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. . . . . ▶ [ ]

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
DANA NON-UNION RETIREE VEBA TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 05/01/2007

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)
THE DANA NON-UNION RETIREE COMMITTEE

C/O STAHL COWEN CROWLEY ADDIS LLC

55 W. MONROE ST., SUITE 1200
CHICAGO, IL 60603

2b Employer Identification Number (EIN) 20-7392576

2c Plan Sponsor's telephone number 312-641-0060

2d Business code (see instructions) 525100

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	TIM ZORN
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1141
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	1234
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1234
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:

4A

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)** [X] 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)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **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 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

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
DANA NON-UNION RETIREE VEBA TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE DANA NON-UNION RETIREE COMMITTEE

D Employer Identification Number (EIN)
20-7392576

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.

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(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
39-1263473	73288	306067/9/85/185	1270	01/01/2025	12/31/2025

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
71320	0

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

THE SEGAL CO MIDWEST INC
7701 FRANCE AVE S
SUITE 225
EDINA, MN 55435-5288

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71320			3

(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	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	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** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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	1919788
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.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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
DANA NON-UNION RETIREE VEBA TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE DANA NON-UNION RETIREE COMMITTEE

D Employer Identification Number (EIN)
20-7392576

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.

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY OF NEW YORK

(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
20-2888723	12634	306083/89	0	01/01/2025	12/31/2025

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
25	0

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

THE SEGAL CO MIDWEST INC
7701 FRANCE AVE S
SUITE 225
EDINA, MN 55435-5288

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			3

(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	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	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** [X] 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** [X] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] 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	220
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.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
DANA NON-UNION RETIREE VEBA TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE DANA NON-UNION RETIREE COMMITTEE

D Employer Identification Number (EIN)
20-7392576

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

COMPREHENSIVE BENEFITS

11-3056825

(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	300643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MYCIO WEALTH PARTNERS LLC

20-2611371

(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?
16 27 28 51 70 50	NONE	92989	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKINSON-WRIGHT PLCC

38-1364333

(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	36938	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)

BDO USA, P.C.

13-5381590

(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	24179	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNA DOYLE

20-7392576

(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	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN BLACK

20-7392576

(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	8000	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)

TIMOTHY ZORN

20-7392576

(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	8000	Yes [ ] No [X]	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
DANA NON-UNION RETIREE VEBA TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
THE DANA NON-UNION RETIREE COMMITTEE

D Employer Identification Number (EIN)
20-7392576

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	1095680	620674
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	117021	117022
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	875907	883162
(2) U.S. Government securities	1c(2)	5980862	6954190
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6105949	5130714
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2287041	2385366
(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)	23419981	24070042
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	78175	81788

		(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	39960616	40242958
Liabilities			
1g Benefit claims payable	1g	1054192	1018387
1h Operating payables	1h	28171	28388
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1082363	1046775
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	38878253	39196183

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)	1123379	
(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)		1123379
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	455	
(B) U.S. Government securities	2b(1)(B)	263996	
(C) Corporate debt instruments	2b(1)(C)	269545	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2865	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		536861
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	252331	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	358185	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		610516
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	8352229	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7210021	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1142208
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-497863	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-497863

		(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)		3478221
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6393322
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)	1621496	
(3) Other	2e(3)	3914665	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5536161
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)	300643	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	24179	
(5) Investment advisory and investment management fees	2i(5)	92989	
(6) Bank or trust company trustee/custodial fees	2i(6)	28000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	36938	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	56482	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		539231
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6075392
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		317930
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 _____.

Dana Non-Union Retiree VEBA Trust

Financial Statements
and Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Dana Non-Union Retiree VEBA Trust

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

Dana Non-Union Retiree VEBA Trust

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Tel: 212-885-8000
Fax: 212-697-1299
www.bdo.com

200 Park Avenue, 38th Floor
New York, NY 10166

Independent Auditor's Report

The Administrative Board
Dana Non-Union Retiree VEBA Trust
Hauppauge, New York

Opinion

We have audited the financial statements of Dana Non-Union Retiree VEBA Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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 available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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.

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA and Other Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act (ERISA). The supplemental schedules of general and administrative expenses for the years ended December 31, 2025 and 2024 are presented for additional analysis and are also not a required part of the financial statements. 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 has been subjected to the auditing procedures applied in the audits 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 Schedule of Assets (Held at End of Year), we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental Schedule of Assets (Held at End of Year) and the supplemental schedules of administrative general and administrative expenses are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content of supplemental Schedule of Assets (Held at End of Year) is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, P.C.

October 14, 2026

Dana Non-Union Retiree VEBA Trust

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value:		
Mutual funds	**$ 13,519,392**	$ 13,502,349
Exchange-traded funds	**10,550,650**	9,917,632
Corporate bonds	**5,130,714**	6,105,949
Common stocks	**2,385,366**	2,287,041
U.S. government obligations	**6,954,190**	5,980,862
Interest-bearing cash	**883,162**	875,907
Municipal obligation	**81,788**	78,175
Total Investments, at fair value	**39,505,262**	38,747,915
Cash	**620,674**	1,095,680
Accrued interest	**77,709**	77,709
Prepaid expenses	**39,313**	39,312
Total Assets	**40,242,958**	39,960,616
Liabilities		
Accrued expenses and other liabilities	**28,388**	28,171
Net Assets Available for Benefits	**$ 40,214,570**	$ 39,932,445

See the accompanying notes to financial statements.

Dana Non-Union Retiree VEBA Trust

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Participant Contributions	**$ 1,123,379**	$ 1,221,542
Investment Income		
Interest and dividends	**1,147,377**	1,393,716
Net appreciation in fair value of investments	**4,122,566**	2,159,984
	5,269,943	3,553,700
Less: investment expenses	**92,989**	115,270
Net Investment Income	**5,176,954**	3,438,430
Cost of Benefits		
Major medical:		
Medical benefits	**3,950,470**	4,319,007
Premium reimbursements	**-**	280
Administration fees	**280,024**	279,788
Prescription drugs	**1,621,496**	1,868,965
Total Cost of Benefits	**5,851,990**	6,468,040
General and Administrative Expenses	**166,218**	225,021
Net Increase (Decrease)	**282,125**	(2,033,089)
Net Assets Available for Benefits, beginning of year	**39,932,445**	41,965,534
Net Assets Available for Benefits, end of year	**$ 40,214,570**	$ 39,932,445

See the accompanying notes to financial statements.

1. Description of the Plan

The following description of the Dana Non-Union Retiree VEBA Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan documents for a complete description of the Plan's provisions.

General

The Plan was established on May 1, 2007 to provide certain medical and prescription drug benefits to eligible non-union retired employees, surviving spouses, and dependents of the Dana Corporation (Dana). The Plan was established as a Voluntary Employee Benefits Association (VEBA) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Funding

The Plan was initially funded through a VEBA Trust (the Trust), established by the Dana Non-Union Retiree Committee with monies obtained solely from Dana pursuant to a Stipulation and Agreed Order (the Order) between Dana and the Official Committee of Non-Union Retirees. The Order provided, in part, that Dana was to pay a total of $78,800,000 to the Trust, of which $25,000,000 was received in 2007 and the remainder in 2008. The Dana Non-Union Retiree Committee appointed the Administrative Board (the Board) to act collectively as Plan Administrator of the Plan.

The Plan also is funded by participant contributions in amounts as determined by the Board based upon coverage and years of service (service-based credits), as defined in the Plan document. All contributions are used exclusively to provide benefits to eligible participants, and to pay all expenses incurred with respect to the operation of the Plan.

Eligibility

Individuals are eligible to participate in the Plan if all of the following conditions are met: (a) were a former employee of Dana; (b) while working at Dana, were not represented in the Order by a labor organization; and (c) were receiving or were eligible to receive non-pension retiree benefits from Dana as of March 31, 2007.

Plan Benefits

The Plan pays for covered major medical and prescription drug claims (subject to applicable deductibles, co-payments, and other limitations and restrictions). The Plan provides varying forms of coverage for Medicare and non-Medicare eligible participants. Non-Medicare eligible participants must purchase individual health care insurance, pay the premiums, and then file for reimbursement from the Plan. Medical benefits are self-insured, and prescription drug benefits are fully-insured.

Administration

The Board has the responsibility and authority to manage the Plan. In that regard, the Board has engaged the services of a third-party administrator, Comprehensive Benefits (CB), to provide administrative services to the Plan for which CB is compensated on a monthly basis. CB manages, evaluates, and pays self-insured medical benefit claims for participants.

The Board also has engaged Humana Insurance Company to provide prescription drug coverage for all Medicare eligible participants. Commissions related to the prescription drug coverage in the amount of $71,320 and $65,140 were used to offset actuarial fees for the years ended December 31, 2025 and 2024, respectively.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Cash

Cash deposits with financial institutions are denominated in U.S. dollars. Deposits may exceed the amounts insured by the Federal Deposit Insurance Corporation in the U.S.

Concentration of Credit Risk

The Plan maintains accounts at a high-quality financial institution. While the Plan attempts to limit any financial exposure, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

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. See Note 4 for a discussion on fair value measurements.

Net appreciation or depreciation in fair value of investments includes realized gains or losses on investments sold and unrealized gains or losses on investments held. Unrealized gains or losses on investments represent the difference between the market value and cost of investments at the end of the year and at the beginning of the year.

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

Payment of Benefits

Benefits are recorded when paid. Amounts for claims in the current year that were not paid as of year-end are included in total benefit obligations.

3. Plan Benefit Obligations

Estimated Future Benefits for Postretirement Benefit Obligations

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants as of the date of the financial statements. The obligations represent the amounts that are to be funded by contributions from the Plan participants and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's 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 or withdrawal) between the valuation date and the expected date of payment.

Plan obligations for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by CB. The amounts are paid by the Plan only if claims are submitted and approved for payment.

The following table presents the components of the Plan's benefit obligations:

December 31,	**2025**	2024
Health claims currently payable and estimated health claims incurred but not reported	**$ 1,018,387**	$ 1,054,192
Postretirement benefit obligations:		
Current retirees, beneficiaries, and dependents	**30,343,221**	29,277,169
Other participants fully eligible for benefits	**27,541**	41,794
Total Postretirement Benefit Obligations	**30,370,762**	29,318,963
Plan's Total Benefit Obligations	**$ 31,389,149**	$ 30,373,155

The following table presents the changes in the Plan's benefit obligations:

Year ended December 31,	**2025**	2024
Amounts Currently Payable		
Balance, beginning of year	**$ 1,054,192**	$ 1,277,445
Claims reported and approved for payment	**5,816,185**	6,244,507
Claims paid	**(5,851,990)**	(6,467,760)
Balance, end of year	**$ 1,018,387**	$ 1,054,192

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Year ended December 31,	**2025**	2024
Postretirement Benefit Obligations		
Balance, beginning of year	**$ 29,318,963**	$ 31,597,267
Benefits earned net of benefits paid	**(2,729,003)**	(3,214,424)
Actuarial experience gain	**(674,327)**	(17,254)
Changes in actuarial assumptions	**690,990**	(362,213)
Plan amendment	**3,764,139**	1,315,587
Balance, end of year	**$ 30,370,762**	$ 29,318,963

The Plan is a benefit plan using service-based credits. There are no medical costs valued and, therefore, no trend rates applied.

Effective January 1, 2025, the benefit payable was increased from $9.04 to $9.49 per month for each year of service for Medicare eligible participants. Effective January 1, 2026, the benefit payable was increased from $9.49 to $10.91 per month for each year of service for Medicare eligible participants. The impact of the Plan amendment was included in the Plan's postretirement benefit obligations as of December 31, 2025.

The following were other significant assumptions used in the valuations as of December 31, 2025 and 2024:

Discount rate	4.50% for 2025 and 5.15% for 2024
Postretirement mortality rates	Pri-2012 Healthy Retiree White Collar Headcount-Weighted Mortality Table, projected forward generationally from 2021 with 105% of the MP-2021 improvement scale for salaried retirees and the Pri-2012 Healthy Retiree Blue Collar Headcount-Weighted Mortality Table, projected forward generationally from 2021 with 105% of the MP-2021 improvement scale for hourly retirees.
Administrative expenses	Administrative expenses were assumed to be $125 per participant with a minimum total of $150,000 per year.
Benefit credits	$10.91 per month per year of service for Medicare eligible participants for 2026
	$9.49 per month per year of service for Medicare eligible participants for 2025

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 obligations.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) provides a federal subsidy to sponsors of retiree health care benefit plans that provide a prescription drug benefit to Medicare-eligible retirees. Because it has elected to purchase coverage through a fully insured Medicare approved prescription drug program, the Plan is not eligible for this benefit.

4. Fair Value Measurements

The Plan follows the provisions of Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. ASC 820 establishes a framework for measuring fair value. That framework 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 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.
- 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant 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.

Mutual Funds, Exchange-Traded Funds, and Common Stocks – Mutual funds, exchange-traded funds, and common stocks are traded on a national securities exchange and are valued at the last reported sales price on the last business day of the Plan's year by the custodian.

Interest-Bearing Cash – Interest-bearing cash are cash equivalents that are valued at cost plus accrued interest, which approximates fair value.

Corporate Bonds, U.S. Government Obligations, and Municipal Obligations – Corporate bonds, U.S. government obligations, and municipal obligations are valued using evaluated pricing methods.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of

different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,519,392	$ -	$ -	$ 13,519,392
Exchange-traded funds	10,550,650	-	-	10,550,650
Corporate bonds	-	5,130,714	-	5,130,714
Common stocks	2,385,366	-	-	2,385,366
U.S. government obligations	-	6,954,190	-	6,954,190
Interest-bearing cash	-	883,162	-	883,162
Municipal obligation	-	81,788	-	81,788
Total	$ 26,455,408	$ 13,049,854	$ -	$ 39,505,262

December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,502,349	$ -	$ -	$ 13,502,349
Exchange-traded funds	9,917,632	-	-	9,917,632
Corporate bonds	-	6,105,949	-	6,105,949
Common stocks	2,287,041	-	-	2,287,041
U.S. government obligations	-	5,980,862	-	5,980,862
Interest-bearing cash	-	875,907	-	875,907
Municipal obligation	-	78,175	-	78,175
Total	$ 25,707,022	$ 13,040,893	$ -	$ 38,747,915

5. Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS), dated September 10, 2008, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a VEBA. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan Administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the Code and, therefore, the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Form 5500:

December 31,	**2025**	2024
Net Assets Available for Benefits, per financial statements	**$ 40,214,570**	$ 39,932,445
Health claims currently payable and estimated health claims incurred but not reported	**(1,018,387)**	(1,054,192)
Net Assets Available for Benefits, per Form 5500	**$ 39,196,183**	$ 38,878,253

The following is a reconciliation of benefits paid per the financial statements to Form 5500:

Year ended December 31, 2025	
Costs of benefits	$ 5,851,990
Less: benefit administration fees	(280,024)
Benefits Paid, per financial statements	5,571,966
Add: amounts currently payable at December 31, 2025	1,018,387
Less: amounts currently payable at December 31, 2024	(1,054,192)
Benefits Paid, per Form 5500	$ 5,536,161

7. Party-in-Interest Transactions

Certain Plan assets are managed by the custodian, Charles Schwab Bank. Any activities involving these assets are performed in the open market at fair value and qualify as party-in-interest transactions. As described in Notes 1 and 2, the Plan has several arrangements with service providers. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

8. Plan Termination

Although it has not expressed any intent to do so, the Board has the right to terminate the Plan in whole or in part after determining that termination is in the best interest of the Plan participants. The Board reserves the right to terminate, suspend, withdraw, amend, or modify the Plan and Plan benefits in whole or in part at any time, subject to the applicable provisions of ERISA and the Trust agreement.

In the event that the Plan is discontinued, the Board will use the remaining assets of the Plan to provide benefits, pay administration expenses, and carry out the purpose of the Plan in an equitable manner pursuant to the provisions of the Trust agreement until the Plan assets have been disbursed.

9. Risks and Uncertainties

The Plan invests in various investment securities. Due to various risks (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments 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.

As of December 31, 2025 and 2024, there were $4,715,053 and $4,614,298 of investments held, which individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, mortality rates, and participant demographics (service-based credits), all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

10. Subsequent Events

For purposes of determining the effect of subsequent events on these financial statements, the Plan has evaluated events subsequent to December 31, 2025 and through October 14, 2026, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedule

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 **Plan Number: 501**

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units		
	Mutual Funds			
	DIMENSIONAL FUND ADVISORS	22,979 DFA US SMALL CAP PORT INSTL	$ 744,011	$ 1,201,318
	DODGE & COX	93,355 DODGE & COX INTL STOCK FD	976,839	1,536,624
	HARBOR CAPITAL	19,078 HARBOR CAPITAL APPRECIATION FUND RTRMT	1,705,992	2,236,352
	HARDING LOEVNER	56,720 HARDING LOEVNER INTL EQUITY	1,178,604	1,540,503
	JP MORGAN	14,814 JP MORGAN HEDGED EQTY FD	344,664	523,835
	JP MORGAN	76,839 JP MORGAN HEDGED EQUITY 2 CL I	1,148,383	1,525,248
*	SCHWAB	1,042,760 GOVT MONEY FU ULTRA	1,042,760	1,042,760
	VANGUARD	453,060 VANGUARD HI-YIELD CORP FD ADMIRAL SH	2,605,562	2,523,544
	VANGUARD	132,054 VANGUARD SHORT-TERM INVST GRADE ADM	1,391,951	1,389,208
	Total Mutual Funds		11,138,766	13,519,392
		Units		
	Exchange-Traded Funds			
	ISHARES	23,327 ISHARES CORE MSCI EMERGING ETF	1,317,023	1,568,041
	ISHARES	31,664 ISHARES MSCI EAFE	1,924,420	3,040,694
	ISHARES	12,626 ISHARES RUSSELL 1000	1,176,888	4,715,053
	ISHARES	4,984 ISHARES RUSSELL 2000	780,998	1,226,862
	Total Exchange-Traded Funds		5,199,329	10,550,650
		Units Rate (%) Maturity		
	Corporate Bonds			
	A O N PLC	20,000 4.450 05/24/43	16,861	17,092
	ACE INA HLDGS	25,000 6.700 05/15/36	33,325	28,580
	AFLAC INC	55,000 3.600 04/01/30	54,265	54,012
	AFLAC INC	40,000 6.450 08/15/40	52,625	44,074
	ALABAMA PWR CO	45,000 5.500 03/15/41	51,712	44,871
	ALLSTATE CORPORAT	40,000 4.500 06/15/43	52,804	34,883
	ALTRIA GROUP, INC	65,000 4.800 02/14/29	77,675	66,083
	AMERICAN EXPRESS	45,000 8.150 03/19/38	58,259	56,980
	AMGEN IN	25,000 4.200 02/22/52	25,646	19,797
	ANGLESEA FUNDING	25,000 5.400 06/01/53	24,564	24,104
	ANHEUSER-BUSCH COMP	15,000 6.000 11/01/41	15,984	15,820
	APPALACHIAN POWER	55,000 6.700 07/29/35	78,641	60,891
	ARCHER-DANIELS-	25,000 4.016 04/16/43	29,479	20,898
	ARCHERDANIELSMID STE	30,000 5.765 03/01/41	31,320	31,169
	AT&T IN	20,000 5.150 11/15/46	25,913	18,336
	AT&T IN	55,000 1.650 02/01/28	50,830	52,390
	BANK AMER CORP	35,000 3.970 03/05/29	38,832	34,850
	BANK OF AMERICA C VA	30,000 0.000 02/04/33	25,772	27,393
	BANK OF AMERICA C VA	175,000 3.559 04/23/27	191,204	174,627
	BANK5 2024-5YR10	130,000 4.830 10/15/57	131,298	132,871
	BRISTOL-MYERS S	30,000 5.875 11/15/36	39,037	32,119
	BROADCOM IN	40,000 4.750 04/15/29	46,914	40,767
	CAMPBELL SOUP C	40,000 3.125 04/24/50	28,068	26,136
	CAPITAL ONE FINL VA	45,000 0.000 03/01/30	44,689	43,646
	CAPITAL ONE FINL COR	35,000 5.817 02/01/34	32,904	36,584
	CARMAX AUTO OWNER T	88,494 6.000 07/17/28	90,730	89,638

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
Corporate Bonds (continued)						
	CINTAS CORPORATIO	55,000	3.700	04/01/27	$ 52,676	$ 54,851
	CITIGROUP INC	25,000	3.668	07/24/28	25,093	24,825
	CITIGROUP INC VA	75,000	0.000	01/25/33	66,090	68,789
	COMCAST CORP	70,000	4.150	10/15/28	76,525	70,386
	CONOCOPHILLIPS CO	35,000	4.300	11/15/44	38,120	29,641
	COTERRA ENERGY INC	35,000	5.900	02/15/55	34,178	33,498
	CSX CORP	40,000	6.150	05/01/37	50,696	43,886
	CVS HEALTH CORP	25,000	5.050	03/25/48	27,793	22,073
	DIAGEO CAPITAL	50,000	5.875	09/30/36	71,454	53,974
	DUKE ENERGY FLA LLC	75,000	0.000	04/01/38	71,980	74,537
	DUKE ENERGY PROGR	55,000	6.300	04/01/38	66,618	60,882
	EATON CORP	40,000	7.650	11/15/29	56,727	44,984
	EMERSON ELECTRI	65,000	6.125	04/15/39	72,015	71,056
	ENERGY TRANSFER L	15,000	6.200	04/01/55	14,203	14,705
	ENTERPRISE PRODU	20,000	6.650	10/15/34	28,997	22,554
	ENTERPRISE PRODUC	15,000	5.100	02/15/45	13,328	14,138
	EOG RESOURCES, I	15,000	4.950	02/15/50	13,848	13,381
	EOG RESOURCES, IN	65,000	5.100	01/15/36	65,955	65,744
	EQUITABLE COS INC	30,000	7.000	04/01/28	37,966	31,746
	ERP OPERATING LIM	15,000	4.500	07/01/44	19,347	13,339
	ERP OPERATING LIMIT	15,000	3.000	07/01/29	15,878	14,462
	FIFTH THIRD BANC	55,000	2.550	07/01/27	55,181	53,920
	FISERV, IN	75,000	4.200	10/01/28	86,132	74,818
	GOLDMAN SACHS GROUP	30,000	3.814	04/23/29	32,981	29,813
	GOLDMAN SACHS GROUP	30,000	4.411	04/23/39	28,230	27,651
	GOLDMAN SACHS INTER	40,000	0.000	02/24/33	37,881	36,723
	HARLEY-DAVIDSON	106,428	5.370	03/15/29	106,422	107,582
	HONEYWELL INTER	50,000	4.875	09/01/29	50,101	51,505
	JBS USA LUX	35,000	6.500	12/01/52	36,470	35,919
	JP MORGAN CHASE BANK	60,000	3.509	01/23/29	65,865	59,384
	JPMORGAN CHASE	25,000	2.963	01/25/33	23,304	22,876
	KEYCORP VA	50,000	0.000	03/06/35	52,772	54,248
	LINCOLN NATIONA	75,000	3.625	12/12/26	76,208	74,721
	MARKEL CORP	50,000	3.500	11/01/27	45,907	49,564
	MARKEL CORPORATION	35,000	5.000	03/30/43	33,471	31,838
	MCDONALD'S CORP	30,000	5.150	09/09/52	29,715	27,785
	MCKESSON CORP	60,000	5.100	07/15/33	60,416	62,021
	MCKESSON CORPOR	20,000	4.883	03/15/44	17,890	18,194
	METLIFE, IN	30,000	5.000	07/15/52	30,367	27,416
	MONDELEZ INTERNTNL,	34,000	7.000	08/11/37	37,389	38,859
	MORGAN STANLEY	45,000	3.772	01/24/29	49,850	44,621
	MORGAN STANLEY VA	20,000	0.000	02/13/32	19,278	17,550
	MORGAN STANLEY VA	55,000	0.000	05/04/27	55,615	54,487
	MORGAN STANLEY	100,000	0.000	01/24/29	106,847	98,749
	MSCI IN	45,000	5.250	09/01/35	44,582	45,412
	NISSAN AUTO RECE	87,976	5.930	03/15/28	89,639	89,132
	NUCOR CORP	50,000	4.650	06/01/30	50,030	50,917
	ORACLE CORP	15,000	5.200	09/26/35	14,787	14,388
	PARKER HANNIFIN	45,000	6.250	05/15/38	57,839	50,007
	PFIZER IN	20,000	7.200	03/15/39	32,620	23,852
	PFIZER INCORPORA	20,000	5.950	04/01/37	21,661	21,510
	PNC FINANCIAL SR	30,000	3.150	05/19/27	32,237	29,735

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 **Plan Number: 501**

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
	Corporate Bonds (continued)					
	PNC FINL SVCS GR	60,000	2.550	05/19/30	$ 59,963	$ 56,404
	PNC FINL SVCS GROUP	35,000	6.037	10/28/33	35,031	37,788
	PRUDENTIAL FINL	25,000	5.625	05/12/41	25,455	24,916
	PRUDENTIAL FINL	10,000	6.625	12/01/37	14,939	11,373
	RAYTHEON TECHNOLO	35,000	4.200	12/15/44	29,222	28,920
	RPM INTERNTNL IN	40,000	4.550	03/01/29	37,606	40,448
	SHELL FIN US IN	20,000	4.375	05/11/45	24,118	17,184
	SOUTHWESTERN ENER	65,000	5.700	01/15/35	66,221	67,187
	SPECTRA ENERGY P	25,000	5.950	09/25/43	29,978	25,338
	STRYKER CORP	45,000	1.950	09/25/30	44,679	40,801
	SYSCO CORP	30,000	0.000	03/17/39	33,399	25,356
	SYSCO CORP	15,000	6.625	03/17/39	16,261	16,505
	TAMPA ELECTRIC C	50,000	6.150	05/15/37	72,126	53,445
	TARGA RESOURCES P	80,000	5.500	03/01/30	78,414	81,079
*	THE CHARLES SCHWAB	70,000	3.250	05/22/29	62,249	68,205
	THE HARTFORD IN	15,000	6.625	04/15/42	16,776	16,202
	THE KROGER CO.	40,000	6.900	01/1/38	58,183	45,883
	TOYOTA AUTO RECE	270,000	5.010	02/15/29	271,601	273,807
	TR FIN LLC	55,000	5.500	08/15/35	55,597	57,191
	TRUIST FINL CORP VA	30,000	0.000	10/28/33	30,680	32,416
	TRUIST FINL CORP VA	60,000	0.000	01/26/29	58,376	60,822
	UNION PACIFIC C	30,000	6.625	02/01/29	33,526	32,306
	UNITED PARCEL	55,000	8.375	04/01/30	81,504	62,347
	VERIZON COMMS	30,000	4.400	11/01/34	33,269	29,017
	VERIZON COMMUNI	25,000	3.875	03/01/52	18,116	18,609
	VERIZON COMMUNIC	20,000	2.550	03/21/31	20,016	18,233
	VIRGINIA ELEC &	50,000	8.875	11/15/38	77,334	66,680
	WEC ENERGY GROUP,	35,000	4.300	10/15/48	37,304	28,850
	WELLS FARGO & CO VA	35,000	0.000	04/25/53	32,983	30,206
	WELLS FARGO & COM VA	40,000	0.000	05/22/28	42,741	39,703
	WELLS FARGO BK N A	65,000	3.000	10/23/26	62,105	64,511
	WESTLAKE CHEMICAL C	25,000	5.000	8/15/46	31,825	21,292
	WISCONSIN P&L	45,000	6.375	08/15/37	58,314	49,387
	WISCONSIN P&L	85,000	0.000	10/21/33	84,297	91,044
	Total Corporate Bonds				5,484,733	5,130,714

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 Plan Number: 501

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
	Common Stocks					
	ABBVIE INC	126			$ 21,460	$ 28,790
	ALLEGION PUBLIC LTD CO F	77			8,562	12,260
	ALLSTATE CORP	95			18,920	19,774
	ALTIMAR ACQUISITION	817			14,963	12,206
	AMAZON COM INC	287			62,815	66,245
	AMERICAN EXPRESS CO	121			20,975	44,764
	AON PLC	82			26,058	28,936
	APOLLO GLOBAL MGMT	191			27,309	27,649
	APPLIED MATERIALS	143			16,672	36,750
	APTIV PLC NEW	182			12,269	13,848
	ASTRAZENECA PLC	246			16,600	22,615
	AUTONATION INC	58			8,781	11,976
	AUTOZONE INC	6			6,379	20,349
	BOOKING HOLDINGS INC	4			10,711	21,421
	C H ROBINSON WORLDWIDE NEW	151			14,924	24,275
	CANADIAN NATURAL RES	339			4,025	11,475
	CAPITAL ONE FINANCIAL CP	116			15,563	28,114
	CENCORA INC	127			17,314	42,894
	CENOVUS ENERGY INC	840			13,488	14,213
	CENTERPOINT ENERGY INC	611			15,133	23,426
*	CHARLES SCHWAB CORPORATION	266			22,182	26,576
	COCA COLA COMPANY	395			25,349	27,614
	COCA COLA EUROPEAN PARTNERS	163			6,750	14,784
	CONOCOPHILLIPS	310			23,818	29,019
	CORPAY INC	66			17,036	19,861
	CRH PUBLIC LIMITED C	425			22,792	53,040
	CUMMINS ENGINE INC	52			18,059	26,543
	DELL TECHNOLOGIES	218			15,913	27,442
	DIAMONDBACK ENERGY	214			38,457	32,171
	EMERSON ELECTRIC CO	104			11,996	13,803
	ENTERGY CORP	243			19,635	22,460
	FEDEX CORPORATION	94			22,321	27,153
	FIRSTENERGY CORP	791			32,263	35,413
	FLEXTRONICS INTL LTD	381			11,091	23,020
	FREEPORT MCMORAN INC	331			16,028	16,811
	GALLAGHER ARTHUR J & CO	47			10,216	12,163
	GENERAL DYNAMICS CORP	86			16,606	28,953
	GILEAD SCIENCES INC	244			29,901	29,949
	GOLDMAN SACHS GROUP INC	29			7,840	25,491
	HOME DEPOT INC	49			17,580	16,861
	HONEYWELL INTERNATIONAL	206			42,696	40,189
	HUBBELL INC	53			21,713	23,538
	HUNTINGTON BANCSHS	1,843			24,266	31,976
	INTERCONTINENTAL EXCHANGE INC.	183			24,766	29,639
	IQVIA HOLDINGS INC	121			23,266	27,275
	J P MORGAN CHASE & CO	339			38,477	109,233
	JACOBS SOLUTIONS INC	136			18,251	18,015
	KEYSIGHT TECHNOLOGIES	114			17,370	23,164
	KINROSS GOLD CORP NEW	2,030			18,540	57,165

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 Plan Number: 501

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
	Common Stocks (continued)					
	LABCORP HLDGS INC	54			$ 14,162	$ 13,548
	LEIDOS HOLDINGS INC	89			10,206	16,056
	LPL FINANCIAL HLDGS INC	104			27,093	37,146
	LULULEMON ATHLETICA INC	59			12,550	12,261
	L3HARRIS TECHNOLOGIE	95			22,558	27,889
	MARATHON PETE CORP	214			17,295	34,803
	MCKESSON CORPORATION	47			16,484	38,554
	MEDTRONIC PLC	274			24,688	26,320
	META PLATFORMS INC	56			40,751	36,965
	MICROCHIP TECHNOLOGY	503			33,419	32,051
	MICRON TECHNOLOGY INC	191			15,860	54,513
	MORGAN STANLEY	219			18,773	38,879
	NEWMONT MINING CORP	402			23,334	40,140
	NOVO-NORDISK A-S F	247			13,705	12,567
	NRG ENERGY INC NEW	72			12,093	11,465
	NXP SEMICONDUCTORS	168			33,898	36,466
	OLD DOMINION FREIGHT LNS	121			16,694	18,973
	ORACLE CORPORATION	98			10,906	19,101
	PHILIP MORRIS INTL INC	374			38,360	59,990
	PPL CORPORATION	811			27,986	28,401
	QUEST DIAGNOSTICS INC	158			26,604	27,418
	RELIANCE STL & ALUMI	61			18,952	17,621
	SCHLUMBERGER LTD	288			9,778	11,053
	STEEL DYNAMICS INC	102			14,608	17,284
	SYSCO CORP	349			26,894	25,718
	T-MOBILE US INC	116			18,642	23,553
	TENET HEALTHCARE NEW	75			14,919	14,904
	TRIMBLE NAV LTD	162			10,014	12,693
	UBER TECHNOLOGIES IN	472			29,485	38,567
	UNITED CONTL HLDGS INC	137			11,206	15,319
	UNITED RENTALS INC	40			18,156	32,373
	UNITEDHEALTH GROUP INC	92			32,006	30,370
	US FOODS HOLDING COR	539			22,844	40,597
	WABTEC CORP	95			9,105	20,278
	WALT DISNEY CO	321			35,366	36,520
	WELLS FARGO & CO	469			22,820	43,709
	Total Common Stocks				1,720,313	2,385,366

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 Plan Number: 501

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Face Value	Rate (%)	Maturity		
	U.S. Government Obligations					
	FHLMC A7-2770	5,605	5.5000	01/01/38	$ 5,965	$ 5,868
	FHLMC A9-2470	21,889	5.0000	01/01/40	23,157	22,529
	FHLMC C03920	6,661	3.5000	05/01/42	7,043	6,387
	FHLMC G0-6501	32,617	4.0000	04/01/41	32,998	32,269
	FHLMC Q38893	23,564	4.0000	02/01/46	25,173	22,883
	FHLMC RA6910	35,970	3.5000	03/01/52	33,549	33,572
	FHLMC SD1115	288,056	4.0000	07/01/52	266,227	276,200
	FHLMC SD4712	276,136	4.5000	12/01/52	265,043	271,374
	FHLMC SD6541	55,180	5.0000	10/01/54	54,214	55,771
	FHLMC SD8214	321,689	3.5000	05/01/52	313,974	298,388
	FHLMC SL0326	152,201	5.0000	02/01/55	146,422	152,263
	FHLMC SL3190	338,619	5.0000	12/01/54	339,307	339,279
	FNMA PL AJ4894	23,852	4.0000	02/01/42	25,239	23,403
	FNMA PL BE0468	35,383	3.0000	10/01/46	35,333	32,309
	FNMA PL BV5584	113,656	3.5000	05/01/52	111,667	106,509
	FNMA PL CB1371	352,530	2.5000	08/01/51	362,242	302,104
	FNMA PL CB3175	85,422	3.5000	03/01/52	79,362	79,653
	FNMA PL CB5534	182,614	4.5000	01/01/53	173,597	180,271
	FNMA PL FM2801	137,536	3.0000	03/01/50	145,255	124,695
	FNMA PL FS0348	222,426	2.0000	01/01/52	212,417	183,503
	FNMA PL FS0350	286,270	2.0000	01/01/52	279,230	234,960
	FNMA PL FS6058	62,852	2.5000	04/01/52	45,349	54,200
	FNMA PL FS7130	346,080	5.0000	01/01/54	330,804	347,157
	FNMA PL FS8486	473,759	4.5000	12/01/52	453,069	465,588
	FNMA PL MA0640	13,040	4.5000	01/01/31	13,265	13,152
	GOV NATL MTG ASSN	121,779	1.1000	12/16/62	97,795	90,184
	GNMA MA0909	7,182	3.0000	04/20/28	7,672	7,071
	GNMA MA2679	14,080	4.0000	03/20/45	15,180	13,735
	GNMA PL MA7024M	109,979	2.5000	12/20/35	116,075	105,156
	GNMA PL MA7283M	81,583	2.0000	04/20/36	84,196	76,791
	GNMA PL MA9849M	192,364	4.5000	08/20/54	186,004	187,671
	GNMA PL 786656C	248,981	5.0000	04/20/53	248,592	251,245
	US TREAS BD	470,000	2.8750	05/15/43	400,962	365,425
	US TREASU NT	805,000	4.1250	05/31/32	820,826	816,257
	US TREASUR NT	235,000	4.0000	01/31/29	235,111	238,011
	US TREASUR NT	690,000	4.0000	01/31/31	689,457	698,248
	US TREASUR NT	10,000	4.0000	02/15/34	9,950	9,980
	US TREASURY	530,000	3.6250	02/15/53	459,079	430,129
	Total U.S. Government Obligations	7,409,555			7,150,800	6,954,190
			Rate (%)			
	Interest-Bearing Cash					
*	SCHWAB BANK SWEEP		0.450		883,162	883,162
		Face Value	Rate (%)	Maturity		
	Municipal Obligation					
	NEW JERSEY ST	70,000	7.1020	2014	79,325	81,788
	Total				$ 31,656,428	$ 39,505,262

* Indicates party-in-interest

Other Supplemental Schedule

Dana Non-Union Retiree VEBA Trust

Schedules of General and Administrative Expenses

Year ended December 31,	**2025**	2024
Actuarial fees, net of commissions of $71,320 and $65,140 for 2025 and 2024, respectively	**$ -**	$ -
Administrator fees	**20,619**	19,867
Legal fees	**36,938**	30,338
Auditing fees	**24,179**	38,667
Insurance	**22,715**	34,654
Trustee compensation	**28,000**	28,000
Postage and delivery	**32,746**	37,990
Bank fees	**267**	106
Processing and other fees	**754**	35,399
	$ 166,218	$ 225,021

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 **Plan Number: 501**

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units		
	Mutual Funds			
	DIMENSIONAL FUND ADVISORS	22,979 DFA US SMALL CAP PORT INSTL	$ 744,011	$ 1,201,318
	DODGE & COX	93,355 DODGE & COX INTL STOCK FD	976,839	1,536,624
	HARBOR CAPITAL	19,078 HARBOR CAPITAL APPRECIATION FUND RTRMT	1,705,992	2,236,352
	HARDING LOEVNER	56,720 HARDING LOEVNER INTL EQUITY	1,178,604	1,540,503
	JP MORGAN	14,814 JP MORGAN HEDGED EQTY FD	344,664	523,835
	JP MORGAN	76,839 JP MORGAN HEDGED EQUITY 2 CL I	1,148,383	1,525,248
*	SCHWAB	1,042,760 GOVT MONEY FU ULTRA	1,042,760	1,042,760
	VANGUARD	453,060 VANGUARD HI-YIELD CORP FD ADMIRAL SH	2,605,562	2,523,544
	VANGUARD	132,054 VANGUARD SHORT-TERM INVST GRADE ADM	1,391,951	1,389,208
	Total Mutual Funds		11,138,766	13,519,392
		Units		
	Exchange-Traded Funds			
	ISHARES	23,327 ISHARES CORE MSCI EMERGING ETF	1,317,023	1,568,041
	ISHARES	31,664 ISHARES MSCI EAFE	1,924,420	3,040,694
	ISHARES	12,626 ISHARES RUSSELL 1000	1,176,888	4,715,053
	ISHARES	4,984 ISHARES RUSSELL 2000	780,998	1,226,862
	Total Exchange-Traded Funds		5,199,329	10,550,650
		Units Rate (%) Maturity		
	Corporate Bonds			
	A O N PLC	20,000 4.450 05/24/43	16,861	17,092
	ACE INA HLDGS	25,000 6.700 05/15/36	33,325	28,580
	AFLAC INC	55,000 3.600 04/01/30	54,265	54,012
	AFLAC INC	40,000 6.450 08/15/40	52,625	44,074
	ALABAMA PWR CO	45,000 5.500 03/15/41	51,712	44,871
	ALLSTATE CORPORAT	40,000 4.500 06/15/43	52,804	34,883
	ALTRIA GROUP, INC	65,000 4.800 02/14/29	77,675	66,083
	AMERICAN EXPRESS	45,000 8.150 03/19/38	58,259	56,980
	AMGEN IN	25,000 4.200 02/22/52	25,646	19,797
	ANGLESEA FUNDING	25,000 5.400 06/01/53	24,564	24,104
	ANHEUSER-BUSCH COMP	15,000 6.000 11/01/41	15,984	15,820
	APPALACHIAN POWER	55,000 6.700 07/29/35	78,641	60,891
	ARCHER-DANIELS-	25,000 4.016 04/16/43	29,479	20,898
	ARCHERDANIELSMID STE	30,000 5.765 03/01/41	31,320	31,169
	AT&T IN	20,000 5.150 11/15/46	25,913	18,336
	AT&T IN	55,000 1.650 02/01/28	50,830	52,390
	BANK AMER CORP	35,000 3.970 03/05/29	38,832	34,850
	BANK OF AMERICA C VA	30,000 0.000 02/04/33	25,772	27,393
	BANK OF AMERICA C VA	175,000 3.559 04/23/27	191,204	174,627
	BANK5 2024-5YR10	130,000 4.830 10/15/57	131,298	132,871
	BRISTOL-MYERS S	30,000 5.875 11/15/36	39,037	32,119
	BROADCOM IN	40,000 4.750 04/15/29	46,914	40,767
	CAMPBELL SOUP C	40,000 3.125 04/24/50	28,068	26,136
	CAPITAL ONE FINL VA	45,000 0.000 03/01/30	44,689	43,646
	CAPITAL ONE FINL COR	35,000 5.817 02/01/34	32,904	36,584
	CARMAX AUTO OWNER T	88,494 6.000 07/17/28	90,730	89,638

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
Corporate Bonds (continued)						
	CINTAS CORPORATIO	55,000	3.700	04/01/27	$ 52,676	$ 54,851
	CITIGROUP INC	25,000	3.668	07/24/28	25,093	24,825
	CITIGROUP INC VA	75,000	0.000	01/25/33	66,090	68,789
	COMCAST CORP	70,000	4.150	10/15/28	76,525	70,386
	CONOCOPHILLIPS CO	35,000	4.300	11/15/44	38,120	29,641
	COTERRA ENERGY INC	35,000	5.900	02/15/55	34,178	33,498
	CSX CORP	40,000	6.150	05/01/37	50,696	43,886
	CVS HEALTH CORP	25,000	5.050	03/25/48	27,793	22,073
	DIAGEO CAPITAL	50,000	5.875	09/30/36	71,454	53,974
	DUKE ENERGY FLA LLC	75,000	0.000	04/01/38	71,980	74,537
	DUKE ENERGY PROGR	55,000	6.300	04/01/38	66,618	60,882
	EATON CORP	40,000	7.650	11/15/29	56,727	44,984
	EMERSON ELECTRI	65,000	6.125	04/15/39	72,015	71,056
	ENERGY TRANSFER L	15,000	6.200	04/01/55	14,203	14,705
	ENTERPRISE PRODU	20,000	6.650	10/15/34	28,997	22,554
	ENTERPRISE PRODUC	15,000	5.100	02/15/45	13,328	14,138
	EOG RESOURCES, I	15,000	4.950	02/15/50	13,848	13,381
	EOG RESOURCES, IN	65,000	5.100	01/15/36	65,955	65,744
	EQUITABLE COS INC	30,000	7.000	04/01/28	37,966	31,746
	ERP OPERATING LIM	15,000	4.500	07/01/44	19,347	13,339
	ERP OPERATING LIMIT	15,000	3.000	07/01/29	15,878	14,462
	FIFTH THIRD BANC	55,000	2.550	07/01/27	55,181	53,920
	FISERV, IN	75,000	4.200	10/01/28	86,132	74,818
	GOLDMAN SACHS GROUP	30,000	3.814	04/23/29	32,981	29,813
	GOLDMAN SACHS GROUP	30,000	4.411	04/23/39	28,230	27,651
	GOLDMAN SACHS INTER	40,000	0.000	02/24/33	37,881	36,723
	HARLEY-DAVIDSON	106,428	5.370	03/15/29	106,422	107,582
	HONEYWELL INTER	50,000	4.875	09/01/29	50,101	51,505
	JBS USA LUX	35,000	6.500	12/01/52	36,470	35,919
	JP MORGAN CHASE BANK	60,000	3.509	01/23/29	65,865	59,384
	JPMORGAN CHASE	25,000	2.963	01/25/33	23,304	22,876
	KEYCORP VA	50,000	0.000	03/06/35	52,772	54,248
	LINCOLN NATIONA	75,000	3.625	12/12/26	76,208	74,721
	MARKEL CORP	50,000	3.500	11/01/27	45,907	49,564
	MARKEL CORPORATION	35,000	5.000	03/30/43	33,471	31,838
	MCDONALD'S CORP	30,000	5.150	09/09/52	29,715	27,785
	MCKESSON CORP	60,000	5.100	07/15/33	60,416	62,021
	MCKESSON CORPOR	20,000	4.883	03/15/44	17,890	18,194
	METLIFE, IN	30,000	5.000	07/15/52	30,367	27,416
	MONDELEZ INTERNTNL,	34,000	7.000	08/11/37	37,389	38,859
	MORGAN STANLEY	45,000	3.772	01/24/29	49,850	44,621
	MORGAN STANLEY VA	20,000	0.000	02/13/32	19,278	17,550
	MORGAN STANLEY VA	55,000	0.000	05/04/27	55,615	54,487
	MORGAN STANLEY	100,000	0.000	01/24/29	106,847	98,749
	MSCI IN	45,000	5.250	09/01/35	44,582	45,412
	NISSAN AUTO RECE	87,976	5.930	03/15/28	89,639	89,132
	NUCOR CORP	50,000	4.650	06/01/30	50,030	50,917
	ORACLE CORP	15,000	5.200	09/26/35	14,787	14,388
	PARKER HANNIFIN	45,000	6.250	05/15/38	57,839	50,007
	PFIZER IN	20,000	7.200	03/15/39	32,620	23,852
	PFIZER INCORPORA	20,000	5.950	04/01/37	21,661	21,510
	PNC FINANCIAL SR	30,000	3.150	05/19/27	32,237	29,735

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 **Plan Number: 501**

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
	Corporate Bonds (continued)					
	PNC FINL SVCS GR	60,000	2.550	05/19/30	$ 59,963	$ 56,404
	PNC FINL SVCS GROUP	35,000	6.037	10/28/33	35,031	37,788
	PRUDENTIAL FINL	25,000	5.625	05/12/41	25,455	24,916
	PRUDENTIAL FINL	10,000	6.625	12/01/37	14,939	11,373
	RAYTHEON TECHNOLO	35,000	4.200	12/15/44	29,222	28,920
	RPM INTERNTNL IN	40,000	4.550	03/01/29	37,606	40,448
	SHELL FIN US IN	20,000	4.375	05/11/45	24,118	17,184
	SOUTHWESTERN ENER	65,000	5.700	01/15/35	66,221	67,187
	SPECTRA ENERGY P	25,000	5.950	09/25/43	29,978	25,338
	STRYKER CORP	45,000	1.950	09/25/30	44,679	40,801
	SYSCO CORP	30,000	0.000	03/17/39	33,399	25,356
	SYSCO CORP	15,000	6.625	03/17/39	16,261	16,505
	TAMPA ELECTRIC C	50,000	6.150	05/15/37	72,126	53,445
	TARGA RESOURCES P	80,000	5.500	03/01/30	78,414	81,079
*	THE CHARLES SCHWAB	70,000	3.250	05/22/29	62,249	68,205
	THE HARTFORD IN	15,000	6.625	04/15/42	16,776	16,202
	THE KROGER CO.	40,000	6.900	01/1/38	58,183	45,883
	TOYOTA AUTO RECE	270,000	5.010	02/15/29	271,601	273,807
	TR FIN LLC	55,000	5.500	08/15/35	55,597	57,191
	TRUIST FINL CORP VA	30,000	0.000	10/28/33	30,680	32,416
	TRUIST FINL CORP VA	60,000	0.000	01/26/29	58,376	60,822
	UNION PACIFIC C	30,000	6.625	02/01/29	33,526	32,306
	UNITED PARCEL	55,000	8.375	04/01/30	81,504	62,347
	VERIZON COMMS	30,000	4.400	11/01/34	33,269	29,017
	VERIZON COMMUNI	25,000	3.875	03/01/52	18,116	18,609
	VERIZON COMMUNIC	20,000	2.550	03/21/31	20,016	18,233
	VIRGINIA ELEC &	50,000	8.875	11/15/38	77,334	66,680
	WEC ENERGY GROUP,	35,000	4.300	10/15/48	37,304	28,850
	WELLS FARGO & CO VA	35,000	0.000	04/25/53	32,983	30,206
	WELLS FARGO & COM VA	40,000	0.000	05/22/28	42,741	39,703
	WELLS FARGO BK N A	65,000	3.000	10/23/26	62,105	64,511
	WESTLAKE CHEMICAL C	25,000	5.000	8/15/46	31,825	21,292
	WISCONSIN P&L	45,000	6.375	08/15/37	58,314	49,387
	WISCONSIN P&L	85,000	0.000	10/21/33	84,297	91,044
	Total Corporate Bonds				5,484,733	5,130,714

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 Plan Number: 501

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
	Common Stocks					
	ABBVIE INC	126			$ 21,460	$ 28,790
	ALLEGION PUBLIC LTD CO F	77			8,562	12,260
	ALLSTATE CORP	95			18,920	19,774
	ALTIMAR ACQUISITION	817			14,963	12,206
	AMAZON COM INC	287			62,815	66,245
	AMERICAN EXPRESS CO	121			20,975	44,764
	AON PLC	82			26,058	28,936
	APOLLO GLOBAL MGMT	191			27,309	27,649
	APPLIED MATERIALS	143			16,672	36,750
	APTIV PLC NEW	182			12,269	13,848
	ASTRAZENECA PLC	246			16,600	22,615
	AUTONATION INC	58			8,781	11,976
	AUTOZONE INC	6			6,379	20,349
	BOOKING HOLDINGS INC	4			10,711	21,421
	C H ROBINSON WORLDWIDE NEW	151			14,924	24,275
	CANADIAN NATURAL RES	339			4,025	11,475
	CAPITAL ONE FINANCIAL CP	116			15,563	28,114
	CENCORA INC	127			17,314	42,894
	CENOVUS ENERGY INC	840			13,488	14,213
	CENTERPOINT ENERGY INC	611			15,133	23,426
*	CHARLES SCHWAB CORPORATION	266			22,182	26,576
	COCA COLA COMPANY	395			25,349	27,614
	COCA COLA EUROPEAN PARTNERS	163			6,750	14,784
	CONOCOPHILLIPS	310			23,818	29,019
	CORPAY INC	66			17,036	19,861
	CRH PUBLIC LIMITED C	425			22,792	53,040
	CUMMINS ENGINE INC	52			18,059	26,543
	DELL TECHNOLOGIES	218			15,913	27,442
	DIAMONDBACK ENERGY	214			38,457	32,171
	EMERSON ELECTRIC CO	104			11,996	13,803
	ENTERGY CORP	243			19,635	22,460
	FEDEX CORPORATION	94			22,321	27,153
	FIRSTENERGY CORP	791			32,263	35,413
	FLEXTRONICS INTL LTD	381			11,091	23,020
	FREEPORT MCMORAN INC	331			16,028	16,811
	GALLAGHER ARTHUR J & CO	47			10,216	12,163
	GENERAL DYNAMICS CORP	86			16,606	28,953
	GILEAD SCIENCES INC	244			29,901	29,949
	GOLDMAN SACHS GROUP INC	29			7,840	25,491
	HOME DEPOT INC	49			17,580	16,861
	HONEYWELL INTERNATIONAL	206			42,696	40,189
	HUBBELL INC	53			21,713	23,538
	HUNTINGTON BANCSHS	1,843			24,266	31,976
	INTERCONTINENTAL EXCHANGE INC.	183			24,766	29,639
	IQVIA HOLDINGS INC	121			23,266	27,275
	J P MORGAN CHASE & CO	339			38,477	109,233
	JACOBS SOLUTIONS INC	136			18,251	18,015
	KEYSIGHT TECHNOLOGIES	114			17,370	23,164
	KINROSS GOLD CORP NEW	2,030			18,540	57,165

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 Plan Number: 501

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Units	Rate (%)	Maturity		
	Common Stocks (continued)					
	LABCORP HLDGS INC	54			$ 14,162	$ 13,548
	LEIDOS HOLDINGS INC	89			10,206	16,056
	LPL FINANCIAL HLDGS INC	104			27,093	37,146
	LULULEMON ATHLETICA INC	59			12,550	12,261
	L3HARRIS TECHNOLOGIE	95			22,558	27,889
	MARATHON PETE CORP	214			17,295	34,803
	MCKESSON CORPORATION	47			16,484	38,554
	MEDTRONIC PLC	274			24,688	26,320
	META PLATFORMS INC	56			40,751	36,965
	MICROCHIP TECHNOLOGY	503			33,419	32,051
	MICRON TECHNOLOGY INC	191			15,860	54,513
	MORGAN STANLEY	219			18,773	38,879
	NEWMONT MINING CORP	402			23,334	40,140
	NOVO-NORDISK A-S F	247			13,705	12,567
	NRG ENERGY INC NEW	72			12,093	11,465
	NXP SEMICONDUCTORS	168			33,898	36,466
	OLD DOMINION FREIGHT LNS	121			16,694	18,973
	ORACLE CORPORATION	98			10,906	19,101
	PHILIP MORRIS INTL INC	374			38,360	59,990
	PPL CORPORATION	811			27,986	28,401
	QUEST DIAGNOSTICS INC	158			26,604	27,418
	RELIANCE STL & ALUMI	61			18,952	17,621
	SCHLUMBERGER LTD	288			9,778	11,053
	STEEL DYNAMICS INC	102			14,608	17,284
	SYSCO CORP	349			26,894	25,718
	T-MOBILE US INC	116			18,642	23,553
	TENET HEALTHCARE NEW	75			14,919	14,904
	TRIMBLE NAV LTD	162			10,014	12,693
	UBER TECHNOLOGIES IN	472			29,485	38,567
	UNITED CONTL HLDGS INC	137			11,206	15,319
	UNITED RENTALS INC	40			18,156	32,373
	UNITEDHEALTH GROUP INC	92			32,006	30,370
	US FOODS HOLDING COR	539			22,844	40,597
	WABTEC CORP	95			9,105	20,278
	WALT DISNEY CO	321			35,366	36,520
	WELLS FARGO & CO	469			22,820	43,709
	Total Common Stocks				1,720,313	2,385,366

Dana Non-Union Retiree VEBA Trust

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

EIN: 20-7392576 Plan Number: 501

December 31, 2025

(a)	(b) Identity of Issuer, 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
		Face Value	Rate (%)	Maturity		
	U.S. Government Obligations					
	FHLMC A7-2770	5,605	5.5000	01/01/38	$ 5,965	$ 5,868
	FHLMC A9-2470	21,889	5.0000	01/01/40	23,157	22,529
	FHLMC C03920	6,661	3.5000	05/01/42	7,043	6,387
	FHLMC G0-6501	32,617	4.0000	04/01/41	32,998	32,269
	FHLMC Q38893	23,564	4.0000	02/01/46	25,173	22,883
	FHLMC RA6910	35,970	3.5000	03/01/52	33,549	33,572
	FHLMC SD1115	288,056	4.0000	07/01/52	266,227	276,200
	FHLMC SD4712	276,136	4.5000	12/01/52	265,043	271,374
	FHLMC SD6541	55,180	5.0000	10/01/54	54,214	55,771
	FHLMC SD8214	321,689	3.5000	05/01/52	313,974	298,388
	FHLMC SL0326	152,201	5.0000	02/01/55	146,422	152,263
	FHLMC SL3190	338,619	5.0000	12/01/54	339,307	339,279
	FNMA PL AJ4894	23,852	4.0000	02/01/42	25,239	23,403
	FNMA PL BE0468	35,383	3.0000	10/01/46	35,333	32,309
	FNMA PL BV5584	113,656	3.5000	05/01/52	111,667	106,509
	FNMA PL CB1371	352,530	2.5000	08/01/51	362,242	302,104
	FNMA PL CB3175	85,422	3.5000	03/01/52	79,362	79,653
	FNMA PL CB5534	182,614	4.5000	01/01/53	173,597	180,271
	FNMA PL FM2801	137,536	3.0000	03/01/50	145,255	124,695
	FNMA PL FS0348	222,426	2.0000	01/01/52	212,417	183,503
	FNMA PL FS0350	286,270	2.0000	01/01/52	279,230	234,960
	FNMA PL FS6058	62,852	2.5000	04/01/52	45,349	54,200
	FNMA PL FS7130	346,080	5.0000	01/01/54	330,804	347,157
	FNMA PL FS8486	473,759	4.5000	12/01/52	453,069	465,588
	FNMA PL MA0640	13,040	4.5000	01/01/31	13,265	13,152
	GOV NATL MTG ASSN	121,779	1.1000	12/16/62	97,795	90,184
	GNMA MA0909	7,182	3.0000	04/20/28	7,672	7,071
	GNMA MA2679	14,080	4.0000	03/20/45	15,180	13,735
	GNMA PL MA7024M	109,979	2.5000	12/20/35	116,075	105,156
	GNMA PL MA7283M	81,583	2.0000	04/20/36	84,196	76,791
	GNMA PL MA9849M	192,364	4.5000	08/20/54	186,004	187,671
	GNMA PL 786656C	248,981	5.0000	04/20/53	248,592	251,245
	US TREAS BD	470,000	2.8750	05/15/43	400,962	365,425
	US TREASU NT	805,000	4.1250	05/31/32	820,826	816,257
	US TREASUR NT	235,000	4.0000	01/31/29	235,111	238,011
	US TREASUR NT	690,000	4.0000	01/31/31	689,457	698,248
	US TREASUR NT	10,000	4.0000	02/15/34	9,950	9,980
	US TREASURY	530,000	3.6250	02/15/53	459,079	430,129
	Total U.S. Government Obligations	7,409,555			7,150,800	6,954,190
			Rate (%)			
	Interest-Bearing Cash					
*	SCHWAB BANK SWEEP		0.450		883,162	883,162
		Face Value	Rate (%)	Maturity		
	Municipal Obligation					
	NEW JERSEY ST	70,000	7.1020	2014	79,325	81,788
	Total				$ 31,656,428	$ 39,505,262

* Indicates party-in-interest