr 5.55% 03/15/2034	35,052	35,701
	Northern States Power Co 1St Mtg	395,784	360,436
	Northern Trust Corp 6.125%	26,769	26,373
	Northrop Grumman Corp 5.25%	19,881	18,728
	Northrop Grumman Corp Sr 5.2% 06/01/2054	24,904	23,256
	Novartis Cap Corp 4%	39,212	32,823
	Nvidia Corp 3.5% 04/01/2050-2049	36,075	22,293
	Nvidia Corp 3.5% 04/01/2050-2049	9,974	7,431
	Nyu Hosps Ctr 4.368%	214,881	157,637
	Omnicom Group 4.2%	9,962	9,607
	Oncor Elec Delivery Co Llc 3.7%	432,382	384,652
	Oncor Elec Delivery Co Llc 3.7%	39,882	29,202
	Oneok Inc 4.5% 03/15/2050-2049	24,963	19,618
	Oneok Inc 6.35% 01/15/2031-2030	14,950	15,770
	Oracle Corporation 2.3%	20,627	21,263
	Oracle Corporation 3.6%	84,538	55,348
	Oracle Corporation 3.6%	24,914	17,515
	Oracle Corporation 4.125%	14,938	11,853
	Oracle Corporation 4.3%	84,277	68,945
	Oracle Corporation 5.375%	85,062	62,584
	Ovintiv Inc Sr Nt 0.00% 07/15/2033	35,299	35,826
	Pacificorp 3.3% 03/15/2051-2050	39,670	25,966
	Peco Energy 1St & Ref Mtg Bd	589,490	549,544
	Pepsico Inc 1.625%	44,806	38,398
	Pepsico Inc 4.45%	113,634	82,101
	Pfizer Inc 1.7% 05/28/2030-2030	44,860	38,344
	Pfizer Invt Enterprises Sr Gbl Nt 6	23,705	22,949
	Pg&E Energy Recovery Fnd 2.822%	187,991	131,775
	Philip Morris Intl Inc 2.1%	49,692	43,225
	Philip Morris Intl Inc 4.25%	59,232	49,117
	Phillips 66 Co.	47,620	46,241
	Piedmont Natural Gas Corp - Ny	104,485	105,269
	Pnc Finl Svcs Group Inc	85,911	85,729
	Pnc Finl Svcs Group Inc 2.55%	289,680	301,934
	Pnc Finl Svcs Group Inc 3.4%	29,496	30,973
	Pnc Finl Svcs Group Var 05/14/2030	80,537	81,128

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	Pra Group Inc Pp 144A 5%	25,077	30,186
	President & Fellows Harvard Coll	25,000	15,099
	Primerica Inc 2.8%	43,408	44,502
	Primerica Inc 2.8%	34,843	29,953
	Procter & Gamble Co 3%	24,940	23,048
	Prudential Financial Inc 5.625%	399,520	395,516
	Prudential Finl Inc Jr Sb Gbl	100,084	95,268
	Prudential Finl Inc Jr Sb Gbl	50,888	48,997
	Public Service Elec & Gas 2.7%	29,878	18,291
	Puget Sound Energy Inc 2.893%	83,178	51,907
	Qualcomm Inc 4.5%	14,673	12,573
	Quicken Lns Llc/Quicken Lns Co-I	27,551	27,010
	Radian Group Inc Sr 6.2% 05/15/2029	31,204	31,813
	Raymond James Finl Inc 4.95%	169,233	130,148
	Realty Income Corp 4.00% 07/15/29	24,835	26,927
	Realty Income Corp Sr 3.4% 01/15/2030	56,683	55,778
	Regions Financial Var 06/06/2030	41,854	42,581
	Reinsurance Group 5.75% 09/15/2034	24,927	25,197
	Rio Tinto 2.75% 11/02/2051-2051	120,714	97,579
	Rio Tinto Gtd Nt 5.2% 11/02/2040	29,427	28,874
	Royal Bank Of Canada	24,711	25,096
	Rtx Corporation	44,868	44,622
	Rtx Corporation	34,987	28,633
	Rtx Corporation	22,000	15,098
	Rtx Corporation Sr 5.75% 01/15/2029	68,442	67,101
	Sabine Pass Liquefaction Llc	89,808	90,856
	Sabine Pass Liquefaction Llc	36,380	36,810
	San Diego 1St Mtg Bd Ser LII	29,994	23,807
	Schlumberger Invt Sa	100,830	99,209
	Schwab Charles Corp 4%	46,155	49,327
	Schwab Charles Corp Var 05/19/2034	74,109	72,055
	Selective Insurance Group Inc	127,601	113,726
	Sempra Energy 4% 02/01/2048-2047	207,533	154,996
	Shell Fin Us Inc 3.25% 04/06/2050	53,781	37,057
	Shell Intl Fin B V 3.25%	49,848	49,782
	Shell Intl Fin B V Us822582At91	75,363	54,513
	Simon Ppty Group Lp Sr 6.65% 01/15/2054	62,965	70,120
	Skymiles Ip Limited Delta Air Li	40,802	41,426

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Snap On Inc 3.1% 05/01/2050-2049	29,659	19,853
	Southern Cal Edison 3.65%	76,313	71,428
	Southern Cal Edison 4.125%	80,596	62,247
	Southern Cal Edison 4.125%	27,438	19,452
	Southern Calif Gas 5.6% 04/01/2054	14,903	14,660
	Southern Calif Gas Co 5.2% 06/01/2033	24,951	24,873
	Southern Co Sr 2021C FI Nt23	60,235	61,702
	Southern Co Sr 5.7% 03/15/2034	47,856	48,991
	Southwest 5.125% 06/15/2027-2027	35,425	35,156
	Southwest Gas Corp 3.18%	39,992	25,261
	Southwestern 3.15%	39,655	25,906
	Southwestern Elec 3.25%	88,137	53,818
	Southwestern Energy Co 4.75%	22,166	21,409
	Stanford University 1.289%	30,000	27,640
	Starbucks Corp 2.55%	39,890	35,054
	Stat Oil Asa 3.95% 05/15/2043	56,742	40,961
	State Str Corp Sr Gbl Var 03/30/2031	31,321	32,065
	Steel Dynamics Inc 3.25%	9,633	6,567
	Stonex Group Inc Sr 7.875% 03/01/2031	21,263	21,962
	Suncor Energy Inc New	37,564	25,957
	Sunoco Logistics Partners Operat	48,244	40,462
	Suntrust Bank 3.3%	80,826	83,229
	Suntrust Bks Inc Sub Nts 6%	356,548	303,258
	Sysco 6.6% 04/01/2050-2049	181,481	138,115
	T Mobile Usa Inc 4.70% 01/15/2035	30,954	29,320
	T Mobile Usa Inc 5.25% 06/15/2055	39,912	36,326
	Tampa Electric 2.4%	24,919	21,372
	Targa Res Corp Sr 5.5% 02/15/2035	27,060	26,563
	Target Corp 2.5% 04/15/2026	10,245	9,755
	Target Corp 2.95%	42,821	38,241
	Taseko Mines Ltd Sr 8.25% 05/01/2030	15,113	15,311
	Teva Pharmaceutical Fin Neth Iii	54,542	39,540
	Teva Pharmaceutical Fin Neth Iii	24,934	24,023
	Texas Instrs Inc 4.15%	435,156	324,980
	The Toronto-Dominion Bank 4.693%	138,514	139,689
	Time Warner Cable Inc Nt 6.55%	48,184	43,510

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	T-Mobile Usa Inc 2.25%	45,983	48,564
	T-Mobile Usa Inc 3.3%	54,455	36,275
	T-Mobile Usa Inc 3.75%	41,556	42,009
	T-Mobile Usa Inc 3.75%	24,177	24,424
	T-Mobile Usa Inc 3.875%	32,224	31,994
	Toronto Dominion Bk Ont Lw Tier Ii	33,000	32,286
	Totalenergies Cap	35,000	33,544
	Toyota Mtr Cr Corp 4.35% 10/08/2027	14,936	14,895
	Toyota Mtr Cr Corp Fr 3.375%	24,983	23,160
	Travelers Cos Inc 2.55%	9,923	5,894
	Travelers Cos Inc Sr Nt 4%	29,870	23,716
	Truist Finl Corp Var 10/30/2029	106,440	106,930
	Truist Finl Corp Var 10/30/2029	54,144	54,534
	Tucson Elec Pwr Co 4%	24,785	18,862
	Tyson Foods Inc 5.15%	29,882	27,372
	Union Elec Co 3.65%	34,917	26,440
	Union Pacific 3.6%	9,628	8,392
	Union Pacific 3.799%	28,813	20,354
	United Parcel Service 5.3%	180,912	152,872
	United Parcel Service 5.3%	29,825	28,664
	United Wholesale Mortgage Llc Pp	29,040	31,787
	Unitedhealth Group Inc 2.875%	35,954	32,173
	Unitedhealth Group Inc 4.45%	32,930	24,710
	Unitedhealth Group Inc 4.75%	77,860	68,544
	Unitedhealth Group Inc 4.75%	89,116	61,675
	Unitedhealth Group Inc 5.8%	38,068	36,108
	Us Bancorp 2.491%	90,767	80,995
	Us Bancorp 4.653%	292,488	296,961
	Us Bancorp Del 3.7%	26,255	27,427
	Us Bancorp Fr Var 06/12/2034	28,000	28,543
	Valero Energy Corp 6.625%	92,568	73,426
	Venture Global Lng Inc 9.5% 02/01/2029	21,000	23,211
	Verizon Commns Inc 1.75%	34,841	28,842
	Verizon Commns Inc 2.85%	24,940	17,286
	Verizon Commns Inc 4.862%	32,607	22,304
	Verizon Master Tr	70,146	69,934
	Verizon Master Tr 2023 6.33% 11/20/2029	25,681	25,506
	Verizon Master Trust 5.34% 04/22/2030	154,966	157,611

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Viatis Inc 2.7% 06/22/2030-2030	52,898	53,783
	Viatis Inc 2.7% 06/22/2030-2030	39,875	34,698
	Virginia Elec & Pwr Co	35,584	25,458
	Virginia Elec & Pwr Co 2.95%	19,957	12,453
	Visa Inc 4.3% 12/14/2045-2045	14,975	12,839
	Vmware Inc 3.9% 08/21/2027-2027	69,889	72,326
	Vodafone Group Plc 4.25%	19,925	15,518
	Vulcan Matls Co Sr Nt	9,944	9,707
	Wal-Mart Stores Inc 1.8%	19,929	16,694
	Wal-Mart Stores Inc 4.5%	49,192	47,975
	Walt Disney Co 4.7%	19,863	17,747
	Walt Disney Co 7.43% 10/01/2026	26,977	26,191
	Wells Fargo & Co Sr Nt 2.393%	47,217	49,917
	Wells Fargo & Co Sr Nt 4.808%	52,305	52,812
	Wells Fargo & Co Var 01/23/2035	51,129	49,788
	Wells Fargo & Co Var 07/25/2029	62,451	62,948
	Wells Fargo & Co Vr 4.1%	98,027	98,917
	Wells Fargo & Co Vr 4.4%	95,484	72,267
	Wells Fargo & Co Vr 4.9%	265,832	216,668
	Wells Fargo Co New	19,000	19,611
	Wells Fargo Coml Mtg Tr 2015-C29	37,975	39,749
	Wesleyan Univ Conn 4.781%	101,482	64,788
	Westlake Chemical Corp 3.125%	29,178	18,663
	Weyerhaeuser Co 4%	39,306	30,153
	Whirlpool Corp 4.5%	9,920	7,719
	Williams Partners L P New 4%	29,903	29,845
	Windstream Svcs Llc 8.25% 10/01/2031	21,908	21,689
	Wyeth 5.95% 04/01/2037	83,620	78,296
	Xcel Energy Inc 3.5%	67,421	41,294
	Xcel Energy Inc 3.5%	14,936	10,323
	Total debt securities	\$ 37,117,256	\$ 32,411,579
Comerica Bank	Private Credit Fund - Carlyle Tactical Private Credit	\$ 11,345,883	\$ 11,536,511

UAW Retirees of the Dana Corporation Health and Welfare Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 29-1851652, Plan No. 501

December 31, 2024

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Comerica Bank	Real estate investments:		
	Agree Realty Corp	152,933	152,031
	Extra Space Storage Inc	771,291	738,426
	Lamar Advertising Co New - A	561,408	849,380
	Ryman Hospitality Pptys Inc	449,833	404,317
	Simon Property Group Inc	683,821	648,887
	Total real estate investments	\$ 2,619,287	\$ 2,793,041
Comerica Bank	Partnerships/hedge funds:		
	McMorgan Infrastructure Fund I	47,779,257	47,023,501
	Goldman Sachs Vintage IX	5,252,651	8,875,019
	Entrust Special Opportunities	6,877,669	6,106,625
	Carlyle Strategic Fund IV LP	12,453,760	15,440,610
	Cion Ares Diversified Credit	4,868,510	5,037,867
	Pimco Flexible Income FD LP	39,494,808	34,102,304
	Total partnerships/hedge funds	\$ 116,726,655	\$ 116,585,926
Comerica Bank	Real estate funds:		
	American Core Reality Fund	17,346,055	14,906,281
	Jones Lang Lasalle Income Property Trust	19,742,481	15,754,523
	Total real estate funds:	\$ 37,088,536	\$ 30,660,804
	Total	\$ 365,023,449	\$ 365,193,537