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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                |
| 1a      | Name of plan<br>ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT (401K) PLAN                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 003                                                                                                                                                                                                                                                                                    |
| 1c      | Effective date of plan<br>09/01/1998                                                                                                                                                                                                                                                                                  |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ADIENT US LLC<br><br>49200 HALYARD DRIVE<br>PLYMOUTH, MI 48170 |
| 2b      | Employer Identification Number (EIN)<br>38-3380735                                                                                                                                                                                                                                                                    |
| 2c      | Plan Sponsor's telephone number<br>734-254-5000                                                                                                                                                                                                                                                                       |
| 2d      | Business code (see instructions)<br>336300                                                                                                                                                                                                                                                                            |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/28/2026 | CHRISTINE PATTEN                                             |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>ADIENT EMPLOYEE BENEFITS POLICY COMMITTEE<br>ADIENT US LLC<br>49200 HALYARD DRIVE<br>PLYMOUTH, MI 48170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3b</b> Administrator's EIN<br>38-3380735<br><br><b>3c</b> Administrator's telephone number<br>734-254-5000<br><br><div style="background-color: #cccccc; height: 40px;"></div>                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 1265                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px;"></div><br><b>6a(1)</b> 969<br><b>6a(2)</b> 760<br><b>6b</b> 3<br><b>6c</b> 287<br><b>6d</b> 1050<br><b>6e</b> 11<br><b>6f</b> 1061<br><b>6g(1)</b> 1034<br><b>6g(2)</b> 980<br><b>6h</b> 118 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                           |

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

2E 2F 2G 2J 2K 3H 2O 2T

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT (401K) PLAN                                                                                                                                                             |                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADIENT US LLC                                                                                                                                                                      |                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>38-3380735 |

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 |
| FIDELITY INVEST. INST. OPR. CO.                                                                            |
| 04-2647786                                                                                                 |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(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

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**(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

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

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**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)

FIDELITY INVEST. INST. OPR. CO.

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 64 65<br>50 60      | NONE KNOWN                                                                                        | 100746                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVEST. INST. OPR. CO.                                     | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
|                                                                     | SEE ATTACHMENT                                                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                                                                     |                     |              |
|--------------------|---------------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | PLANTE & MORAN, PLLC                                                | <b>b</b> EIN:       | 33-1498605   |
| <b>c</b> Position: | AUDITOR                                                             |                     |              |
| <b>d</b> Address:  | P.O. BOX 307<br>3000 TOWN CENTER, SUITE 100<br>SOUTHFIELD, MI 48075 | <b>e</b> Telephone: | 248-352-2500 |
|                    |                                                                     |                     |              |

Explanation: PLANTE & MORAN, PLLC CEASED PROVIDING SERVICES AND DID NOT CONTINUE THE ENGAGEMENT FOR THE CURRENT PLAN YEAR.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT (401K) PLAN           | B Three-digit plan number (PN) ▶                     | 003 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>ADIENT US LLC             | D Employer Identification Number (EIN)<br>38-3380735 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | ADIENT US LLC DEFINED CONT MASTR TR |
|-----------------------------------------|-------------------------------------|

|                                            |               |
|--------------------------------------------|---------------|
| b Name of sponsor of entity listed in (a): | ADIENT US LLC |
|--------------------------------------------|---------------|

|                         |                 |                                                                                                       |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| c EIN-PN 38-3380735-006 | d Entity code M | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29464820 |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |
|-----------------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|-----------------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                                                             | For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                                                             | <div>A Name of plan</div> <div>ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT (401K) PLAN</div>                                                                                                                                                                               | <div>B Three-digit plan number (PN)</div> <div>003</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ADIENT US LLC</div>                                                                                                                                                                                  | <div>D Employer Identification Number (EIN)</div> <div>38-3380735</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 1737740               | 1286410         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 1720969               | 1737871         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 26259422              | 29464820        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 29718131              | 32489101        |

**Liabilities**

|                                                                            |           |   |   |
|----------------------------------------------------------------------------|-----------|---|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                            |           |          |          |
|------------------------------------------------------------|-----------|----------|----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 29718131 | 32489101 |
|------------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1286410    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1194173    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 67665      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2548248   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 119986     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 119986    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 4446833   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 7115067   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 4227966 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 4227966 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         | 15385   |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 100746  |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |         |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 100746  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 4344097 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2770970 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.)                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</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.) |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> 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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> 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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> 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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> 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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> 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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT (401K) PLAN                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADIENT US LLC                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>38-3380735                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 11 a Does the ESOP hold any preferred stock? .....                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number\_\_\_\_\_.

# **Adient US LLC Defined Contribution Plans**

**Financial Statements and Supplement Schedules  
For the Year Ended December 31, 2025**

**ADIENT US LLC SAVINGS AND INVESTMENT (401k) PLAN  
(EIN 38-3380735)**

**AVANZAR INTERIOR TECHNOLOGIES, LTD. SAVINGS AND INVESTMENT (401k) PLAN  
(EIN 20-1818668)**

**BRIDGEWATER INTERIORS, LLC SAVINGS AND INVESTMENT (401k) PLAN  
(EIN 38-3406010)**

**ADIENT PRODUCTION EMPLOYEES SAVINGS AND INVESTMENT (401k) PLAN  
(EIN 38-3380735)**

**Adient US LLC Defined Contribution Plans  
Financial Statements and Supplemental Schedules  
Year Ended December 31, 2025**

|                                                                                                                                       | <b>Page</b>                  |
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| Independent Auditor's Report                                                                                                          | <u><a href="#">1</a></u>     |
| <br><u>Financial Statements:</u>                                                                                                      |                              |
| Statements of Net Assets Available for Benefits as of December 31, 2025                                                               | <u><a href="#">4</a></u>     |
| Statements of Net Assets Available for Benefits as of December 31, 2024                                                               | <u><a href="#">5</a></u>     |
| Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2025                                       | <u><a href="#">6</a></u>     |
| <br>Notes to the Financial Statements                                                                                                 | <br><u><a href="#">7</a></u> |
| <br><u>Supplemental Schedules:</u>                                                                                                    |                              |
| Schedule H, Line 4i - Schedule of Assets Held at End of Year (Adient US LLC Savings and Investment (401k) Plan)                       | <u><a href="#">17</a></u>    |
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## **Independent Auditor's Report**

To Plan Participants and Employee Benefits Policy Committee  
Adient US LLC Savings and Investment (401k) Plan  
Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan  
Bridgewater Interiors, LLC Savings and Investment (401k) Plan  
Adient Production Employees Savings and Investment (401k) Plan  
Plymouth, Michigan

### ***Opinion***

We have audited the financial statements of Adient US LLC Savings and Investment (401k) Plan; Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan; Bridgewater Interiors, LLC Savings and Investment (401k) Plan; and Adient Production Employees Savings and Investment (401k) Plan (collectively the "Plans") employee benefit plans 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 the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the 2025 financial statements. (collectively, the "2025 financial statements").

In our opinion, the accompanying 2025 financial statements present fairly, in all material respects, the net assets available for benefits of the Plans as of December 31, 2025, and the changes in net assets available for benefits for the year ended December 31, 2025, 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 Audits of the 2025 Financial Statements* section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 Plans' 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 Plans and determining that the Plans' transactions that are presented and disclosed in the financial statements are in conformity with the Plans' provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditor's Responsibilities for the Audits of the 2025 Financial Statements***

Our objectives are to obtain reasonable assurance about whether the 2025 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 2025 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 Plans' 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 Plans' ability to continue as a going concern for a reasonable period of time.

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



### ***Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the 2025 financial statements as a whole. The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 for Adient US LLC Savings and Investment (401k) Plan; Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan; Bridgewater Interiors, LLC Savings and Investment (401k) Plan; and Adient Production Employees Savings and Investment (401k) Plan are presented for purposes of additional analysis and are not a required part of the 2025 financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2025 financial statements. The information has been subjected to the auditing procedures applied in the audits of the 2025 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the 2025 financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### ***Other Matter - Report on 2024 Financial Statements***

The statements of net assets available for benefits of the Plans as of December 31, 2024 were audited by other auditors. Those auditors expressed an unmodified opinion on those 2024 financial statements in their report dated June 23, 2025.

**BDO USA, P.C.**

Troy, Michigan  
June 25, 2026

**Adient US LLC Defined Contribution Plans**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2025**

|                                                                                                        | <b>ADIENT US LLC<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>AVANZAR<br/>INTERIOR<br/>TECHNOLOGIES,<br/>LTD. SAVINGS<br/>AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>BRIDGEWATER<br/>INTERIORS, LLC<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>ADIENT<br/>PRODUCTION<br/>EMPLOYEES<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Assets                                                                                                 |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Participant-directed investments                                                                       |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Plans' interest in Adient US LLC Defined Contribution Master Trust for Employee Savings Plans (Note 3) | \$ 1,035,198,839                                                    | \$ 33,444,775                                                                                         | \$ 86,224,641                                                                        | \$ 29,495,877                                                                             |
| Receivables                                                                                            |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Employer contributions                                                                                 | —                                                                   | 3,436,947                                                                                             | 5,881,844                                                                            | 1,286,410                                                                                 |
| Notes receivable from participants                                                                     | 19,299,419                                                          | 1,554,545                                                                                             | 3,699,693                                                                            | 1,737,871                                                                                 |
| Total receivables                                                                                      | 19,299,419                                                          | 4,991,492                                                                                             | 9,581,537                                                                            | 3,024,281                                                                                 |
| <b>Net assets available for benefits</b>                                                               | <b>\$ 1,054,498,258</b>                                             | <b>\$ 38,436,267</b>                                                                                  | <b>\$ 95,806,178</b>                                                                 | <b>\$ 32,520,158</b>                                                                      |

See the notes to the financial statements.

**Adient US LLC Defined Contribution Plans**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024**

|                                                                                                        | <b>ADIENT US LLC<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>AVANZAR<br/>INTERIOR<br/>TECHNOLOGIES,<br/>LTD. SAVINGS<br/>AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>BRIDGEWATER<br/>INTERIORS, LLC<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>ADIENT<br/>PRODUCTION<br/>EMPLOYEES<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Assets                                                                                                 |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Participant-directed investments                                                                       |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Plans' interest in Adient US LLC Defined Contribution Master Trust for Employee Savings Plans (Note 3) | \$ 935,164,179                                                      | \$ 28,729,869                                                                                         | \$ 74,225,905                                                                        | \$ 26,343,400                                                                             |
| Receivables                                                                                            |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Employer contributions                                                                                 | —                                                                   | 3,250,127                                                                                             | 5,452,489                                                                            | 1,737,740                                                                                 |
| Notes receivable from participants                                                                     | 18,412,758                                                          | 1,553,247                                                                                             | 3,970,715                                                                            | 1,720,969                                                                                 |
| Total receivables                                                                                      | 18,412,758                                                          | 4,803,374                                                                                             | 9,423,204                                                                            | 3,458,709                                                                                 |
| <b>Net assets available for benefits</b>                                                               | <b>\$ 953,576,937</b>                                               | <b>\$ 33,533,243</b>                                                                                  | <b>\$ 83,649,109</b>                                                                 | <b>\$ 29,802,109</b>                                                                      |

See the notes to the financial statements.

**Adient US LLC Defined Contribution Plans**  
**Statements of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2025**

|                                                                                                                          | <b>ADIENT US LLC<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>AVANZAR<br/>INTERIOR<br/>TECHNOLOGIES,<br/>LTD. SAVINGS<br/>AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>BRIDGEWATER<br/>INTERIORS, LLC<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> | <b>ADIENT<br/>PRODUCTION<br/>EMPLOYEES<br/>SAVINGS AND<br/>INVESTMENT<br/>(401k) PLAN</b> |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Additions</b>                                                                                                         |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Plan's interest in Adient US LLC Defined Contribution Master Trust for Employee Savings Plans investment income (Note 3) | \$ 146,558,770                                                      | \$ 4,933,813                                                                                          | \$ 12,867,223                                                                        | \$ 4,393,912                                                                              |
| Interest on notes receivable from participants                                                                           | 1,342,003                                                           | 115,090                                                                                               | 274,549                                                                              | 119,986                                                                                   |
| Contributions:                                                                                                           |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Participants                                                                                                             | 33,574,126                                                          | 2,828,476                                                                                             | 4,608,002                                                                            | 1,194,173                                                                                 |
| Participant rollovers                                                                                                    | 2,134,092                                                           | 103,822                                                                                               | 64,076                                                                               | 67,665                                                                                    |
| Employer                                                                                                                 | 24,880,804                                                          | 3,436,947                                                                                             | 5,881,844                                                                            | 1,286,410                                                                                 |
| <b>Total additions</b>                                                                                                   | <u>208,489,795</u>                                                  | <u>11,418,148</u>                                                                                     | <u>23,695,694</u>                                                                    | <u>7,062,146</u>                                                                          |
| <b>Deductions</b>                                                                                                        |                                                                     |                                                                                                       |                                                                                      |                                                                                           |
| Distributions and withdrawals                                                                                            | \$ 106,702,160                                                      | \$ 6,426,434                                                                                          | \$ 11,387,528                                                                        | \$ 4,243,351                                                                              |
| Administrative expenses                                                                                                  | 866,314                                                             | 88,690                                                                                                | 151,097                                                                              | 100,746                                                                                   |
| <b>Total deductions</b>                                                                                                  | <u>107,568,474</u>                                                  | <u>6,515,124</u>                                                                                      | <u>11,538,625</u>                                                                    | <u>4,344,097</u>                                                                          |
| <b>Net increases</b>                                                                                                     | 100,921,321                                                         | 4,903,024                                                                                             | 12,157,069                                                                           | 2,718,049                                                                                 |
| Net assets available for benefits, beginning of year                                                                     | 953,576,937                                                         | 33,533,243                                                                                            | 83,649,109                                                                           | 29,802,109                                                                                |
| <b>Net assets available for benefits, end of year</b>                                                                    | <u><u>\$ 1,054,498,258</u></u>                                      | <u><u>\$ 38,436,267</u></u>                                                                           | <u><u>\$ 95,806,178</u></u>                                                          | <u><u>\$ 32,520,158</u></u>                                                               |

See the notes to the financial statements.

**Adient US LLC Defined Contribution Plans  
Notes to the Financial Statements  
December 31, 2025**

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**Note 1 - Description of the Plans**

The accompanying financial statements include employee savings plans of Adient US LLC (the “Company”) or its affiliates that participate in the Adient US LLC Defined Contribution Master Trust for Employee Savings Plans (the “Master Trust”).

The following description of the Adient US LLC Savings and Investment (401k) Plan, the Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan, the Bridgewater Interiors, LLC Savings and Investment (401k) Plan, and the Adient Production Employees Savings and Investment (401k) Plan (collectively the “Plans”) provide only general information. The Plans include provisions for voting shares of Adient plc (“Adient”) stock. Participants should refer to the respective Plan Document for a more complete description of each of the Plans' provisions.

The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Adient US LLC is a wholly-owned subsidiary of Adient plc. The Plans are administered by the Adient Employee Benefit Policy Committee.

**Adient US LLC Savings and Investment (401k) Plan (“ASIP”)**

*General* - The ASIP is a defined contribution plan adopted effective July 1, 2016 for participation by eligible employees of the Company.

*Contributions* - Participants can generally defer an amount up to fifty percent (50%) of their gross annual compensation as contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans (rollover).

The ASIP provides participants a safe-harbor matching contribution, and the Company may also make discretionary matching contributions on behalf of the participants based on specific eligibility rules as listed in their benefit schedule and the ASIP plan document. Matching contributions are based on the participant's location or position as outlined in the ASIP plan document. No discretionary matching contribution was provided for the years ended December 31, 2025 and 2024. Participants are eligible for a Company fixed contribution equal to 2% of the participant's eligible compensation which is paid each pay period. Eligibility for the Company fixed contribution is dependent upon the participant's location.

**Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan (“AVSIP”)**

*General* - The AVSIP is a defined contribution plan adopted effective September 1, 2005 for participation by eligible employees of Avanzar Interior Technologies, Ltd. (“Avanzar”). The AVSIP is sponsored by Avanzar, a consolidated subsidiary of Adient plc.

*Contributions* - Participants can generally defer an amount up to twenty-five percent (25%) of their gross annual compensation as contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans (rollover).

Participants are automatically eligible to receive an employer contribution to the AVSIP, calculated as a percentage of eligible compensation based on the participant's age and years of service. In addition, Avanzar may make matching contributions to the AVSIP ranging from —% to 100% of a participant's contributions, up to 6% of eligible compensation, at Avanzar's discretion. For 2025, Avanzar provided a matching contribution equal to 100% of participant contributions, up to 6% of compensation.

**Bridgewater Interiors, LLC Savings and Investment (401k) Plan (“BSIP”)**

*General* - The BSIP is a defined contribution plan adopted effective January 1, 1999 for participation by eligible employees of Bridgewater Interiors, LLC (“Bridgewater”). The BSIP is sponsored by Bridgewater, a consolidated subsidiary of Adient plc.

*Contributions* - Participants can generally defer an amount up to fifty percent (50%) of their gross annual compensation as contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans (rollover).

Participants are automatically eligible to receive an employer contribution to the BSIP equal to 3% of each participant's eligible compensation. In addition, Bridgewater may make matching contributions to the BSIP at an amount between —% and 100% of each participant's eligible earnings up to 6% of compensation, as determined in Bridgewater's discretion. During 2025, Bridgewater matching contributions were equal to 90% of a participant's contributions up to 6% of compensation.

#### **Adient Production Employees Savings and Investment (401k) Plan ("APSIP")**

*General* - The APSIP is a defined contribution plan adopted effective September 1, 1998 for participation by eligible Company production employees at designated facilities.

*Contributions* - Participants can generally defer an amount up to twenty-five percent (25%) of their gross annual compensation as contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans (rollover).

The Company may make matching contributions to the APSIP on behalf of the participants based on specific eligibility rules as listed in their benefit schedule and the APSIP plan document. Matching contributions are based on the participant's location as outlined in the APSIP plan document. A participant may also be eligible to receive a RIC from the Company. The RIC is computed based on the participant's location and is generally based on a percentage of eligible compensation.

**Participant Accounts** - Participant recordkeeping is performed by Fidelity Workplace Services. Participant and employer contributions are deposited in the investment funds of the participant's choice. Each participant's account is increased with investment earnings and reduced by distributions, loans, expenses and investment losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may reallocate their account balances among the available investment funds at any time in increments of one percent (1%). However, participants can reallocate deposits out of the Fixed Income Fund no more than once each calendar quarter in order to maximize the rate of return for that fund.

**Vesting** - Participants are immediately vested in their own contributions plus actual earnings (losses) thereon. A participant's interest in employer contributions plus actual earnings (losses) thereon vest in accordance with vesting requirements specified within their benefit schedule and respective plan document, generally over a two to five-year period. A participant becomes fully vested on termination of service due to death, total and permanent disability or retirement. To become fully vested upon retirement, the participant must have attained 65 years of age or 55 years of age with ten years of service.

**Forfeiture** - If employment terminates other than by reason of retirement, death or total and permanent disability and the participant is not reemployed by the respective Plan sponsor or its affiliates within 6 consecutive years of that date or receives a distribution of the vested portion, the participant's interest in the non-vested portion of the employer contributions is forfeited. Forfeited amounts in each respective plan are generally used to reduce future employer contributions to the respective plan.

**Payment of Benefits** - On termination of service, a participant may elect to receive a lump-sum amount equal to the value of the participant's interest in his or her account. Activity for any participants who have elected to receive dividends on Adient ordinary shares paid in the form of cash instead of purchasing additional shares is reported as distributions in the statements of changes in net assets available for benefits. There were no such cash dividends paid during 2025. In-service withdrawals of vested Company matching contributions and participant contributions are permissible for participants who are at least 59.5 years of age. They are also allowed for hardships, as per the requirements in each respective plan document. Rollovers are always available for in-service withdrawals. In-service distributions are allowed upon total and permanent disability. Under the APSIP, in-service withdrawals can be made at any time from after-tax contributions.

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

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**Notes Receivable from Participants (Loans)** - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or fifty percent (50%) of their account balance, whichever is less. Loans are subject to certain limitations based on the respective Plan document. Only two loans per participant may be outstanding at any time. Each loan may be for a term up to five years. Regular payroll deductions are required to repay a loan. Each loan's interest rate is fixed at the prime rate at the beginning of the calendar quarter in which it is issued. At termination, participants may continue to make monthly loan payments until the balances of any loans are paid off. The notes receivable from participants are measured at their unpaid principal balances plus accrued but unpaid interest. At the time of borrowing, the assets of the participant are sold proportionally to finance the loan. Participant notes receivable are written off when deemed uncollectible.

**Administrative Expenses** - Certain administrative expenses are paid by the Plans, as allowed by Plan provisions, with all remaining expenses paid by the respective plan sponsor.

**Note 2 - Summary of Significant Accounting Policies**

**Basis of Presentation** - The financial statements of the Plans are prepared on the accrual basis of accounting.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Master Trust** - Contributions are invested in accordance with the participant's election in one or more investments, which are held in the Master Trust (See Note 3). The Plans' interest in the Trust is stated at fair value and consists of an allocation of the Trust's net assets that is based upon cumulative employer and employee contributions, net of benefits paid to terminated and retired participants, and allocations of the Trust's investment income (loss).

**Investment Valuation** - All investments of the Master Trust, except the Fixed Income Fund, are stated at fair value. The Fixed Income Fund is a synthetic guaranteed investment contract ("synthetic GIC") which is stated at contract value. The synthetic GIC is fully benefit responsive. Contract value, as reported to the Plans by Fidelity Fund and Investment Operations, represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administrative expenses. Each of the Plans' allocated portion of the investments is equal to the beginning of the year value of the Plans' interest in the Master Trust, adjusted by the Plans' pro-rata share of the Master Trust expenses, plus actual contributions and investment income, less actual distributions, administrative expenses and investment losses. Investment income and losses are based on each participant's elected investment options, and administrative expenses are allocated to the individual plans based upon their pro-rata share in the investments of the Master Trust. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. See Note 4 for further discussion of fair value measurements.

**Transfer of Assets** - The Plans permit the transfer of assets among investment options held by the Master Trust, subject to certain trading restrictions imposed on some of the investment options. The Plan also permits participants who transfer employment between eligible Adient-sponsored plans to transfer their account balances between such plans, in accordance with plan provisions. Transfers of account balances to plans sponsored by Avanzar Interior Technologies, Ltd. or Bridgewater Interiors, LLC are not permitted.

**Contribution Receivable** - Participant contributions and any related employer matching contributions are recognized in the period during which the Company makes the respective payroll deduction from the participant's compensation. Non-elective/profit sharing contributions are recorded in the relevant period in accordance with the terms in the Plan document.

**Investment Contracts** - The Fixed Income Fund is a synthetic GIC which consists of wrap contracts paired with underlying investments owned by the Master Trust, including a common/collective trust fund that invests in short to intermediate-term fixed-income securities and a short-term investment fund. The Master Trust purchases wrapper contracts from insurance companies and financial institutions.

A synthetic GIC credits a stated interest rate. Investment gains and losses are amortized over the expected duration of the covered investments through the calculation of the interest rate on a prospective basis. The synthetic GIC provides for a variable crediting rate, which resets on a monthly basis and is calculated by Fidelity Fund and Investment Operations. The monthly crediting rate does not include the short-term investments (e.g., short-term interest fund) used for benefit-responsive events. The issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The actual interest rate of the fund is impacted by the current yield of the short-term investments.

The crediting rate is primarily based on the current yield-to-maturity of the covered investments, plus or minus amortization of the difference between the market value and contract value of the covered investments over the duration of the covered investments at the time of computation.

The crediting rate is most impacted by the change in the annual effective yield to maturity of the underlying securities, but is also affected by the differential between the contract value and the market value of the covered investments. This difference is amortized over the duration of the covered investments. Depending on the change in duration from reset period to reset period, the magnitude of the impact to the crediting rate of the contract to market difference is heightened or lessened.

Certain events limit the ability of the Master Trust to transact at contract value with the insurance companies and the financial institution issuers. Such events include the following: (i) material amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plans' prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the plan sponsors or other plan sponsors' events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plans; (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; (v) any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the Fixed Income Fund or the Plans; or (vi) the delivery of any communication to plan participants designed to influence a participant not to invest in the Fixed Income Fund.

The plan administrator does not believe that the occurrence of any such event, which would limit the Master Trust's ability to transact at contract value, is probable.

The wrap contracts generally impose conditions on both the Master Trust and the issuers. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Master Trust to be in default: a breach of material obligation under the contract; a material misrepresentation; or a material amendment to the plan agreement. The issuer may be in default if it breaches a material obligation under the investment contract; makes a material misrepresentation; has a decline in its long-term credit rating below a threshold set forth in the contract; is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If, in the event of default of an issuer, the Master Trust were unable to obtain a replacement investment contract, withdrawing plans may experience losses if the value of the Master Trust's assets no longer covered by the contract is below contract value. The Master Trust may seek to add additional issuers over time to diversify the Master Trust's exposure to such risk, but there is no assurance the Master Trust may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the Master Trust unable to achieve its objective of maintaining a stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro-rata, based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default.

If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Master Trust the excess, if any, of contract value over market value on the date of termination. If a wrap contract terminates due to a decline in the ratings of the issuer, the issuer may be required to pay to the Master Trust the cost of acquiring a replacement contract (i.e., replacement cost) within the meaning of the contract. If the contract terminates when the market value equals zero, the issuer will pay the excess of contract value over market value to the Master Trust to the extent necessary for the Master Trust to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by either party upon election and notice.

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

**Benefit Payments** - Benefits are recorded when paid.

**Risks and Uncertainties** - The Plans' investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

**Note 3 - Master Trust**

Employee benefit plans participating in the Master Trust as of December 31, 2025 and 2024 include the following defined contribution plans:

- ❑ Adient US LLC Savings and Investment (401k) Plan
- ❑ Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan
- ❑ Bridgewater Interiors, LLC Savings and Investment (401k) Plan
- ❑ Adient Production Employees Savings and Investment (401k) Plan

All transfers to, withdrawals from or other transactions regarding the Master Trust shall be conducted in such a way that the proportionate interest in the Master Trust of each plan and the fair market value of that interest may be determined at any time.

A summary of the net assets of the Master Trust and dollar amounts of each plan's interest in the Master Trust as of December 31, 2025 is as follows:

|                                     | <b>Master Trust<br/>Balances</b>     | <b>Adient US<br/>LLC Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Avanzar<br/>Interior<br/>Technologies,<br/>Ltd. Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Bridgewater<br/>Interiors,<br/>LLC Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Adient<br/>Production<br/>Employees<br/>Savings and<br/>Investment<br/>(401k) Plan</b> |
|-------------------------------------|--------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Investments - Fair Value:           |                                      |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Mutual Funds                        | \$ 208,809,414                       | \$ 197,259,487                                                          | \$ 2,821,894                                                                                          | \$ 7,439,109                                                                             | \$ 1,288,924                                                                              |
| Employer Stock Fund:                |                                      |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Adient Ordinary Shares              | 18,307,947                           | 16,339,201                                                              | 378,293                                                                                               | 1,431,029                                                                                | 159,424                                                                                   |
| Interest Bearing Cash               | 677,660                              | 590,983                                                                 | 19,651                                                                                                | 50,331                                                                                   | 16,695                                                                                    |
| Other Common Stock                  | 29,040,553                           | 26,908,491                                                              | 429,372                                                                                               | 1,219,511                                                                                | 483,179                                                                                   |
|                                     | <u>256,835,574</u>                   | <u>241,098,162</u>                                                      | <u>3,649,210</u>                                                                                      | <u>10,139,980</u>                                                                        | <u>1,948,222</u>                                                                          |
| Common/Collective Trust Funds       | 862,262,829                          | 734,860,878                                                             | 28,802,498                                                                                            | 72,977,057                                                                               | 25,622,396                                                                                |
| Total Investments at Fair Value     | <u><b>1,119,098,403</b></u>          | <u><b>975,959,040</b></u>                                               | <u><b>32,451,708</b></u>                                                                              | <u><b>83,117,037</b></u>                                                                 | <u><b>27,570,618</b></u>                                                                  |
| Investments - Contract Value:       |                                      |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Fixed Income Fund                   | 65,265,729                           | 59,239,799                                                              | 993,067                                                                                               | 3,107,604                                                                                | 1,925,259                                                                                 |
| Total Investments at Contract Value | <u><b>65,265,729</b></u>             | <u><b>59,239,799</b></u>                                                | <u><b>993,067</b></u>                                                                                 | <u><b>3,107,604</b></u>                                                                  | <u><b>1,925,259</b></u>                                                                   |
| Total Master Trust Net Assets       | <u><u><b>\$1,184,364,132</b></u></u> | <u><u><b>\$1,035,198,839</b></u></u>                                    | <u><u><b>\$ 33,444,775</b></u></u>                                                                    | <u><u><b>\$ 86,224,641</b></u></u>                                                       | <u><u><b>\$ 29,495,877</b></u></u>                                                        |

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

A summary of the net assets of the Master Trust and dollar amounts of each plan's interest in the Master Trust as of December 31, 2024 is as follows:

|                                     | <b>Master Trust<br/>Balances</b> | <b>Adient US<br/>LLC Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Avanzar<br/>Interior<br/>Technologies,<br/>Ltd. Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Bridgewater<br/>Interiors,<br/>LLC Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Adient<br/>Production<br/>Employees<br/>Savings and<br/>Investment<br/>(401k) Plan</b> |
|-------------------------------------|----------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Investments - Fair Value:           |                                  |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Mutual Funds                        | \$ 190,799,741                   | \$ 179,990,258                                                          | \$ 2,702,590                                                                                          | \$ 6,891,703                                                                             | \$ 1,215,190                                                                              |
| Employer Stock Fund:                |                                  |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Adient Ordinary Shares              | 16,442,846                       | 14,684,088                                                              | 425,565                                                                                               | 1,212,520                                                                                | 120,673                                                                                   |
| Interest Bearing Cash               | 839,415                          | 736,004                                                                 | 22,916                                                                                                | 59,876                                                                                   | 20,619                                                                                    |
| Other Common Stock                  | 29,665,476                       | 27,521,772                                                              | 154,949                                                                                               | 1,545,125                                                                                | 443,630                                                                                   |
|                                     | 237,747,478                      | 222,932,122                                                             | 3,306,020                                                                                             | 9,709,224                                                                                | 1,800,112                                                                                 |
| Common/Collective Trust Funds       | 756,661,720                      | 648,971,584                                                             | 23,840,806                                                                                            | 61,222,831                                                                               | 22,626,499                                                                                |
| Total Investments at Fair Value     | <b>994,409,198</b>               | <b>871,903,706</b>                                                      | <b>27,146,826</b>                                                                                     | <b>70,932,055</b>                                                                        | <b>24,426,611</b>                                                                         |
| Investments - Contract Value:       |                                  |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Fixed Income Fund                   | 70,054,155                       | 63,260,473                                                              | 1,583,043                                                                                             | 3,293,850                                                                                | 1,916,789                                                                                 |
| Total Investments at Contract Value | <b>70,054,155</b>                | <b>63,260,473</b>                                                       | <b>1,583,043</b>                                                                                      | <b>3,293,850</b>                                                                         | <b>1,916,789</b>                                                                          |
| Total Master Trust Net Assets       | <b>\$1,064,463,353</b>           | <b>\$ 935,164,179</b>                                                   | <b>\$ 28,729,869</b>                                                                                  | <b>\$ 74,225,905</b>                                                                     | <b>\$ 26,343,400</b>                                                                      |

During the year ended December 31, 2025, the Master Trust investment income was comprised of the following:

|                                     |                       |
|-------------------------------------|-----------------------|
| Net realized and unrealized gains   | \$ 143,696,862        |
| Dividend, interest and other income | 25,056,856            |
| <b>Net investment income</b>        | <b>\$ 168,753,718</b> |

**Note 4 - Fair Value Measurements**

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

In determining fair value, various valuation techniques are utilized and observable inputs are prioritized. The availability of observable inputs varies from instrument and depends on a variety of factors including the type of instrument, whether the instrument is actively traded, and other characteristics particular to the transaction. For many financial instruments, pricing inputs are readily observable in the market, the valuation methodology used is widely accepted by market participants, and the valuation does not require significant management discretion. For other financial instruments, pricing inputs are less observable in the marketplace and may require management judgment.

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

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The inputs used to measure fair value are assessed using a three-tier hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. Level 1 inputs include quoted prices in active markets for identical instruments and are the most observable. Level 2 inputs include quoted prices for similar assets and inputs such as interest rates and yield curves that are observable at commonly quoted intervals. Level 3 inputs are not observable in the market and include management's judgments about the assumptions market participants would use in pricing the asset. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Following is a description of the valuation methodologies used to value the underlying investments in the Master Trust:

**Mutual Funds and Common Stock** - The fair value for Mutual Funds and Common Stock are determined by direct quoted market prices.

**Employer Stock Fund** - The Adient Stock Fund is comprised of Adient plc ordinary shares, except for a small portion of the fund that is invested in interest bearing cash to provide liquidity for daily activities. Adient plc ordinary shares are valued based on direct quoted market prices and interest bearing cash is based on outstanding balances.

**Interest Bearing Cash** - Interest bearing cash is considered a highly liquid cash equivalent and is valued at cost plus accrued interest which approximates fair value.

**Common/Collective Trust Funds** - Common/Collective Trust Funds are valued at the net asset value ("NAV") provided by the administrator of the fund using the practical expedient approach and therefore are not assigned to a level in the hierarchy table. The NAV is based on the fair value of the underlying assets owned by the fund. The Common/Collective Trust Funds are not subject to restrictions regarding redemptions and there are no unfunded commitments to the funds.

Master Trust Assets measured at fair value on a recurring basis as of December 31, 2025 are as follows:

| <b>Assets Measured at Fair Value at December 31, 2025</b> |                         |    |                |
|-----------------------------------------------------------|-------------------------|----|----------------|
|                                                           | <b>Total</b>            |    | <b>Level 1</b> |
| <u>Investments at Fair Value:</u>                         |                         |    |                |
| Mutual Funds                                              | \$ 208,809,414          | \$ | 208,809,414    |
| Adient Ordinary Shares                                    | 18,307,947              |    | 18,307,947     |
| Other Common Stock                                        | 29,040,553              |    | 29,040,553     |
| Interest Bearing Cash                                     | 677,660                 |    | 677,660        |
| Total investments at fair value                           | \$ 256,835,574          | \$ | 256,835,574    |
| <u>Investments Measured at NAV:</u>                       |                         |    |                |
| Common/Collective Trust Funds                             | 862,262,829             |    |                |
| Total Investments at NAV                                  | 862,262,829             |    |                |
| <b>Total Master Trust Investments at Fair Value</b>       | <b>\$ 1,119,098,403</b> |    |                |

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

Master Trust Assets measured at fair value on a recurring basis as of December 31, 2024 are as follows:

|                                                     | <b>Assets Measured at Fair Value at December 31, 2024</b> |                       |                   |
|-----------------------------------------------------|-----------------------------------------------------------|-----------------------|-------------------|
|                                                     | <b>Total</b>                                              | <b>Level 1</b>        | <b>Level 2</b>    |
| <u>Investments at Fair Value:</u>                   |                                                           |                       |                   |
| Mutual Funds                                        | \$ 190,799,741                                            | \$ 190,799,741        | \$ —              |
| Adient Ordinary Shares                              | 16,442,846                                                | 16,442,846            | —                 |
| Other Common Stock                                  | 29,665,476                                                | 29,665,476            | —                 |
| Interest Bearing Cash                               | 839,415                                                   | —                     | 839,415           |
| Total investments at fair value                     | <u>\$ 237,747,478</u>                                     | <u>\$ 236,908,063</u> | <u>\$ 839,415</u> |
| <u>Investments Measured at NAV:</u>                 |                                                           |                       |                   |
| Common/Collective Trust Funds                       | <u>756,661,720</u>                                        |                       |                   |
| Total Investments at NAV                            | <u>756,661,720</u>                                        |                       |                   |
| <b>Total Master Trust Investments at Fair Value</b> | <b><u>\$ 994,409,198</u></b>                              |                       |                   |

**Note 5 - Tax Status**

GAAP requires plan management to evaluate tax positions taken by the Plans and recognize a tax liability (or asset) if the Plans have taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

**Adient US LLC Savings and Investment (401k) Plan**

The IRS has determined and informed the Company by a letter dated May 5, 2014, that the ASIP is designed in accordance with applicable sections of the Internal Revenue code ("IRC"). The ASIP has been restated since receiving the determination letter. However, the Plan administrator believes the ASIPP is currently designed and being operated in compliance with the applicable requirement of the IRC. The Plan Sponsor believes it is no longer subject to income tax examinations for the years prior to 2022.

**Avanzar Interior Technologies, Ltd. Savings and Investment (401k) Plan**

The IRS has determined and informed the Company by a letter dated August 7, 2014, that the AVSIP is designed in accordance with applicable sections of the IRC. The AVSIP has been amended since receiving the determination letter. However, the Plan administrator believes that the AVSIP is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2022.

**Bridgewater Interiors, LLC Savings and Investment (401k) Plan**

The IRS has determined and informed the Company by a letter dated August 1, 2017, that the BSIP is designed in accordance with applicable sections of the IRC. The BSIP has been amended since receiving the determination letter. However, the Plan administrator believes that the BSIP is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2022.

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

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**Adient Production Employees Savings and Investment (401k) Plan**

The IRS has determined and informed the Company by a letter dated February 9, 2012, that the APSIP is designed in accordance with applicable sections of the IRC. The APSIP has been amended since receiving the determination letter. However, the Plan administrator believes that the APSIP is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2022.

**Note 6 - Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under each Plan to discontinue its contributions at any time and to terminate each Plan subject to the provisions of ERISA. In the event any of the Plans terminate, affected participants of the terminated Plan will become 100% vested in their accounts.

**Note 7 - Related Party and Party-in-Interest Transactions**

Transactions involving the Adient Stock Fund, notes receivable from participants and the investment funds administered by Fidelity Management Trust Company, or its affiliates, trustee of the Plans, are considered party-in-interest transactions. During 2025, there was approximately \$2 million of purchases and \$2 million of sales related to Adient plc ordinary shares of common stock in the Master Trust, which are considered to be related party transactions.

**Adient US LLC Defined Contribution Plans**  
**Notes to the Financial Statements**  
**December 31, 2025**

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**Note 8 - Reconciliation to Form 5500**

The net assets available for benefits and the net increase in net assets available for benefits on the financial statements differ from Form 5500 due to the synthetic GIC held in the Master Trust being recorded at contract value on the financial statements and at fair value on Form 5500. A reconciliation of the net assets available for benefits on the financial statements to Form 5500 at December 31, 2025 and 2024, and a reconciliation of the net increase in net assets available for benefits on the financial statements to Form 5500 for the year ended December 31, 2025 is presented below:

|                                                                                         | <b>Adient US<br/>LLC Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Avanzar<br/>Interior<br/>Technologies,<br/>Ltd. Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Bridgewater<br/>Interiors,<br/>LLC Savings<br/>and<br/>Investment<br/>(401k) Plan</b> | <b>Adient<br/>Production<br/>Employees<br/>Savings and<br/>Investment<br/>(401k) Plan</b> |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Net assets available for benefits at December 31, 2025:                                 |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Per financial statements                                                                | \$1,054,498,258                                                         | \$ 38,436,267                                                                                         | \$ 95,806,178                                                                            | \$ 32,520,158                                                                             |
| Less: Synthetic GIC valuation difference                                                | (1,007,046)                                                             | (36,707)                                                                                              | (91,495)                                                                                 | (31,057)                                                                                  |
| Per Form 5500                                                                           | <u>\$1,053,491,212</u>                                                  | <u>\$ 38,399,560</u>                                                                                  | <u>\$ 95,714,683</u>                                                                     | <u>\$ 32,489,101</u>                                                                      |
| Net assets available for benefits at December 31, 2024:                                 |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Per financial statements                                                                | \$ 953,576,937                                                          | \$ 33,533,243                                                                                         | \$ 83,649,109                                                                            | \$ 29,802,109                                                                             |
| Less: Synthetic GIC valuation difference                                                | (2,771,560)                                                             | (69,356)                                                                                              | (144,310)                                                                                | (83,978)                                                                                  |
| Per Form 5500                                                                           | <u>\$ 950,805,377</u>                                                   | <u>\$ 33,463,887</u>                                                                                  | <u>\$ 83,504,799</u>                                                                     | <u>\$ 29,718,131</u>                                                                      |
| Net increase in net assets available for benefits for the year ended December 31, 2025: |                                                                         |                                                                                                       |                                                                                          |                                                                                           |
| Per financial statements                                                                | \$ 100,921,321                                                          | \$ 4,903,024                                                                                          | \$ 12,157,069                                                                            | \$ 2,718,049                                                                              |
| Add (Less): Synthetic GIC valuation difference                                          | 1,764,514                                                               | 32,649                                                                                                | 52,815                                                                                   | 52,921                                                                                    |
| Per Form 5500                                                                           | <u>\$ 102,685,835</u>                                                   | <u>\$ 4,935,673</u>                                                                                   | <u>\$ 12,209,884</u>                                                                     | <u>\$ 2,770,970</u>                                                                       |

**Note 9 - Subsequent Events**

Management has evaluated subsequent events through the date that the financial statements were available to be issued, June 25, 2026, and determined that there were no subsequent events requiring disclosure in the financial statements.

**Adient US LLC Defined Contribution Plans**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**  
**Year Ended December 31, 2025**

| (a) (b)                                                 | (c)                                                                                                          | (d)  | (e)           |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------|
| Identity of issue, borrower,<br>lessor or similar party | Description of investment including maturity<br>date, rate of interest, collateral, par or maturity<br>value | Cost | Current value |
| <i>Adient US LLC Savings and Investment (401k) Plan</i> |                                                                                                              |      |               |
| Plan #001, EIN: 38-3380735                              |                                                                                                              |      |               |
| * Participant loans                                     | Participant notes receivable bearing interest rates of<br>3.25% - 8.50% maturing through 2032.               | N/A  | \$ 19,299,419 |
| * Represents a party-in-interest                        |                                                                                                              |      |               |

**Adient US LLC Defined Contribution Plans**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2025**

| (a) (b)                                                 | (c)                                                                                                          | (d)  | (e)           |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------|
| Identity of issue, borrower,<br>lessor or similar party | Description of investment including maturity<br>date, rate of interest, collateral, par or maturity<br>value | Cost | Current value |
| <i>Avanzar Interior Technologies, Ltd.</i>              | <i>Savings and Investment Plan (401k) Plan</i>                                                               |      |               |
| Plan #001, EIN: 20-1818668                              |                                                                                                              |      |               |
| * Participant loans                                     | Participant notes receivable bearing interest at rates<br>of 3.25% - 8.50% maturing through 2030.            | N/A  | \$ 1,554,545  |

\* Represents a party-in-interest

**Adient US LLC Defined Contribution Plans**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2025**

| (a) (b)                                                                                            | (c)                                                                                                          | (d)  | (e)                 |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------------|
| Identity of issue, borrower,<br>lessor or similar party                                            | Description of investment including maturity<br>date, rate of interest, collateral, par or maturity<br>value | Cost | Current value       |
| <i>Bridgewater Interiors, LLC Savings and Investment (401k) Plan</i><br>Plan #002, EIN: 38-3406010 |                                                                                                              |      |                     |
| * Participant loans                                                                                | Participant notes receivable bearing interest rates of<br>3.25% - 8.50% maturing through 2030.               | N/A  | \$ <u>3,699,693</u> |

\* Represents a party-in-interest

**Adient US LLC Defined Contribution Plans**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2025**

| (a) (b)                                                                                             | (c)                                                                                                          | (d)  | (e)                 |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------------|
| Identity of issue, borrower,<br>lessor or similar party                                             | Description of investment including maturity<br>date, rate of interest, collateral, par or maturity<br>value | Cost | Current value       |
| <i>Adient Production Employees Savings and Investment (401k) Plan</i><br>Plan #003, EIN: 38-3380735 |                                                                                                              |      |                     |
| * Participant loans                                                                                 | Participant notes receivable bearing interest rates of<br>3.25% - 8.50% maturing through 2030.               | N/A  | \$ <u>1,737,871</u> |

\* Represents a party-in-interest

## SCHEDULE C SUPPLEMENTAL REPORT

## PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

| SERVICE<br>PROVIDER NAME<br><i>Part I, Line 3(a)</i>                 | SERVICE CODE<br><i>Part I, Line 3(b)</i><br><i>Part I, Line 2(b)</i> | AMOUNT OF<br>INDIRECT<br>COMPENSATION<br><i>Part I, Line 3(c)</i> | NAME OF SOURCE<br>OF INDIRECT<br>COMPENSATION<br><i>Part I, Line 3(d)</i> | EIN/ADDRESS OF<br>SOURCE OF INDIRECT<br>COMPENSATION *1<br><i>Part I, Line 3(d)</i> | DESCRIPTION<br>OF INDIRECT<br>COMPENSATION<br>(ANNUALIZED<br>FORMULA)<br><i>Part I, Line 3(e)</i>                                                               |
|----------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS<br>INSTITUTIONAL                                | 99                                                                   | \$0                                                               | FINANCIAL ENGINES                                                         | 77-0473565                                                                          | (i) .13% first \$500 Million (up<br>to \$650<br>000)<br>(ii) .065% next \$500 Million<br>(or up to \$325<br>000) with no additional fees<br>above \$975<br>000. |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | BAIRD CORE PLUS INST -<br>US BANCORP FUND<br>SERVICES, LLC                | 39-0281260                                                                          | 0.02%                                                                                                                                                           |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | DODGE&COX INTL STK I<br>- SS&C GIDS, INC                                  | 2000 CROWN COLONY<br>DRIVE<br>QUINCY MA<br>US 02169                                 | 0.10%                                                                                                                                                           |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | INVS SMCP GRTH R5 -<br>INVESCO INVESTMENT<br>SERVICES, INC                | 11 GREENWAY PLAZA,<br>SUITE 100<br>HOUSTON TX<br>US 77046                           | 0.35%                                                                                                                                                           |
| FIDELITY INVESTMENTS<br>INSTITUTIONAL<br>OPERATIONS COMPANY,<br>LLC. | 60                                                                   | \$0                                                               | JPM MIDCAP VALUE L -<br>DST ASSET MANAGER<br>SOLUTIONS, INC               | 430 W 7TH STREET STE<br>219432<br>KANSAS CITY MO<br>US 64105                        | 0.15%                                                                                                                                                           |

**Adient US LLC Defined Contribution Plans**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2025**

| (a) (b)                                                                                             | (c)                                                                                                          | (d)  | (e)                 |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|---------------------|
| Identity of issue, borrower,<br>lessor or similar party                                             | Description of investment including maturity<br>date, rate of interest, collateral, par or maturity<br>value | Cost | Current value       |
| <i>Adient Production Employees Savings and Investment (401k) Plan</i><br>Plan #003, EIN: 38-3380735 |                                                                                                              |      |                     |
| * Participant loans                                                                                 | Participant notes receivable bearing interest rates of<br>3.25% - 8.50% maturing through 2030.               | N/A  | \$ <u>1,737,871</u> |

\* Represents a party-in-interest