Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/01/1956

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FCA US LLC

1000 CHRYSLER DRIVE
CIMS 485-08-64
AUBURN HILLS, MI 48326-2766

2b Employer Identification Number (EIN) 27-0187394

2c Plan Sponsor's telephone number 248-512-2514

2d Business code (see instructions) 336100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	STEVEN LANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	19464
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	13523
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13672
b	Retired or separated participants receiving benefits	**6b**	1504
c	Other retired or separated participants entitled to future benefits	**6c**	3692
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18868
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	144
f	Total. Add lines **6d** and **6e**.	**6f**	19012
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	16585
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	16617
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	89
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2G 2R 2S 2T 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 33 50 52 59 60 62 63 72	NONE	531967	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RR DONNELLY

36-1004130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19372	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTON ROSE FULBRIGHT US LLP

74-1201087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10576	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FCA US LLC DEFINED CONTRIBUTION PLA

b Name of sponsor of entity listed in (a): FCA US LLC

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)
90-1076853-070	M	5655498424

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)

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

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b Name of plan sponsor | **c** EIN-PN

a Plan name

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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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3439615	2404497
(2) Participant contributions	1b(2)	549965	580155
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	32945085	36884733
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	5057172201	5655498424
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5094106866	5695367809
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	46630	29666
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	46630	29666
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5094060236	5695338143

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	104666178	
(B) Participants	2a(1)(B)	158954770	
(C) Others (including rollovers)	2a(1)(C)	13157863	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		276778811
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2819597	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2819597
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		816689101
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1096287509
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	494470420	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		494470420
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	539182	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		539182
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		495009602
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		601277907
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
FCA US LLC

D Employer Identification Number (EIN)
27-0187394

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):

EIN(s): 13-5674085

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** 1261

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)? ..... ☐ **Yes** ☐ **No** ☐ **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? ..... ☐ **Yes** ☐ **No** ☐ **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? ..... ☐ **Yes** ☐ **No** ☐ **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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **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? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **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.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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_____.

FCA US LLC

Select Defined Contribution Plans
Financial Statements (and Supplemental Schedules)

As of and for the Year Ended December 31, 2025

Confidential & Proprietary Information - Exempt from Public Disclosure by Applicable Law

FCA US LLC
Select Defined Contribution Plans

Financial Statements and Supplemental Schedules

As of and for the Year Ended December 31, 2025

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Confidential & Proprietary Information - Exempt from Public Disclosure by Applicable Law

Independent Auditors' Report

To the Plan Administrator and Members of the Employee Benefits Committee of
FCA US LLC Salaried Employees' Savings Plan and FCA US LLC UAW Savings Plan

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

We have performed audits of the financial statements of FCA US LLC Salaried Employees' Savings Plan and FCA US LLC UAW Savings Plan (the Plans), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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 Auditors' Responsibilities for the Audit of the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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



Chicago, Illinois
October 5, 2026

FCA US LLC
Select Defined Contribution Plans

Statements of Net Assets Available for Benefits

	December 31, 2025			December 31, 2024		
	FCA US LLC Salaried Employees' Savings Plan	**FCA US LLC UAW Savings Plan**	**Total (Memorandum Only)**	**FCA US LLC Salaried Employees' Savings Plan**	**FCA US LLC UAW Savings Plan**	**Total (Memorandum Only)**
Assets						
Plan interest in the FCA US LLC Master Trust (*Note 3*)	$ 5,655,498,424	$ 5,763,773,135	$11,419,271,559	$ 5,057,172,201	$ 5,081,565,920	$10,138,738,121
Receivables:						
Employer contributions receivable	2,404,497	4,476,001	6,880,498	3,439,615	4,397,119	7,836,734
Employee contributions receivable	580,155	6,480,861	7,061,016	549,965	5,991,344	6,541,309
Participant notes receivable	36,884,733	115,976,389	152,861,122	32,945,085	103,076,092	136,021,177
Total receivables	39,869,385	126,933,251	166,802,636	36,934,665	113,464,555	150,399,220
Total assets	5,695,367,809	5,890,706,386	11,586,074,195	5,094,106,866	5,195,030,475	10,289,137,341
Liabilities						
Excess contributions payable	29,666	2,291,973	2,321,639	46,630	2,624,962	2,671,592
Net assets available for benefits	$ 5,695,338,143	$ 5,888,414,413	$11,583,752,556	$ 5,094,060,236	$ 5,192,405,513	$10,286,465,749

See accompanying notes.

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FCA US LLC
Select Defined Contribution Plans

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2025		
	FCA US LLC Salaried Employees' Savings Plan	**FCA US LLC UAW Savings Plan**	**Total (Memorandum Only)**
Additions to net assets			
Contributions:			
Employee	$ 158,954,770	$ 249,964,734	$ 408,919,504
Employer	104,666,178	192,160,421	296,826,599
Rollovers	13,157,863	2,964,025	16,121,888
Total contributions	276,778,811	445,089,180	721,867,991
Net investment income from Plan interest in the FCA US LLC Master Trust (*Note 3*)	816,689,101	793,361,154	1,610,050,255
Interest income on participant notes receivable	2,819,597	8,925,236	11,744,833
Total additions	1,096,287,509	1,247,375,570	2,343,663,079
Deductions from net assets			
Benefits paid direct to participants or beneficiaries	494,470,420	549,595,176	1,044,065,596
Administrative expense/other	539,182	1,771,494	2,310,676
Total deductions	495,009,602	551,366,670	1,046,376,272
Net Increase	601,277,907	696,008,900	1,297,286,807
Net assets available for benefits			
Beginning of year	5,094,060,236	5,192,405,513	10,286,465,749
End of year	$ 5,695,338,143	$ 5,888,414,413	$ 11,583,752,556

See accompanying notes.

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Notes to Financial Statements

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Note 1. Plan Description

The following description of the FCA US LLC Salaried Employees' Savings Plan (SESP) and the FCA US LLC UAW Savings Plan (UAWSP), (collectively, the Plans) provides only general information. Participants should refer to the Plans' legal documents for a more complete description of each Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plans were adopted to encourage eligible employees to save by enabling them to invest in a variety of investments. FCA US LLC (FCA or the Company) is the sponsor of the Plans. The Employee Benefits Committee is responsible for oversight of the Plans. The Plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Salaried non-represented employees are eligible to participate in the SESP as of their hire date; hourly and salaried represented employees are eligible to participate in the UAWSP as of their date of hire.

Effective January 16, 2021, the SESP was amended to provide credit for prior service with any member of Peugeot S.A. for purposes of vesting under the SESP.

Effective January 1, 2021, any eligible employee in the UAWSP who was not actively contributing to the Plan on a pre-tax or Roth 401(k) basis was automatically enrolled in the Plan at a 3% pre-tax contribution rate of pay and automatically increased 1% per year to a maximum of 10%, unless such employee elected otherwise.

Effective for pay periods beginning on or after January 4, 2021, Eligible Compensated Hours used to calculate contributions under the UAWSP, Exhibit G (during 2023 UAW negotiations Exhibit G was renamed as Appendix IV), Supplemental Agreement for Skilled Trade employees subject to an agreed upon Alternative Work Schedule ("AWS"), cannot exceed the maximum number of hours in any one work week pursuant to the agreed upon AWS. In all cases, Eligible Compensated Hours cannot exceed 2,080 in a calendar year.

On August 27, 2021, the Plans were amended to provide for periodic payments as optional forms of distribution upon retirement or termination of employment.

Effective April 1, 2022, the SESP was amended to provide for (1) the merger of the Maserati North America, Inc. 401(k) Plan (the "MNA 401(k) Plan") and the PSA North America, Inc. 401K Plan (the "PSA 401K Plan") into the SESP, (2) the transfer of all assets from the MNA 401(k) Plan and the PSA 401K Plan into the SESP and (3) the allocation of all transferred assets to the respective participants' accounts. All transferred assets were fully vested upon transfer.

Effective March 31, 2023, the SESP was amended to provide for the transfer of all assets and liabilities attributed to employees and former employees of FCA Services U.S.A., LLC from the ADP Total-Source Retirement Savings plan to the SESP.

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Note 1. Plan Description (continued)

Effective January 31, 2024, the SESP was amended to fully vest the unvested portion of the Plan benefits of those employees whose employment with the Company was terminated on January 31, 2024 in connection with and as the result of the outsourcing by the Company to Kyndryl Holdings, Inc. ("Kyndryl") of certain ICT functions and who were employed by Kyndryl on February 1, 2024.

Effective March 22, 2024, the SESP was amended to fully vest the unvested portion of the Plan benefits of those employees whose employment with the Company was terminated by the Company on March 22, 2024, and were placed on "permanent layoff" status as a result of such termination of employment.

Effective April 8, 2024, the SESP was amended to fully vest the unvested portion of the Plan benefits of those employees whose employment with the Company was terminated by the Company on April 8, 2024, and were placed on "permanent layoff" status as a result of such termination of employment.

Effective June 2024, the UAWSP did a one-time automatic enrollment ("sweep") that added all eligible non-participating employees at a 3% pre-tax contribution rate, with automatic annual increases of 1% per year up to 10%, unless the employee opted out or chose a different rate.

Effective July 25, 2024, the SESP was amended to fully vest the unvested portion of the Plan benefits of those employees whose employment terminated as a result of becoming a participant in and satisfying the conditions of the Company's 2024 Voluntary Separation Program effective September 30, 2024.

Effective with the first pay date on or after January 1, 2025, or if later, the first pay period in which an employee becomes an Eligible Employee covered under the Battery Letter Agreement, the Company shall contribute each pay period an amount equal to 6% of Eligible Compensation.

Effective March 25, 2025, Appendix V, Section 3.01 of the UAWSP, Eligible Compensated Hours was amended for Skilled Trades employees on the agreed upon AWS comprised of three 12-hour days (Friday, Saturday, Sunday or Monday, Saturday, Sunday) at Sterling Heights Assembly.

1) Skilled Trades employees working pursuant to the AWS who have less than 40 Eligible Compensated Hours and have earned at least 36 Eligible Compensated Hours in the work week will receive the Company Health Care Contribution and the Company Defined Contribution applied to 40 Eligible Compensated Hours.
2) For Skilled Trades employees working pursuant to the AWS who have less than 40 Eligible Compensated Hours and have not earned at least 36 Eligible Compensated Hours in the work week, the Company Health Care Contribution and the Company Defined Contribution will be applied to actual Eligible Compensated Hours.

In all cases, Eligible Compensated Hours shall not exceed 2,080 in a calendar year.

Effective May 2025, the Company amended the Plans to incorporate provisions of the SECURE 2.0 Act of 2022, ensuring continued compliance and alignment with federal retirement plan requirements.

For calendar years commencing on and after January 1,2025, all Participants who have attained or will have attained age 60, 61, 62 or 63, but who have not attained or will not have attained age 64, before the close of such calendar year shall be eligible to make increased catch-up contributions in accordance with, and subject to the limitations of, section 414(v)(2) of the Internal Revenue Code.

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Note 1. Plan Description (continued)

Effective for calendar years beginning on or after January 1, 2026 (unless otherwise delayed), all catch-up contributions made by participants whose wages (as defined under IRC §3121(a)) exceeded the applicable threshold in the prior year must be made as Roth contributions. These contributions unless otherwise delayed, will be subject to the requirements of IRC §414(v)(7), along with any related regulations, IRS guidance, and administrative rules as determined by the Committee.

Automatic Enrollment

Newly hired eligible employees are automatically enrolled in the applicable Plan, to contribute 3% of their eligible compensation on a pre-tax basis, until changed by the participant. Pre-tax contributions of an automatically enrolled employee will be automatically increased by 1% per year to a maximum of 10%, unless such employee elects otherwise.

Employee Contributions

Eligible SESP employees may elect to contribute 1% to 50% of base salary or total compensation, as defined in the SESP, on a pre-tax, Roth 401(k), and/or after-tax basis (cumulatively). After-tax contributions are limited to 10% of base pay. In addition, eligible employees of the SESP may contribute up to 100% of any award payment from the Company's performance-based cash bonus plan on a pre-tax or Roth 401(k) basis.

Effective January 1, 2020, eligible UAWSP employees may elect to contribute 1% to 100% of total compensation, as defined in the UAWSP, on a pre-tax, Roth 401(k), and/or after-tax basis (cumulatively). After-tax contributions are limited to 10% of compensation. In addition, eligible employees of the UAWSP may contribute up to 100% of any eligible profit sharing payment plan on a pre-tax or Roth 401(k) basis.

Participant contributions are subject to certain Internal Revenue Service (IRS) limitations, including the maximum annual deferral limits. For 2025, the maximum deferral limit is $23,500, with catch-up contribution limits of $7,500 for participants age 50 and over age 64, and $11,250 for participants who attained age 60,61,62 or 63 but had not attained age 64 during 2025. For 2024, the maximum deferral limit was $23,000 with catch-up contributions of $7,500 for participants age 50 and over.

SESP - Company Contributions

The Company contributes company matching contributions in an amount equal to 50% of a participant's pre-tax/Roth 401(k) contributions and catch-up contributions up to 10% of base salary per pay period subject to IRS limits. The Company also contributes a non-matching automatic company contribution in an amount equal to 3% of the participant's base salary per pay period to eligible employees.

UAWSP - Company Contributions

A contractual agreement between the Company and the UAW requires the Company to contribute an amount equal to $1.00 per eligible compensated hour into the UAWSP and 10% of eligible compensation for 2025 and 2024 for the following hourly and salaried represented employees:

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Note 1. Plan Description (continued)

- Hourly employees hired or rehired on or after October 29, 2007
- Salaried represented employees hired or rehired on or after April 15, 2010
- Skilled trades employees hired or rehired on or after October 12, 2011
- GEMA (Dundee) employees hired or rehired on or after October 12, 2011

Effective January 1, 2025, the Company shall contribute each pay period an amount equal to 6% of Eligible Compensation for participants covered by the Battery Letter Agreement (Eligible BLA Employees).

Both eligible compensated hours and eligible compensation are limited to 40 hours each per week and 2,080 hours in a calendar year.

Alternative Work Schedules were eliminated (ended pursuant to the deletion of Letter (310) Skilled Trades - Alternative Work Schedules effective with the expiration of the 2019 agreement).

Participant Accounts

Each participant's account is credited with the participant's contributions, employer contributions, if any, and an allocation of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined by the plan document.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The Plans' investments are participant directed.

Vesting

Plan participants are immediately 100% vested in participant contributions plus actual earnings thereon. The Company matching contributions in the SESP are immediately 100% vested. The automatic 3% Company contribution is 100% vested upon three years of service. The Company contributions in the UAWSP are 100% vested upon three years of service.

Forfeitures

Forfeited amounts under the UAWSP must first be used to reinstate accounts for participants who were previously terminated and rehired. The total amount available throughout the year under the UAWSP is the amount forfeited during the previous calendar year, and excludes amounts forfeited by employees separated from service but who have not yet incurred five (5) consecutive one-year periods of severance from the Company. Secondly, forfeitures are used to reduce Company contributions according to the collectively bargained agreement. For the SESP, forfeitures may be used to reduce Company contributions and may also be used to pay plan expenses. There was $53,214 and $61,801 of forfeitures unused for the UAWSP as of December 31, 2025 and 2024, respectively. There was $162,918 and $171,375 of forfeitures unused for the SESP as of December 31, 2025 and 2024, respectively. Forfeitures used during 2025 to reduce current year contributions with respect to the UAWSP and SESP were approximately $291,150 and $1,263,032,

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Note 1. Plan Description (continued)

respectively. Forfeitures used during 2024 to reduce current year contributions with respect to the UAWSP and SESP were $116,000 and $1,608,000, respectively.

Participant Notes Receivable

Participants in the Plans may borrow up to 50% of their account balance. However, certain sub-accounts are excluded from the account balance for this purpose. Company contributions and earnings thereon under UAWSP are excluded; the 3% automatic Company contributions, EMRP and earnings thereon under SESP are excluded. The total note receivable may not exceed $50,000, reduced for certain adjustments as defined by the Plans' legal documents.

The Company's Employee Benefits Committee determines the administrative provisions, allowable repayment term, and rate of interest charged. Loan terms are one to five years unless the loan will be used for buying a primary residence in which case the loan term is up to ten years. Loans are secured by the participants' account balance and participants may have up to six loans outstanding.

Hardship Withdrawals

Participants may request a distribution of all, or a portion of their employee pre-tax and Roth 401(k) contributions (excluding earnings), to the extent required to relieve a financial hardship, as defined in the Plan document.

Payment of Benefits

Upon termination of service due to death, the participant's vested account balance will be distributed to his or her beneficiary(s). Upon termination of service due to disability or retirement, a participant may elect to receive either a partial distribution, a lump-sum amount equal to the value of the participant's vested account balance, periodic payments (fixed, variable or lifetime) or retain the account balance in the Plan(s) until their Required Minimum Distribution ("RMD") age defined as i) age 70½ , for any participant who attains age 70½ after December 31, 1998 and prior to January 1,2020; (ii) age 72, for any participant who attains age 70½ after December 31, 2019 and age 72 prior to January 1, 2023; (iii) age 73, for any Participant who attains age 72 after December 31, 2022 and age 73 prior to January 1, 2033; and (iv) age 75, for any Participant who attains age 74 after December 31, 2032, at which time distributions will commence according to IRS guidelines. For terminations due to other reasons, the above applies; except that participants may retain their account interest until their RMD age only if the account balance exceeds $5,000 in the UAWSP and $7,000 in the SESP.

Termination

While 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 set forth in the Plan document, the collective bargaining agreement and ERISA. Upon termination of either Plan, affected participants of the terminated Plan become 100% vested in their account balances.

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Note 1. Plan Description (continued)

Administrative Expenses

The Plans' administrative expenses are paid by either the Plan or the Company, as provided by the Plans' provisions. Expenses relating to purchases, sales, or transfers of the Plans' investments are charged to the particular investment fund to which the expenses relate. Expenses that are paid by the Company are excluded from these statements.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, which require management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Memorandum Only Totals

The memorandum only total column in the financial statements represents solely a total of the individual Plans and is provided for informational purposes only.

Investment Valuation and Income Recognition

The Plans' investments are in the FCA US LLC Defined Contribution Plan Master Trust (Master Trust) established for the investment of assets of the Plans and stated at fair value. Refer to *Note 4, Fair Value Measurements*. Purchases and sale of securities are reflected on a trade-date basis. Investment income consists of interest and dividend income as well as the realized gains or losses on investments sold during the year and the unrealized appreciation (depreciation) on investments held at the end of the year. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Each participating Plan's interest in the investment funds of the Master Trust is based on account balances of the participants and their elected investment funds. The Master Trust assets are allocated among the

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Note 2. Summary of Significant Accounting Policies (continued)

participating Plans by assigning to each Plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to the fair value of the assets assigned to each plan, income and expenses resulting from the collective investment of the assets of the Master Trust.

The Pension Investment Committee is responsible for determining the Master Trust's valuation policies and the Company is responsible for analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plans' investments. The Pension Investment Committee reports to the Board of Directors of the Company.

Participant Notes Receivable

Participant notes receivable represents participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on participant notes receivable is recorded when earned. Participant notes receivable are written-off when deemed uncollectible and reclassified as deemed distributions. The outstanding balances of participant loans under SESP amount to approximately $36,884,733 and $32,945,085 as of December 31, 2025 and 2024, respectively. The outstanding balances of participant loans under UAWSP amount to approximately $115,976,389 and $103,076,092 as of December 31, 2025 and 2024, respectively.

Benefit Payments

Payments are recorded by the Plans when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to benefits paid. UAWSP and SESP distributed excess contributions to the applicable participants on or before March 15, 2026.

Risks and Uncertainties

The Plans invest in various investment securities as directed by participants. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

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Note 2. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2023. Plan management is evaluating the impact of optional SECURE 2.0 provisions and awaiting additional regulatory guidance from the IRS and the DOL. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

Note 3. Investment in Master Trust

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedules, including investments held and notes receivable from participants at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by Bank of America, N.A., the trustee of the Plans.

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2025 and 2024, and for the years then ended. Accordingly, Bank of America, N.A., a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments and notes receivable from participants, as shown in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.

- Investment income and interest from notes receivable from participants, as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025.

- Investment information included in Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2025, as shown on the ERISA-required supplemental schedules.

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Note 3. Investment in Master Trust (Continued)

At the request of the Plan Administrator, the Plans' independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedules.

Each participating Plan's interest in the Master Trust is based on account balances of the participants and their elected investment options. The financial statements present a Total (Memorandum Only) column which provides the activity in the master trust, including the net change in master trust assets.

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

	2025
Net investment income:	
Net realized and unrealized gain on investments	$ 1,589,437,421
Interest and dividends	20,612,834
Total Master Trust Net investment income	$ 1,610,050,255

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Note 3. Investment in Master Trust (continued)

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2025 and 2024.

	Master Trust Balance at December 31, 2025	SESP	UAWSP
Cash and cash equivalents	$ 298,920,751	$ 147,739,456	$ 151,181,295
Government securities	364,110,321	163,152,031	200,958,290
Corporate bonds	409,560,121	183,891,137	225,668,984
Common stock	878,616,044	413,070,963	465,545,081
Mutual funds	391,644,670	165,715,659	225,929,011
Self-directed brokerage	2,252,058,655	1,137,431,828	1,114,626,827
Other	34,206,416	15,015,194	19,191,222
Common/collective trusts	6,388,853,837	3,275,272,243	3,113,581,594
103-12 investment entities	442,901,934	172,111,832	270,790,102
Total Master Trust Investments at FV	11,460,872,749	5,673,400,343	5,787,472,406
Plus:			
Due from brokers for securities sold	43,671,773	18,988,387	24,683,386
Other accrued receivables	1,935,421	827,665	1,107,756
Less:			
Due to brokers for securities purchased	(87,208,384)	(37,717,971)	(49,490,413)
Total	$ 11,419,271,559	$ 5,655,498,424	$ 5,763,773,135

	Master Trust Balance at December 31, 2024	SESP	UAWSP
Cash and cash equivalents	$ 296,626,239	$ 141,872,081	$ 154,754,158
Government securities	345,202,241	156,613,681	188,588,560
Corporate bonds	438,554,206	199,444,606	239,109,600
Common stock	957,989,156	424,122,861	533,866,295
Mutual funds	80,002,386	33,486,787	46,515,599
Self-directed brokerage	2,029,215,667	1,011,861,999	1,017,353,668
Other	19,784,899	8,652,997	11,131,902
Common/collective trusts	5,623,787,161	2,944,781,644	2,679,005,517
103-12 investment entities	388,353,598	154,168,900	234,184,698
Total Master Trust Investments at FV	10,179,515,553	5,075,005,556	5,104,509,997
Plus			
Due from brokers for securities sold	84,970,080	36,386,643	48,583,437
Other accrued receivables	8,471,983	3,599,135	4,872,848
Less:			
Due to brokers for securities purchased	(134,219,495)	(57,819,133)	(76,400,362)
Total	$ 10,138,738,121	$ 5,057,172,201	$ 5,081,565,920

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Note 4. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

Not Leveled - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk). Net Asset Value (NAV) is used as a practical expedient to value the investment.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

Following is a description of the valuation techniques and inputs used for each general type of assets measured at fair value by the Master Trust.

Valuation Techniques Used in the Fair Value Measurement of Financial Assets Carried at Fair Value Including Strategies for Investments Valued at NAV

Mutual funds and equity investments (common stock), including those within participants' self-directed brokerage accounts and certain U.S. government debt securities, are valued based on unadjusted quoted

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Note 4. Fair Value Measurements (continued)

market prices in active markets and are categorized as Level 1. Such government debt securities include all government treasury securities, including Notes, Bills, and Strips.

The Master Trust investments also consists of short-term investments, certificates of deposit, commercial paper, fixed-income investments, including corporate and government debt securities, and asset-backed securities. The short-term investments, certificates of deposits, and commercial paper are valued at fair value based on their outstanding balances and are categorized as Level 2. Pricing for corporate and government debt securities and asset-backed securities was obtained from unadjusted quotations from brokers or pricing services used by the Trustee and are categorized as Level 2.

Short-term investments are primarily comprised of investment grade money market instruments and interest-bearing cash. Pricing for these investments was obtained from unadjusted quotations from brokers or pricing services used by the Trustee and they are categorized as Level 2.

Common / collective trusts and 103-12 investment entities are invested in equity investments that include U.S. equity, developed international equity and emerging markets equity investments, as well as fixed income investments that include U.S. and international companies' debt securities, and are not publicly traded and do not have a readily determinable fair value. The common / collective trust funds and 103-12 investment entities are valued at their NAV based on the fair value of the fund's underlying net assets as determined by the fund managers. All funds allow for daily redemption. The Plan is subject to a restriction on the amount that can be redeemed from the direct Real Estate Fund. There are no unfunded commitments. Participants are not subject to redemption restrictions on any funds.

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Note 4. Fair Value Measurements (continued)

The following table presents the assets of the Master Trust measured at fair value on a recurring basis as of December 31, 2025:

	Level 1	Level 2	Balance at December 31, 2025
Cash and cash equivalents	$ 9,835,793	$ 289,084,958	$ 298,920,751
Government securities	290,008,483	74,101,838	364,110,321
Corporate bonds	—	409,560,121	409,560,121
Common stock	878,616,044	—	878,616,044
Mutual funds	391,644,670	—	391,644,670
Self-directed brokerage	1,927,389,553	324,669,102	2,252,058,655
Other	—	34,206,416	34,206,416
	$ 3,497,494,543	$ 1,131,622,435	$ 4,629,116,978
Investments measured at NAV:			
Common/collective trusts			6,388,853,837
103-12 investment entities			442,901,934
Total investments measured at NAV			6,831,755,771
Other assets (liabilities):			
Receivables			45,607,194
Payables			(87,208,384)
Total investments			$ 11,419,271,559

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Note 4. Fair Value Measurements (continued)

The following table presents the assets of the Master Trust measured at fair value on a recurring basis as of December 31, 2024:

	Level 1	Level 2	Balance at December 31, 2024
Cash and cash equivalents	$ 14,720,431	$ 281,905,808	$ 296,626,239
Government securities	219,386,188	125,816,053	345,202,241
Corporate debt	—	438,554,206	438,554,206
Common stock	957,989,156	—	957,989,156
Mutual funds	80,002,386	—	80,002,386
Self-directed brokerage	1,717,860,071	311,355,596	2,029,215,667
Other	—	19,784,899	19,784,899
	$ 2,989,958,232	$ 1,177,416,562	$ 4,167,374,794
Investments measured at NAV:			
Common/collective trust			5,623,787,161
103-12 investment entities			388,353,598
Total investments measured at NAV			6,012,140,759
Other assets (liabilities):			
Receivables			93,442,063
Payables			(134,219,495)
Total investments			$ 10,138,738,121

In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Certain Investments that Calculate NAV

The following table summarizes certain investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan. All other investments measured at NAV per share have no unfunded commitments or redemption-related restrictions.

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Note 4. Fair Value Measurements (continued)

December 31, 2025	Fair Value	Unfunded Commitment	Redemption Frequency (if currently Eligible)	Redemption Notice Period
GQG International Equity (Class C)	$260,152,152	N/A	Daily	Five days if over $10M
CP Lion Properties CIT BAL	$205,636,555	N/A	Daily, subject to a 5% aggregate quarterly withdrawal limitation	None for withdrawals within the 5% quarterly limit:sizable withdrawals (in excess of 5%) must generally be submitted by the 5th -to-last business day of the month

December 31, 2024	Fair Value	Unfunded Commitment	Redemption Frequency (if currently Eligible)	Redemption Notice Period
T. Rowe Price Instl Emg Mkts Equity	$141,199,559	N/A	Daily	Up to 30 days
CP Lion Properties CIT BAL	$174,090,671	N/A	Daily, subject to a 5% aggregate quarterly withdrawal limitation	None for withdrawals within the 5% quarterly limit:sizable withdrawals (in excess of 5%) must generally be submitted by the 5th -to-last business day of the month

Note 5. Tax Status

The Plans have each received a determination letter from the IRS, dated April 8, 2016, indicating that each Plan, as designed, is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plans have been amended and restated. Once qualified, the Plans are required to operate in conformity with the Code to maintain their qualified status. The Plans' administrator has indicated that it will take the necessary steps, if any, to bring the Plans' operations into compliance with the Code.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plans. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS.

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Note 5. Tax Status (continued)

The Plans have recognized no interest or penalties related to uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Related-Party and Party-In-Interest Transactions

The Company, the participants and the Trustee, Bank of America, N.A., all have been identified as parties-in-interest. The Plans invest in shares of mutual funds and common collective trusts that are managed by the Trustee. Transactions as such qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Participant loans also qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules. Certain administrative expenses of the Plans are paid by the Company and qualify as party-in-interest transactions.

Note 7. Subsequent Events

Management evaluated subsequent events for the Plans through October 5, 2026, the date the financial statements were available to be issued.

Confidential & Proprietary Information - Exempt from Public Disclosure by Applicable Law

ERISA-Required Supplemental Schedules

FCA US LLC Select Defined Contribution Plans -

FCA US LLC Salaried Employees' Savings Plan

EIN #27-0187394 Plan #003

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

Year Ended December 31, 2025

(a)(b) Identity of Issuer, Lessor, Borrower, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
* Participants loans	Participant notes receivable bearing interest at rates ranging from 3.5% to 10.50% with maturities extending through 2035.	$ 36,884,733

*Denotes party-in-interest

FCA US LLC Select Defined Contribution Plans -

FCA US LLC UAW Savings Plan

EIN #27-0187394 Plan #032

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

Year Ended December 31, 2025

(a)(b) Identity of Issuer, Lessor, Borrower, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
* Participants loans	Participant notes receivable bearing interest at rates ranging from 3.5% to 10.50% with maturities extending through 2035.	$ 115,976,389

*Denotes party-in-interest

FCA US LLC Select Defined Contribution Plans -

FCA US LLC Salaried Employees' Savings Plan

EIN #27-0187394 Plan #003

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

Year Ended December 31, 2025

(a)(b) Identity of Issuer, Lessor, Borrower, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
* Participants loans	Participant notes receivable bearing interest at rates ranging from 3.5% to 10.50% with maturities extending through 2035.	$ 36,884,733

*Denotes party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan
FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 08/01/1956

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FCA US LLC

1000 CHRYSLER DRIVE
CIMS 485-08-64
AUBURN HILLS MI 48326-2766

2b Employer Identification Number (EIN) 27-0187394

2c Plan Sponsor's telephone number 248-512-2514

2d Business code (see instructions) 336100

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

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

SIGN HERE	Steven Lane	10/13/2026	STEVEN LANE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025)**
v. 250312

518401 12-22-25

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	19,464
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	13,523
a (2) Total number of active participants at the end of the plan year	6a(2)	13,672
b Retired or separated participants receiving benefits	6b	1,504
c Other retired or separated participants entitled to future benefits	6c	3,692
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	18,868
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	144
f Total. Add lines 6d and 6e	6f	19,012
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	16,585
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	16,617
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	89
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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