# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

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

**1a** Name of plan
SUB PLAN BETWEEN DANA LTD. & UAW LOCAL NO. 644

**1b** Three-digit plan number (PN) ▶ 655

**1c** Effective date of plan 06/01/2011

**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)
DANA LIMITED

P.O. BOX 1000
MAUMEE, OH 43537

**2b** Employer Identification Number (EIN) 26-1318190

**2c** Plan Sponsor's telephone number 419-887-3000

**2d** Business code (see instructions) 336300

**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. | 10/15/2026 | JEFFREY B. CZERWINSKI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 238 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 238 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 231 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 231 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | 0 |

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

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

4C

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
SUB PLAN BETWEEN DANA LTD. & UAW LOCAL NO. 644

**B** Three-digit plan number (PN) ▶ 655

**C** Plan sponsor's name as shown on line 2a of Form 5500
DANA LIMITED

**D** Employer Identification Number (EIN)
26-1318190

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 299 | 422 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(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) | 314543 | 328024 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 314842 | 328446 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | | |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 314842 | 328446 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 13438 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 13438 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 2180 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 2180 |

| | | (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) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 15618 |
| **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) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 2014 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 2014 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2014 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 13604 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: REHMANN ROBSON LLC **(2)** EIN: 38-3635706

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 50000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

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

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

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

# Supplemental Unemployment Benefit Plan Between Dana Limited and The United Auto Workers and Its Local No. 644




As of December 31, 2025 and 2024, and for the Year Ended December 31, 2025

Financial Statements and Supplemental Schedules

Rehmann

# SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Rehmann

**INDEPENDENT AUDITORS' REPORT**

October 14, 2026

Dana Incorporated Investment Committee
Supplemental Unemployment Benefit Plan Between Dana Limited
and the United Auto Workers and its Local No. 644
Maumee, Ohio

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

We have performed audits of the financial statements of ***Supplemental Unemployment Benefit Plan between Dana Limited and the United Auto Workers and its Local No. 644*** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2025, and the related notes to the financial statements (the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

HLB We are an independent member of THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

7124 W. Central Ave, Toledo, OH 43617 419.865.8118

***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Independent Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis method of accounting described in Note 2.

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

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Independent Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis method of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. 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 the modified cash basis method of accounting described in Note 2, and for determining that the modified cash basis method of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

***Independent Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an independent auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis method of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis method of accounting described in Note 2.

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

***Supplemental Schedules Required by ERISA***

The supplemental schedules of assets (held at end of year) and of reportable transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified Investment Information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



# SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

## Statements of Net Assets Available for Benefits

(Modified Cash Basis Method of Accounting)

| | December 31 | |
|---|---|---|
| **ASSETS** | **2025** | **2024** |
| Investments at fair value | $ 328,024 | $ 314,543 |
| Investment income receivable | 422 | 299 |
| **Net assets available for benefits** | **$ 328,446** | **$ 314,842** |

The accompanying notes are an integral part of these financial statements.

# SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

## Statement of Changes in Net Assets Available for Benefits

(Modified Cash Basis Method of Accounting)
Year Ended December 31, 2025

| | | |
|---|---|---|
| **Additions to net assets attributed to** | | |
| **Investment income** | | |
| Net appreciation in fair value of investments | $ | 2,180 |
| Dividend and interest income | | 13,438 |
| **Total investment income** | | **15,618** |
| **Deductions from net assets attributed to** | | |
| Administrative expenses | | 2,014 |
| **Net change in net assets available for benefits** | | **13,604** |
| **Net assets available for benefits** | | |
| Beginning of year | | 314,842 |
| **End of year** | **$** | **328,446** |

The accompanying notes are an integral part of these financial statements.

# SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

## Notes to Financial Statements

### 1. DESCRIPTION OF THE PLAN

The following description of the ***Supplemental Unemployment Benefit Plan Between Dana Limited and the United Auto Workers and its Local No. 644*** (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

***General***

The Plan is an employee benefit plan covering employees of an indirect subsidiary of ***Dana Limited*** (the "Company") at its Pottstown, Pennsylvania, plant who are employed as members of the collective bargaining unit represented by the United Auto Workers and its Local No. 644 (the "Union"). The Plan provides supplemental unemployment benefits and separation payments to eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

***Administration***

Dana Incorporated is the Company's parent. The Plan is administered by the Dana Incorporated Investment Committee (the "Investment Committee") who is responsible for oversight of the Plan and the appropriateness of the Plan's investment offerings and monitors investment performance. KeyBank National Association (the "Trustee") is the trustee and recordkeeper of the Plan.

***Supplemental Unemployment Benefits***

Employees with at least one year of seniority at the Company's Pottstown plant who are members of the bargaining unit represented by the Union are eligible for supplemental unemployment benefits when on layoff. A regular benefit payable to an eligible participant is an amount which, when added to the participant's state unemployment benefit and other compensation, as defined in the Plan document, will equal 95% of their normal weekly after-tax pay minus $17.50. Under certain conditions described in the Plan document, an alternate benefit is payable for a week in which no state benefit is received; however, such amount will not exceed $150.00. An automatic short workweek benefit payable to a participant will be an amount equal to the product of the number of hours by which 40 exceeds the participant's compensated or available hours and 80% of the participant's average regular straight time hourly rate. Benefit amounts are subject to adjustment based on the financial position of the Plan. The length of the benefit period is based on years of service, generally limited to one to two years.

***Separation Payments***

Participants with at least one year of seniority who meet additional eligibility requirements of the Plan are eligible for separation payments, generally after an extended layoff period of at least twelve months. A separation payment is payable in a lump-sum and is determined by multiplying the participant's base hourly rate by the number of hours specified in the Plan for the participant's years of seniority (up to a maximum of 3,120 hours) less any supplemental unemployment benefits received since the participant's last day worked. Separation payments are subject to adjustment or deferral based on the financial position of the Plan. Any adjustment or deferral must be agreed-upon by the Company and the Union.

## Notes to Financial Statements

***Contributions***

The Company makes contributions to the Plan based on a stated amount multiplied by the number of hours for which participants have received pay from the Company, excluding probationary hours and any hours for which benefits under the Plan are payable. Additional contributions are required by the Plan document based upon overtime hours. Contributions are not required in a month when the Plan's assets exceed $1,000 multiplied by the average number of participants for the previous 12 months. Contributions by the Company are to be made within one week following the end of each monthly period for which the contribution is being made. Contributions are to be made on a weekly basis if Plan assets fall below a certain level. No contributions were required to be made in 2025.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting***

The financial statements of the Plan are prepared on the modified cash basis method of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Consequently, contributions are recognized when received rather than when earned and Plan expenses are recognized when paid rather than when the obligation is incurred.

No obligation is recognized for benefits to be paid by the Plan for employees currently eligible to receive them, as this amount cannot be reasonably estimated.

***Use of Estimates***

The preparation of financial statements in accordance with the modified cash basis method of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded when received. The net change in fair value of investments includes the Plan's aggregate gains and losses on investments bought and sold as well as held during the year.

***Contributions***

Contributions to the Plan are recorded when received by the Plan.

## Notes to Financial Statements

***Benefits Paid to Participants***

Benefit payments to participants are recorded when paid.

***Administrative Expenses***

Certain of the Plan's administrative expenses, including salaries related to administration of the Plan, audit and legal costs, are paid by the Company and, accordingly, they are not reflected in the Plan's financial statements. These expenses qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fees for investment management and administrative service fees are paid by the Plan.

***Subsequent Events***

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to the most recent statement of net assets available for benefits presented herein, through the date these financial statements were available to be issued.

### 3. ADDITIONAL COMPANY FUNDING

Under the terms of the Plan document, the Company makes available to participants with five or more years of seniority who are laid off, a Job Security Separation Plan which provides for additional funding from Company assets of up to approximately $1,235,000 should normal contributions and Plan assets be insufficient to pay regular benefits.

Additionally, in the event of a plant closing, the Company has committed to provide to participants with one or more years of seniority, either weekly benefits or a lump-sum bonus of $500 for each year of seniority, up to a maximum of 25 years per participant. The Company has committed to pay from its assets an amount not to exceed approximately $1,411,000 for these benefits.

Eligibility for these Job Security Separation Plan and plant closing benefits cancels a participant's eligibility for supplemental unemployment benefits under the Plan. No such benefits were paid by the Company in 2025.

### 4. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and the ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net change in fair value of investments and dividends for the year ended December 31, 2025, was obtained by management and agreed to and derived from information certified as complete and accurate by the Trustee.

## Notes to Financial Statements

### 5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Accounting Standards Codification 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

*Exchange traded fund:* Valued at the closing price reported on the active market in which the individual securities are traded.

*Mutual funds:* Shares held in mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily Net Asset Value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Money market fund:* Shares held in the money market fund are comprised of U.S. Treasury and government securities with individual maturities of 397 days or less and a dollar-weighted average maturity of 60 days or less. The composition of securities is structured to maintain a value of $1 per share.

## Notes to Financial Statements

The following tables set forth, by level within the fair value hierarchy, the Plan's investments measured at fair value at December 31:

| 2025 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Exchange traded fund | $ 69,505 | $ - | $ - | $ 69,505 |
| Mutual funds | 154,854 | - | - | 154,854 |
| Money market fund | - | 103,665 | - | 103,665 |
| **Total investments at fair value** | **$ 224,359** | **$ 103,665** | **$ -** | **$ 328,024** |

| 2024 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Exchange traded fund | $ 89,740 | $ - | $ - | $ 89,740 |
| Mutual funds | 179,778 | - | - | 179,778 |
| Money market fund | - | 45,025 | - | 45,025 |
| **Total investments at fair value** | **$ 269,518** | **$ 45,025** | **$ -** | **$ 314,543** |

### 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan paid the Trustee investment management and administrative service fees. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

### 7. TAX STATUS

The Plan is qualified as a supplemental unemployment benefit plan under Section 501(c)(17) of the Internal Revenue Code ("IRC") and thus is exempt from the payment of federal income taxes. The Company obtained a favorable ruling from the Internal Revenue Service ("IRS") regarding the Plan's qualification. The Plan has been amended since receiving the IRS ruling; however, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified as a supplemental unemployment benefit plan and the related trust is tax exempt.

The Plan Administrator has evaluated the tax positions taken by the Plan to determine if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by the IRS, and has concluded that, as of December 31, 2025, there are no uncertain positions taken or expected to be taken. While the Plan may be subject to routine audits by taxing jurisdictions, there are currently no audits for any tax periods in progress.

# SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

## Notes to Financial Statements

### 8. PLAN TERMINATION

The Plan will remain in effect until at least May 2031, the expiration date of the current collective bargaining agreement with the Union, unless otherwise modified or terminated by mutual consent of the Company and the Union. Upon termination of the Plan, the net assets then remaining would be used to pay benefits to eligible employees for a period of one year following termination and to pay expenses of administration, if not exhausted earlier. At the expiration of the one-year period, the Company and the Union would negotiate a program for the orderly disposition of any remaining assets of the Plan consistent with the terms of the Plan document.

### 9. RISKS AND ECONOMIC UNCERTAINTIES

The Plan invests in various investment securities with the underlying assets consisting of any combination of fixed income securities and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of interest rate, market, and credit risks inherent with certain of the Plan's investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

■■■■■

# ERISA-Required Supplemental Schedules

## SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(Modified Cash Basis Method of Accounting)
December 31, 2025
Plan #655
EIN 26-1318190

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Exchange traded fund | | | |
| | iShares | iShares 0-1 Year Treasury Bond ETF | $ 69,726 | $ 69,505 |
| | Mutual funds | | | |
| | Baird | Baird Short Term Bond Fund Institutional | 126,985 | 124,015 |
| | Vanguard | Vanguard Short-Term Treasury Fund Admiral | 33,065 | 30,839 |
| | Total mutual funds | | 160,050 | 154,854 |
| | Money market fund | | | |
| | Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | 103,665 | 103,665 |
| | **Total investments at fair value** | | **$ 333,441** | **$ 328,024** |

(a) An asterisk in this column identifies a person known to be a party-in-interest.

## SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

### Schedule H, Line 4j - Schedule of Reportable Transactions

(Modified Cash Basis Method of Accounting)
Year Ended December 31, 2025
Plan #655
EIN 26-1318190

| (a) Identity of Party Involved | (b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| a) A single transaction in excess of 5% of the current value of Plan assets: | | | | | | |
| Baird | Baird Short Term Bond Fund Institutional | $ - | $ 20,315 | $ 20,800 | $ 20,315 | $ (485) |
| iShares | iShares 0-1 Year Treasury Bond ETF | - | 20,284 | 20,332 | 20,284 | (48) |
| Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | 47,339 | - | 47,339 | 47,339 | - |
| Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | - | 20,045 | 20,045 | 20,045 | - |
| c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets: | | | | | | |
| Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | | | | | |
| | 38 purchases | $ 33,360 | $ - | $ 33,360 | $ 33,360 | $ - |
| | 6 sales | - | 2,014 | 2,014 | 2,014 | - |

There were no reportable transactions under category b) or d) during 2025.

The above information has been certified by KeyBank National Association, the trustee of the Plan, as complete and accurate.

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# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

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

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

**1a** Name of plan
SUB PLAN BETWEEN DANA LTD. & UAW LOCAL NO. 644

**1b** Three-digit plan number (PN) ▶ 655

**1c** Effective date of plan 06/01/2011

**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)
DANA LIMITED

P.O. BOX 1000
MAUMEE, OH 43537

**2b** Employer Identification Number (EIN) 26-1318190

**2c** Plan Sponsor's telephone number 419-887-3000

**2d** Business code (see instructions) 336300

**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** | DocuSigned by: Jeffrey B. Czerwinski D9F9C4AA619146D... | 10/15/2026 | Jeffrey B. Czerwinski |
| | **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 |

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**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 238 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 238 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 231 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 231 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4C

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

## SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(Modified Cash Basis Method of Accounting)
December 31, 2025
Plan #655
EIN 26-1318190

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Exchange traded fund | | | |
| | iShares | iShares 0-1 Year Treasury Bond ETF | $ 69,726 | $ 69,505 |
| | Mutual funds | | | |
| | Baird | Baird Short Term Bond Fund Institutional | 126,985 | 124,015 |
| | Vanguard | Vanguard Short-Term Treasury Fund Admiral | 33,065 | 30,839 |
| | Total mutual funds | | 160,050 | 154,854 |
| | Money market fund | | | |
| | Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | 103,665 | 103,665 |
| | **Total investments at fair value** | | **$ 333,441** | **$ 328,024** |

(a) An asterisk in this column identifies a person known to be a party-in-interest.

## SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN BETWEEN DANA LIMITED AND THE UNITED AUTO WORKERS AND ITS LOCAL NO. 644

### Schedule H, Line 4j - Schedule of Reportable Transactions

(Modified Cash Basis Method of Accounting)
Year Ended December 31, 2025
Plan #655
EIN 26-1318190

| (a) Identity of Party Involved | (b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| a) A single transaction in excess of 5% of the current value of Plan assets: | | | | | | |
| Baird | Baird Short Term Bond Fund Institutional | $ - | $ 20,315 | $ 20,800 | $ 20,315 | $ (485) |
| iShares | iShares 0-1 Year Treasury Bond ETF | - | 20,284 | 20,332 | 20,284 | (48) |
| Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | 47,339 | - | 47,339 | 47,339 | - |
| Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | - | 20,045 | 20,045 | 20,045 | - |
| c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets: | | | | | | |
| Federated Investors, Inc. | Federated Government Obligations Fund Premier Shares | | | | | |
| | 38 purchases | $ 33,360 | $ - | $ 33,360 | $ 33,360 | $ - |
| | 6 sales | - | 2,014 | 2,014 | 2,014 | - |

There were no reportable transactions under category b) or d) during 2025.

The above information has been certified by KeyBank National Association, the trustee of the Plan, as complete and accurate.