Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

1b Three-digit plan number (PN) ▶ 700

1c Effective date of plan 07/01/1986

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)
CHEVRON CORPORATION

1400 SMITH STREET
HOUSTON, TX 77002

2b Employer Identification Number (EIN)
94-0890210

2c Plan Sponsor's telephone number
713-309-5237

2d Business code (see instructions)
324110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	TIM PAPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	20674
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)**	20674
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	18535
b	Retired or separated participants receiving benefits	**6b**	75
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18610
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4H

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 700

C Plan sponsor's name as shown on line 2a of Form 5500
CHEVRON CORPORATION

D Employer Identification Number (EIN)
94-0890210

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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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)

SEDGWICK CLAIMS MANAGEMENT SERVICES

8125 SEDGWICK WAY
MEMPHIS, TN 38125

36-2685608

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	CLAIMS ADMINISTRATOR	387615	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING INC

29695 NETWORK PLACE
CHICAGO, IL 60673

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	CONSULTANT	55854	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	41600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GRANT THORNTON, LLP

3333 FINLEY RD, STE 700
DOWNERS GROVE, IL 60515-1253

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	26614	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK & TRUST

1 HERITAGE DRIVE
QUINCY, MA 02171

04-1867445

(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?
21 50 25 99 28	CUSTODIAN	6562	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 700

C Plan sponsor's name as shown on line 2a of Form 5500
CHEVRON CORPORATION

D Employer Identification Number (EIN)
94-0890210

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	586776	127035
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	91151	115512
(3) Other	1b(3)	390910	3299
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1326146	650948
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	2394983	896794
Liabilities			
1g Benefit claims payable	1g	286623	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	286623	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2108360	896794

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)	8750000	
(B) Participants	2a(1)(B)	1620102	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10370102
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	85722	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		85722
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		10455824
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11149145	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11149145
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	387615	
(4) IQPA audit fees	2i(4)	68214	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	6562	
(7) Actuarial fees	2i(7)	55854	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		518245
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11667390
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1211566
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

EIN: 94-0890210
PN: 700

CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

***

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULES

TOGETHER WITH

INDEPENDENT AUDITOR'S REPORT

***

DECEMBER 31, 2025 AND 2024

withum
ADVISORY TAX AUDIT

EIN:94-0890210
PN: 700

CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

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* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator of
Chevron Corporation Long-Term Disability Plan:

Opinion

We have audited the financial statements of Chevron Corporation Long-Term Disability Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and of plan benefit obligations of Chevron Corporation Long-Term Disability Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years ended December 31, 2025 and 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Chevron Corporation Long-Term Disability Plan's 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 a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions, as of or for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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 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.

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

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

Withum Smith+Brown, PC

October 9, 2026

Chevron Corporation Long-Term Disability Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2025	2024
Assets		
Cash	$ 127,035	$ 586,776
Investments at fair value	650,948	1,326,146
Receivables		
Participant contributions	115,512	91,151
Interest	3,299	6,331
Other	-	384,579
Total assets	896,794	2,394,983
Liabilities		
	-	-
Total liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 896,794	$ 2,394,983

See accompanying notes to financial statements.

Chevron Corporation Long-Term Disability Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31,

	2025	2024
Additions:		
Contributions		
Employer	$ 8,750,000	$ 8,500,000
Participant	1,620,102	1,659,273
Interest income	85,722	110,663
Total additions	10,455,824	10,269,936
Deductions:		
Administrative expense	518,245	749,931
Participant benefits	11,435,768	9,287,532
Total deductions	11,954,013	10,037,463
NET INCREASE (DECREASE) IN NET ASSETS	(1,498,189)	232,473
Net assets available for benefits		
Beginning of year	$ 2,394,983	$ 2,162,510
End of year	$ 896,794	$ 2,394,983

See accompanying notes to financial statements.

Chevron Corporation Long-Term Disability Plan

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

December 31,

Benefit Obligations

	2025	2024
Amount currently payable		
Claims currently payable	$ -	$ 286,623
Accrued postemployment benefits	60,858,584	49,315,651
Total plan benefit obligations	$ 60,858,584	$ 49,602,274

See accompanying notes to financial statements.

Chevron Corporation Long-Term Disability Plan

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

For the years ended December 31,

	2025	2024
Amounts currently payable		
Balance at beginning of year	$ 286,623	$ 267,856
Claims reported and paid	(286,623)	18,767
Balance at end of year	-	286,623
Benefit obligations, net of amounts currently payable		
Balance at beginning of year	49,315,651	51,413,010
Increase (decrease) in benefit obligations attributable to		
Benefits accumulated and other changes	10,442,540	(1,186,964)
Change in actuarial assumptions	1,100,393	(910,395)
Balance at end of year	60,858,584	49,315,651
Total plan benefit obligations at end of year	$ 60,858,584	$ 49,602,274

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The Chevron Corporation Long-Term Disability Plan (the Plan) was established and maintained by a Voluntary Employees' Beneficiary Association (VEBA), the Chevron Corporation Long-Term Disability Organization (the Organization), which was a non-stock Delaware corporation, and the Plan sponsor. The Organization established a trust which was considered qualified under Section 501(c)(9) of the Internal Revenue Code (IRC) of 1986, as amended. Effective December 15, 2008, the Organization transferred the sponsorship of the Plan and its VEBA Trust to Chevron Corporation (hereinafter called Chevron, or the Company), and the Company became the Plan sponsor and administrator at that time.

The Plan is self-insured and provides comprehensive long-term disability benefits to employees of the participating companies of Chevron. All employees of the participating companies who have completed six months of service since their most recent hire date are covered by the Plan. The Plan does not apply to employees covered by collective bargaining agreements unless such agreements provide for their participation. The Plan is funded by the Company and participant contributions, according to rates established from time to time by the Company. The Company pays the cost for certain levels of coverage based on each employee's regular annual salary. Certain employees can elect to pay for additional coverage. If a participant becomes totally disabled (as defined in the Plan), benefits commence after a waiting period is satisfied.

The Plan provides long-term disability benefits to eligible employees of Chevron Corporation and participating subsidiaries. Eligible participants generally include employees paid through the U.S. payroll who are designated by the Company as eligible for Plan participation. Certain categories of workers, including leased employees, seasonal employees, and employees on family leave or furlough leave, are excluded from participation. Coverage may continue during certain approved leaves of absence in accordance with the terms of the Plan.

State Street Bank & Trust Company (State Street) is the Plan's trustee. Sedgwick Claims Management Services, Inc., is the claims administrator, effective July 1, 2024; previously Alight Holding Company LLC.

The Company expects to continue the Plan indefinitely but has the authority to amend or terminate the Plan at any time. Upon termination of the Plan, no plan assets may revert to any participant (other than through the payment of benefits under the Plan) or to any director or officer of the Company or be used for any purpose other than providing benefits for participants or in a manner consistent with the purposes of the Plan as determined by the Company. The Company has agreed to make contributions to the Plan sufficient to satisfy all benefit claims incurred as of the effective date of termination and to pay all administrative expenses related to those claims, to the extent that such claims and expenses exceed participant contributions, investment earnings, and net assets of the Plan. Management evaluated the Plan's contribution requirements as of December 31, 2025 and 2024 and determined that no contributions were due to the Plan; accordingly, no employer contribution receivable has been recorded.

The Plan is a welfare benefit plan subject to certain requirements imposed by the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company believes that the Plan complies with these requirements.

The Plan document contains a more complete description of the Plan's provisions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a trade-date basis. See Note 3 for description of valuation methods. Interest income is recorded on an accrual basis.

Member Benefit Refunds

When a participant receives a retroactive award of Social Security Disability Insurance benefits, it results in an “overpayment” of Plan benefits because the Plan requires benefits to be reduced by such awards. Participants must reimburse the Plan for any such overpayments. Reimbursements that are received by the Plan are netted against participant benefits and are recorded in the statement of changes in net assets. For the years ended 2025 and 2024, $586,246 and $510,273 were refunded, respectively.

Contributions

Contributions represent amounts funded to the Plan, as described in Note 1.

Receivables

Receivables represent amounts due to the Plan at year-end and consist primarily of participant contributions collected through payroll withholding but not yet remitted to the Plan, accrued interest receivable on investments, and other amounts recoverable related to Plan operations.

Administrative Expenses

Administrative expenses consist of trustee fees, amounts paid for processing benefit claims, consulting fees, benefits administration fees and audit fees. Certain other administrative overhead expenses are paid by the Company and are not charged to the Plan.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein as well as disclosures of contingent assets, liabilities, and the actuarial present value of plan benefit obligations at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

The Plan's financial statements have been evaluated for significant subsequent events or transactions through October 9, 2026, the date the financial statements are available to be issued.

Effective April 1, 2025, the Plan's elimination period was amended to facilitate continued eligibility for disabled long-term employees who are terminated in connection with a reduction in workforce and who are eligible for severance pay benefits. Effective July 18, 2025, Chevron completed its acquisition of Hess Corporation. Legacy employees of Hess Corporation who were actively at work with Chevron on or after January 1, 2026, became eligible to participate in the Plan. Coverage under the Plan is available for disabilities that commence on or after such employees' respective effective date of coverage only.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The following is a description of the valuation methodologies used for investments measured at fair value. There has been no change in the methodology used as of December 31, 2025 and 2024.

Money market mutual funds are valued at fair value. Shares of registered investment companies traded on exchanges are valued at quoted market prices that represent the net asset value per share held are primarily categorized as Level 1 assets. Level 1 assets are valued as of the close of regular trading on the exchange day the exchange is open. This valuation methodology may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	Investments, at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 650,948	$ -	$ -	$ 650,948
Total investments, at fair value	$ 650,948	$ -	$ -	$ 650,948

	Investments, at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,326,146	$ -	$ -	$ 1,326,146
Total investments, at fair value	$ 1,326,146	$ -	$ -	$ 1,326,146

NOTE 4 - PARTICIPANT CONTRIBUTIONS RECEIVABLE

The participant contributions portion of receivables represents the contributions that were collected by the Company through payroll deductions but had not yet been remitted to the Plan.

NOTE 5 - ACCRUED POSTEMPLOYMENT BENEFITS

The total actuarial reserve as of December 31, 2025 of $60.9 million consists of a disabled life reserve of $50.3 million and a reserve of $10.6 million for other unreported and unprocessed benefit claims. Unreported and unprocessed benefit claims refer to an estimated liability for claims incurred prior to year-end but not yet processed or paid at year-end. This estimated liability for unreported and unprocessed benefit claims is determined by a third-party actuary. The actuarial reserve as of December 31, 2024 of $49.3 million consists of a disabled life reserve of $41.2 million and a reserve of $8.4 million for other unreported and unprocessed benefit claims.

The significant assumptions underlying the actuarial assumptions are as follows:

- The discount rate was 4.80% for 2025 and 5.30% in 2024. The decrease generally reflects the change in interest rates during 2025.
- The rate of termination from disability (i.e., recoveries, deaths) is taken from the 2012 Group Long-Term Disability Table.
- The retirement age for those who are disabled is assumed to be age 65.

NOTE 6 - INCOME TAXES

The trust established under the Plan is intended to qualify pursuant to Section 501(c)(9) of the IRC. The trust has obtained an exemption letter dated December 15, 2008, from the Internal Revenue Service (IRS). The Plan has been amended since receiving the determination letter. However, the Company believes that the trust continues to qualify and to operate in accordance with the applicable requirements of the IRC.

The Company intends to continue to manage its income in such a manner as to avoid being subject to the tax on unrelated business income under Section 511 of the IRC of 1986. Accordingly, no provision for federal or state income taxes has been made.

U.S. GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that would not meet the more-likely- than-not standard and be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

The Plan’s investments are held and managed by State Street, the trustee. Transactions with the trustee qualify as exempt party-in-interest transactions as defined under ERISA.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in a money market fund offered by a registered investment company. Due to the level of risk associated with certain investments, it is possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 9 – OPERATIONAL ERROR

During prior reviews of benefit payment calculations, Plan Management identified certain operational errors affecting a limited number of participant benefit payments. Following a comprehensive review of affected claims, approximately $385 thousand of overpayments and $287 thousand of underpayments were identified as of December 31, 2024.

During 2025, Plan Management completed its evaluation of all affected participants and finalized the related corrective actions. Underpayments were remediated through lump-sum payments to affected participants and, where applicable, future benefit payments were adjusted accordingly. Overpayments were evaluated based on the specific facts and circumstances of each case and were ultimately forgiven in accordance with Plan Management's determination.

Management believes that all identified operational errors have been appropriately corrected and resolved as of December 31, 2025. In addition, enhanced review controls have been implemented to help prevent similar errors from occurring in the future.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

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

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 896,794	$ 2,394,983
Current payable	-	(286,623)
Net assets available for benefits per the form 5500	$ 896,794	$ 2,108,360

The following is a reconciliation of benefit payments per the financial statements to the Form 5500:

	For the Year Ended December 31, 2025
Benefit payments per the financial statements	$ 11,435,768
Add: current payable	(286,623)
Benefit payments per the form 5500	$ 11,149,145

NOTE 11 – COMMITMENTS AND CONTINGENCIES

A lawsuit alleging the wrongful denial of Plan benefits that was filed on November 24, 2023, in federal court in the Northern District of California and a related lawsuit filed on March 12, 2026, in the same court were settled in August 2026 with the agreement requiring dismissal of both suits. No amount was paid by the Plan in connection with the settlement.

A lawsuit challenging the denial of benefits under the Chevron Short-Term Disability Plan and a claim failure under the Plan was filed on July 18, 2024, in federal court in the Northern District of California was settled as of April 22, 2025. As part of the settlement the lawsuit was dismissed, and the employee was permitted to file a claim under the Plan. Following review, the employee's claim was approved per the terms of the Plan.

A lawsuit disputing the termination of benefits under the Plan was filed in the Northern District of California and for which a judgment was entered on October 1, 2025, remanding the matter to the Plan. Settlement negotiations are ongoing.

NOTE 12 – CORRECTION OF PRIOR-YEAR PRESENTATION

Management identified a prior-year presentation error in the Statement of Changes in Plan Benefit Obligations. The 2024 beginning balance of benefit obligations, net of amounts currently payable, was incorrectly reported as $51,680,866 instead of $51,413,010 due to the inclusion of the prior-year amounts currently payable balance of $267,856. Comparative information has been revised to correct the presentation. The correction had no impact on total plan benefit obligations, net assets available for benefits, or changes in plan benefit obligations.

CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

SCHEDULE H - PART IV, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

DECEMBER 31, 2025

EIN: 94-0890210 PLAN: 700

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of assets including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	State Street Bank & Trust Company	U.S. Government Money Market Fund	$ 650,948	$ 650,948

* State Street Bank & Trust Company, as trustee to the Plan, is a party-in-interest.

See Independent Auditor's Report.

CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

SCHEDULE H - PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 94-0890210 PLAN: 700

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) Single Reportable Transactions								
State Street Bank & Trust Company	U. S. Government Money Market Fund January 2025	$ 2,846,387	$ 822,687	N/A	$ -	$ (2,023,701)	$ (2,023,701)	$ -
State Street Bank & Trust Company	U. S. Government Money Market Fund February 2025	$ 125,632	$ 968,753	N/A	-	843,121	843,121	-
State Street Bank & Trust Company	U. S. Government Money Market Fund March 2025	$ 186,105	$ 905,712	N/A	-	719,607	719,607	-
State Street Bank & Trust Company	U. S. Government Money Market Fund April 2025	$ 1,807,494	$ 1,015,157	N/A	-	(792,336)	(792,336)	-
State Street Bank & Trust Company	U. S. Government Money Market Fund May 2025	$ 239,469	$ 900,686	N/A	-	661,217	661,217	-
State Street Bank & Trust Company	U. S. Government Money Market Fund June 2025	$ 47,747	$ 897,361	N/A	-	849,614	849,614	-
State Street Bank & Trust Company	U. S. Government Money Market Fund July 2025	$ 2,741,256	$ 840,295	N/A	-	(1,900,961)	(1,900,961)	-
State Street Bank & Trust Company	U. S. Government Money Market Fund August 2025	$ 279,449	$ 1,000,634	N/A	-	721,185	721,185	-
State Street Bank & Trust Company	U. S. Government Money Market Fund September 2025	$ 197,812	$ 1,102,997	N/A	-	905,184	905,184	-
State Street Bank & Trust Company	U. S. Government Money Market Fund October 2025	$ 2,425,950	$ 1,214,801	N/A	-	(1,211,149)	(1,211,149)	-
State Street Bank & Trust Company	U. S. Government Money Market Fund November 2025	$ 83,637	$ 1,100,942	N/A	-	1,017,306	1,017,306	-
State Street Bank & Trust Company	U. S. Government Money Market Fund December 2025	$ 181,247	$ 1,067,357	N/A	-	886,110	886,110	-
Category (iii) Series of Transactions								
State Street Bank & Trust Company	U. S. Government Money Market Fund	$ 11,162,184	$ -	N/A	$ -	$ 11,162,184	$ 11,162,184	$ -
State Street Bank & Trust Company	U. S. Government Money Market Fund	-	11,837,382	N/A	-	11,837,382	11,837,382	-

There were no category (ii), and (iv) transactions for the year ended December 31, 2025.

See Independent Auditor's Report.

CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

SCHEDULE H - PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 94-0890210 PLAN: 700

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) Single Reportable Transactions								
State Street Bank & Trust Company	U. S. Government Money Market Fund January 2025	$ 2,846,387	$ 822,687	N/A	$ -	$ (2,023,701)	$ (2,023,701)	$ -
State Street Bank & Trust Company	U. S. Government Money Market Fund February 2025	$ 125,632	$ 968,753	N/A	-	843,121	843,121	-
State Street Bank & Trust Company	U. S. Government Money Market Fund March 2025	$ 186,105	$ 905,712	N/A	-	719,607	719,607	-
State Street Bank & Trust Company	U. S. Government Money Market Fund April 2025	$ 1,807,494	$ 1,015,157	N/A	-	(792,336)	(792,336)	-
State Street Bank & Trust Company	U. S. Government Money Market Fund May 2025	$ 239,469	$ 900,686	N/A	-	661,217	661,217	-
State Street Bank & Trust Company	U. S. Government Money Market Fund June 2025	$ 47,747	$ 897,361	N/A	-	849,614	849,614	-
State Street Bank & Trust Company	U. S. Government Money Market Fund July 2025	$ 2,741,256	$ 840,295	N/A	-	(1,900,961)	(1,900,961)	-
State Street Bank & Trust Company	U. S. Government Money Market Fund August 2025	$ 279,449	$ 1,000,634	N/A	-	721,185	721,185	-
State Street Bank & Trust Company	U. S. Government Money Market Fund September 2025	$ 197,812	$ 1,102,997	N/A	-	905,184	905,184	-
State Street Bank & Trust Company	U. S. Government Money Market Fund October 2025	$ 2,425,950	$ 1,214,801	N/A	-	(1,211,149)	(1,211,149)	-
State Street Bank & Trust Company	U. S. Government Money Market Fund November 2025	$ 83,637	$ 1,100,942	N/A	-	1,017,306	1,017,306	-
State Street Bank & Trust Company	U. S. Government Money Market Fund December 2025	$ 181,247	$ 1,067,357	N/A	-	886,110	886,110	-
Category (iii) Series of Transactions								
State Street Bank & Trust Company	U. S. Government Money Market Fund	$ 11,162,184	$ -	N/A	$ -	$ 11,162,184	$ 11,162,184	$ -
State Street Bank & Trust Company	U. S. Government Money Market Fund	-	11,837,382	N/A	-	11,837,382	11,837,382	-

There were no category (ii), and (iv) transactions for the year ended December 31, 2025.

See Independent Auditor's Report.

CHEVRON CORPORATION LONG-TERM DISABILITY PLAN

SCHEDULE H - PART IV, LINE 4I - SCHEDULE OF ASSETS HELD (AT END OF YEAR)

DECEMBER 31, 2025

EIN: 94-0890210 PLAN: 700

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of assets including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	State Street Bank & Trust Company	U.S. Government Money Market Fund	$ 650,948	$ 650,948

* State Street Bank & Trust Company, as trustee to the Plan, is a party-in-interest.

See Independent Auditor's Report.