

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [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...
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...
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: NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY
1b Three-digit plan number (PN): 017
1c Effective date of plan: 06/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION
2b Employer Identification Number (EIN): 34-1709242
2c Plan Sponsor's telephone number: 540-375-8577
2d Business code (see instructions): 326200

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

| | | |
|--|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | 142 |
| 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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 12 |
| | 6a(2) | 10 |
| | 6b | 66 |
| | 6c | 72 |
| | 6d | 148 |
| | 6e | 20 |
| | 6f | 168 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 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 Characteristics Codes in the instructions:
1B 1I 3H

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY</u> | B Three-digit plan number (PN) ▶ | <u>017</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION</u> | D Employer Identification Number (EIN) <u>34-1709242</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>3754129</u> |
| | b Actuarial value | 2b | <u>4129541</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>56</u> | <u>1926480</u> |
| | b For terminated vested participants | <u>74</u> | <u>1330374</u> |
| | c For active participants | <u>12</u> | <u>270397</u> |
| | d Total | <u>142</u> | <u>3527251</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.29 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>0</u> |

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|--------------------------------------|--|
| SIGN HERE | | |
| | Signature of actuary | <u>07/11/2025</u> |
| | <u>ERIC DUPONT</u> | Date |
| | Type or print name of actuary | <u>23-06639</u> |
| | <u>MERCER</u> | Most recent enrollment number |
| | Firm name | <u>949-222-1310</u> |
| | <u>17901 VON KARMAN AVE STE 1100</u> | Telephone number (including area code) |
| | <u>IRVINE, CA 92614</u> | |
| | Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>1.70</u> % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 0 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 117.07 % |
| 15 | Adjusted funding target attainment percentage | 15 | 117.07 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 121.64 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) |
| | | | | | 0 |

| | | |
|-----------|--|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c 0 |
| 20 | Quarterly contributions and liquidity shortfalls: | |
| | a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c If line 20a is "Yes," see instructions and complete the following table as applicable: | |

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

| | | | | |
|---|--|---|-------------------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 5.00 % | 3rd segment: 5.74 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

| | | | | |
|---|--|--|--|-----------|
| Part VI Miscellaneous Items | | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 26 Demographic and benefit information | | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | | 27 |

| | | | | |
|---|--|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | | |
| 28 Unpaid minimum required contributions for all prior years | | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | | | 30 0 |

| | | | | |
|--|---------------------|--------------------|---------------|--------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c)..... | | | | 31a 0 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | | 34 0 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 | |
| 36 Additional cash requirement (line 34 minus line 35)..... | | | | 36 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | | 37 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

| | | | | |
|--|--|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 | | | | |

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | 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 <hr/> 2023 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| | | |
|---|--|------------|
| A Name of plan <u>NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY</u> | B Three-digit plan number (PN) | <u>017</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION</u> | D Employer Identification Number (EIN) <u>34-1709242</u> | |

| | |
|---------------|--|
| 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: | <u>YOKOHAMA TIRE PENSION TRUST</u> | |
| b Name of sponsor of entity listed in (a): | <u>SAS RUBBER COMPANY</u> | |
| c EIN-PN <u>34-1709242-017</u> | d Entity code <u>M</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4804132</u> |
| 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)

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
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| | |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 | |
| A Name of plan NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY | B Three-digit plan number (PN) ▶ 017 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION | D Employer Identification Number (EIN) 34-1709242 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | 3751494 | 4804132 |
| (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) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 3751494 | 4804132 |
| Liabilities | | | |
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 3751494 | 4804132 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|-------------------|------------------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | | |
| (B) Participants | 2a(1)(B) | | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (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) | | 0 |
| (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) | | 0 |
| (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) | | 0 |

| | | (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) | | 654061 |
| (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 | | 654061 |

Expenses

| | | | |
|--|--------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 172369 | |
| (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) | | 172369 |
| 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) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11)..... | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 172369 |

Net Income and Reconciliation

| | | | |
|--|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 481692 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 570946 |
| (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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **BROWN, EDWARDS & COMPANY, L.L.P.**

(2) EIN: **54-0504608**

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.) | | 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.)..... | | 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.) | | 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.)..... | | X | |
| e Was this plan covered by a fidelity bond?..... | X | | 3000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | 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? | | 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?..... | | 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.)..... | | 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.)..... | | 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? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | 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. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 542045.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

| | | |
|--|--|------------|
| A Name of plan <u>NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY</u> | B Three-digit plan number (PN) ▶ | <u>017</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION</u> | D Employer Identification Number (EIN) <u>34-1709242</u> | |

| | |
|---------------|----------------------|
| 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 | <u>0</u> |
| 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): <u>34-1229947</u> | | |
| 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 | <u>0</u> |

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

| | | | |
|---|------------------------------|--|---|
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. | | | |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. | | | |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) | 6c | | |
| If you completed line 6c, skip lines 8 and 9. | | | |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

| | | | | |
|---|-----------------------------------|-----------------------------------|-------------------------------|--|
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|---|-----------------------------------|-----------------------------------|-------------------------------|--|

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

| | | |
|--|------------------------------|-----------------------------|
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Does the ESOP hold any preferred stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____.

Independent Auditor's Report

To the Plan Administrator of SAS Rubber Company
Non-Contributory Pension Plan for Hourly Employees
Salem, Virginia

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

We have performed audits of the financial statements of SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of September 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 7 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees' ability to continue as a going concern for one year after the date 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

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 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees' 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees' 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 certifications, 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.

Brown, Edwards & Company, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia
July 14, 2025

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY | B Three-digit plan number (PN) ▶ | <u>017</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION | D Employer Identification Number (EIN) 34-1709242 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| | | | |
|---------------------------------|---|----------------------------|---------------------------|
| Part I Basic Information | | | |
| 1 | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u> | | |
| 2 | Assets: | | |
| | a Market value..... | 2a | 3,754,129 |
| | b Actuarial value..... | 2b | 4,129,541 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment..... | 56 | 1,926,480 |
| | b For terminated vested participants..... | 74 | 1,330,374 |
| | c For active participants..... | 12 | 270,397 |
| | d Total..... | 142 | 3,527,251 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions..... | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b | |
| 5 | Effective interest rate..... | 5 | 5.29% |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals..... | 6a | 0 |
| | b Expected plan-related expenses..... | 6b | 0 |
| | c Target normal cost..... | 6c | 0 |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|---|---|
| SIGN HERE | <u>ERIC DUPONT (E.D.)</u> Signature of actuary | <u>7/11/2025</u> Date |
| | <u>ERIC DUPONT</u> Type or print name of actuary | <u>2306639</u> Most recent enrollment number |
| | <u>MERCER</u> Firm name | <u>949-222-1310</u> Telephone number (including area code) |
| | <u>17901 VON KARMAN AVE STE 1100</u> <u>IRVINE CA 92614</u> Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2023 v. 230728

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 5.00 % | 3rd segment: 5.74 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|--|-----------|---|
| 28 Unpaid minimum required contributions for all prior years..... | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | 30 | 0 |

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

| | | |
|--|------------|---|
| a Target normal cost (line 6c)..... | 31a | 0 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 |

| | | |
|---|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment | 0 | 0 |

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

| | | | |
|---|-------------------|--------------------|---------------|
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement..... | 0 | 0 | 0 |

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

| | | |
|---|------------|---|
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 |

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

| (A) Retirement age | (B) Retirement percent | (C) Lx | (D) Number of employees expected to retire (B) x (C) | (E) (A) x (D) |
|-----------------------|---------------------------|-----------|--|------------------|
| 55 | 2.0% | 10,000 | 200 | 11,000 |
| 56 | 2.0% | 9,800 | 196 | 10,976 |
| 57 | 2.0% | 9,604 | 192 | 10,944 |
| 58 | 5.0% | 9,412 | 471 | 27,318 |
| 59 | 5.0% | 8,941 | 447 | 26,373 |
| 60 | 10.0% | 8,494 | 849 | 50,940 |
| 61 | 10.0% | 7,645 | 765 | 46,665 |
| 62 | 50.0% | 6,880 | 3,440 | 213,280 |
| 63 | 25.0% | 3,440 | 860 | 54,180 |
| 64 | 25.0% | 2,580 | 645 | 41,280 |
| 65 | 100.0% | 1,935 | 1,935 | 125,775 |
| Total | | | 10,000 | 618,731 |
| Average | | | | 61.87 |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for October 1, 2023 funding valuation**

| Discount rate sponsor elections | | |
|--|---|---------------|
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 0 | |
| | Stabilized | Nonstabilized |
| • First 5 years | 4.75% | 3.82% |
| • Next 15 years | 5.00% | 4.59% |
| • Over 20 years | 5.74% | 4.63% |
| | Rationale: Assumption is prescribed by the IRS based on plan sponsor elections. | |
| Mortality sponsor elections | | |
| • Healthy participants and post-2019 disabilities | Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed, projected with mortality improvement based on Scale MP-2021. | |
| • Pre-1995 disabilities | Revenue Ruling 96-7 table for participants who became disabled before 1995 | |
| • Post-1994 disabilities and pre-2020 disabilities | Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits. Healthy mortality was used for participants who became disabled after 1994 and are not eligible for Social Security disability benefits. | |
| | Rationale: Assumption is prescribed by the IRS. | |
| Other economic assumptions | | |
| • Expected investment return | 4.07% per year for 2021 plan year, 5.04% per year for 2022 plan year, and 5.35% per year for 2023 plan year Rationale: The expected investment return on plan assets is based on a blend of the hypothetical past performance of the plan's current asset mix and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Market Outlook for the plan's current asset mix. The expected return on assets assumption is net of an adjustment of 10 bps for investment expenses assumed to be paid from plan assets. | |
| • Expenses | None. Administrative expenses will be paid by the employer. | |
| Demographic assumptions | | |
| • Withdrawal | See table of sample rates. Rationale: Because the employer does not have enough credible experience to analyze withdrawal, the withdrawal assumption is based on the actuary's experience with many plans and discussions with the plan sponsor. In addition, the plan has not experienced any significant gains or losses that would suggest the assumption is unreasonable. | |
| • Disability incidence | The assumed incidence of disability is based on rates from the 1985 pension disability table (class 3) for males and females. See table of sample rates. | |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| | | |
|---|---|-----------------------------------|
| • Retirement age | Attained age | Percentage |
| | 55 | 2.0% |
| | 56 | 2.0% |
| | 57 | 2.0% |
| | 58 | 5.0% |
| | 59 | 5.0% |
| | 60 | 10.0% |
| | 61 | 10.0% |
| | 62 | 50.0% |
| | 63 | 25.0% |
| 64 | 25.0% | |
| 65 and above | 100.0% | |
| <p>Rationale: Because the employer does not have enough credible experience to analyze retirement, the retirement age assumption is based on the actuary’s experience with many plans and discussions with the plan sponsor. In addition, the plan has not experienced any significant gains or losses that would suggest the assumption is unreasonable.</p> | | |
| • Benefit commencement age for | | |
| – Future vested deferred | 65 | |
| – Current vested deferred | 65, or attained age if later | |
| • Spouse assumptions | <u>Male participants</u> | <u>Female participants</u> |
| – Percentage married | 85% | 85% |
| – Spouse age difference | 3 years younger | 3 years older |
| Form of payment | <u>5 Year Certain & Life</u> | <u>50% J&S</u> |
| • Active retirements | 50% | 50% |
| • Future vested deferred | 50% | 50% |
| • Future disabilities | 50% | 50% |
| • Future deaths | 0% | 100% |
| • Current vested deferred | 50% ¹ | 50% |
| Unpredictable contingent event assumptions | Not applicable | |

¹ Current vested deferred participants with less than 15 years of service are assumed to take a life annuity without a certain period based on the normal form of payment for these participants as defined in the plan document.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

| Attained age | Percentage | | | |
|--------------|------------|--------|----------------------|--------|
| | Withdrawal | | Disability incidence | |
| | Male | Female | Male | Female |
| 20 | 9.50% | 9.50% | 0.15% | 0.09% |
| 25 | 8.25% | 8.25% | 0.22% | 0.15% |
| 30 | 7.00% | 7.00% | 0.31% | 0.25% |
| 35 | 6.00% | 6.00% | 0.43% | 0.39% |
| 40 | 5.00% | 5.00% | 0.60% | 0.55% |
| 45 | 4.00% | 4.00% | 0.83% | 0.78% |
| 50 | 0.00% | 0.00% | 1.22% | 1.20% |
| 55 | 0.00% | 0.00% | 2.12% | 1.96% |
| 60 | 0.00% | 0.00% | 3.24% | 2.33% |
| 61 | 0.00% | 0.00% | 3.46% | 2.35% |
| 62 | 0.00% | 0.00% | 3.69% | 2.38% |
| 63 | 0.00% | 0.00% | 3.91% | 2.47% |
| 64 | 0.00% | 0.00% | 4.14% | 2.59% |
| 65 | 0.00% | 0.00% | N/A | N/A |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all plan participants as of the valuation date.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

| | |
|--|--|
| Effective date and plan year | Original plan: June 1, 1970 Restated plan: December 8, 2008 Plan year: October 1 through September 30 |
| Status of the plan | Effective December 31, 2019, participation in the plan is frozen and all benefit accruals are frozen. |
| Significant events that occurred during the year | None. |
| Definitions | |
| • Participation | Any hourly rate employee who has attained age 18. Employees hired after December 31, 2019 are not eligible to participate in the plan. |
| • Credited service | Continuous service through December 31, 2019. |
| • Accrual rate | Effective January 31, 1996, \$16.00 per month per year of credited service Effective January 1, 2001, \$20.00 per month per year of credited service |
| • Accrued benefit | Credited service to date times accrual rate |
| • Actuarial equivalence for optional forms of payment, early retirement reductions and late retirement increases | Unisex Pension 1984 mortality table and 5.5% interest rate |
| Normal retirement | |
| • Eligibility | Age 65 |
| • Benefit | Credited service at normal retirement age times accrual rate |
| Late retirement | |
| • Eligibility | Retirements after age 65 |
| • Benefit | Greater of: <ul style="list-style-type: none"> - the accrued benefit payable at the normal retirement date actuarially increased for late retirement, or - the accrued benefit payable at the late retirement date |
| Early retirement | |
| • Eligibility | Age 55 with 15 years of continuous service |
| • Benefit | Actuarial equivalent of accrued normal retirement benefit |
| Deferred vested | |
| • Eligibility | 5 years of continuous service |
| • Benefit | Credited service at termination times accrual rate, payable at age 65 or actuarially reduced as early as age 55 with 15 years of continuous service |
| Disability | |
| • Eligibility | 10 years of continuous service and eligibility for Social Security disability benefit |
| • Benefit | Actuarial equivalent of accrued normal retirement benefit commencing immediately upon determination that the participant is permanently incapacitated. |

Schedule SB, Part V — Summary of Plan Provisions

| Pre-retirement death | |
|---|---|
| • Eligibility | Vested married participant |
| • Benefit prior to early retirement | If death occurs prior to age 55 or 15 years of continuous service, the benefit would be determined as if the participant terminated at the earlier of his date of death and his date of termination, survived until age 55 (age 65 if the decedent has less than 15 years of continuous service) and commenced a reduced benefit with 50% of such amount continued to his spouse after his death and 50% of such benefit would be payable to the surviving spouse for life commencing when the participant would have attained age 55 (age 65 if less than 15 years of continuous service). |
| • Benefit after early retirement | If death occurs after the participant has attained age 55 and 15 years of continuous service, the amount which would have been paid had the participant retired the day before his death and chosen an immediate benefit payable with a reduced benefit to the participant with 50% of such amount continued to his spouse upon his death. |
| Form of benefits | |
| • Automatic form for unmarried participants | Five-year certain and life annuity, vested deferred participants with less than 15 years of service have a life annuity without a certain period as an automatic form of payment |
| • Automatic form for married participants | 50% joint and survivor annuity |
| • Optional forms | Five-year certain and life annuity 50% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity with 5-year certain (available only if retirement occurs on or after age 65) The plan also allows for de minimis lump sums less than \$5,000. |
| • Lump sum conversion factors | PPA mortality and interest rates equal to the 3-tiered minimum present value segment rate for the month which is five months prior to the first day of the plan year in which a distribution is made and reflecting the appropriate phase-ins. |
| Miscellaneous | |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is \$265,000. |

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2019, are included in this valuation:

- **Most recent plan amendments included:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation unless an election is made to include such amendment per regulations.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2022 to 2023.

Schedule SB, Line 24 — Change in Actuarial Assumptions

The following changes were made since the October 1, 2022 valuation:

- Interest discounts and mortality rates were updated from 2022 to 2023 in accordance with PPA.
- The expected investment return was changed from 5.04% to 5.35%.

Schedule SB, Line 26a — Schedule of Active Participant Data

| Attained Age | Years of credited service | | | | | | | | | | Total |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
| | Under 1 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | |
| Under 25 | 1 | | | | | | | | | | 1 |
| 25–29 | | 2 | | | | | | | | | 2 |
| 30–34 | | | | | | | | | | | |
| 35–39 | | | | | | | | | | | |
| 40–44 | | | | | | | | | | | |
| 45–49 | | 1 | | | | | | | | | 1 |
| 50–54 | | | | 1 | 1 | 1 | | | | | 3 |
| 55–59 | | | | | | 1 | 1 | 1 | | | 3 |
| 60–64 | | 1 | | | 1 | | | | | | 2 |
| 65–69 | | | | | | | | | | | |
| 70 & up | | | | | | | | | | | |
| Total | 1 | 4 | | 1 | 2 | 2 | 1 | 1 | | | 12 |

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

| (A) Retirement age | (B) Retirement percent | (C) Lx | (D) Number of employees expected to retire (B) x (C) | (E) (A) x (D) |
|-----------------------|---------------------------|-----------|--|------------------|
| 55 | 2.0% | 10,000 | 200 | 11,000 |
| 56 | 2.0% | 9,800 | 196 | 10,976 |
| 57 | 2.0% | 9,604 | 192 | 10,944 |
| 58 | 5.0% | 9,412 | 471 | 27,318 |
| 59 | 5.0% | 8,941 | 447 | 26,373 |
| 60 | 10.0% | 8,494 | 849 | 50,940 |
| 61 | 10.0% | 7,645 | 765 | 46,665 |
| 62 | 50.0% | 6,880 | 3,440 | 213,280 |
| 63 | 25.0% | 3,440 | 860 | 54,180 |
| 64 | 25.0% | 2,580 | 645 | 41,280 |
| 65 | 100.0% | 1,935 | 1,935 | 125,775 |
| Total | | | 10,000 | 618,731 |
| Average | | | | 61.87 |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for October 1, 2023 funding valuation**

| Discount rate sponsor elections | | |
|--|---|---------------|
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 0 | |
| | Stabilized | Nonstabilized |
| • First 5 years | 4.75% | 3.82% |
| • Next 15 years | 5.00% | 4.59% |
| • Over 20 years | 5.74% | 4.63% |
| | Rationale: Assumption is prescribed by the IRS based on plan sponsor elections. | |
| Mortality sponsor elections | | |
| • Healthy participants and post-2019 disabilities | Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed, projected with mortality improvement based on Scale MP-2021. | |
| • Pre-1995 disabilities | Revenue Ruling 96-7 table for participants who became disabled before 1995 | |
| • Post-1994 disabilities and pre-2020 disabilities | Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits. Healthy mortality was used for participants who became disabled after 1994 and are not eligible for Social Security disability benefits. | |
| | Rationale: Assumption is prescribed by the IRS. | |
| Other economic assumptions | | |
| • Expected investment return | 4.07% per year for 2021 plan year, 5.04% per year for 2022 plan year, and 5.35% per year for 2023 plan year Rationale: The expected investment return on plan assets is based on a blend of the hypothetical past performance of the plan's current asset mix and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Market Outlook for the plan's current asset mix. The expected return on assets assumption is net of an adjustment of 10 bps for investment expenses assumed to be paid from plan assets. | |
| • Expenses | None. Administrative expenses will be paid by the employer. | |
| Demographic assumptions | | |
| • Withdrawal | See table of sample rates. Rationale: Because the employer does not have enough credible experience to analyze withdrawal, the withdrawal assumption is based on the actuary's experience with many plans and discussions with the plan sponsor. In addition, the plan has not experienced any significant gains or losses that would suggest the assumption is unreasonable. | |
| • Disability incidence | The assumed incidence of disability is based on rates from the 1985 pension disability table (class 3) for males and females. See table of sample rates. | |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

| | | |
|---|---|-----------------------------------|
| • Retirement age | Attained age | Percentage |
| | 55 | 2.0% |
| | 56 | 2.0% |
| | 57 | 2.0% |
| | 58 | 5.0% |
| | 59 | 5.0% |
| | 60 | 10.0% |
| | 61 | 10.0% |
| | 62 | 50.0% |
| | 63 | 25.0% |
| 64 | 25.0% | |
| 65 and above | 100.0% | |
| <p>Rationale: Because the employer does not have enough credible experience to analyze retirement, the retirement age assumption is based on the actuary’s experience with many plans and discussions with the plan sponsor. In addition, the plan has not experienced any significant gains or losses that would suggest the assumption is unreasonable.</p> | | |
| • Benefit commencement age for | | |
| – Future vested deferred | 65 | |
| – Current vested deferred | 65, or attained age if later | |
| • Spouse assumptions | <u>Male participants</u> | <u>Female participants</u> |
| – Percentage married | 85% | 85% |
| – Spouse age difference | 3 years younger | 3 years older |
| Form of payment | <u>5 Year Certain & Life</u> | <u>50% J&S</u> |
| • Active retirements | 50% | 50% |
| • Future vested deferred | 50% | 50% |
| • Future disabilities | 50% | 50% |
| • Future deaths | 0% | 100% |
| • Current vested deferred | 50% ¹ | 50% |
| Unpredictable contingent event assumptions | Not applicable | |

¹ Current vested deferred participants with less than 15 years of service are assumed to take a life annuity without a certain period based on the normal form of payment for these participants as defined in the plan document.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of sample rates

| Attained age | Percentage | | | |
|--------------|------------|--------|----------------------|--------|
| | Withdrawal | | Disability incidence | |
| | Male | Female | Male | Female |
| 20 | 9.50% | 9.50% | 0.15% | 0.09% |
| 25 | 8.25% | 8.25% | 0.22% | 0.15% |
| 30 | 7.00% | 7.00% | 0.31% | 0.25% |
| 35 | 6.00% | 6.00% | 0.43% | 0.39% |
| 40 | 5.00% | 5.00% | 0.60% | 0.55% |
| 45 | 4.00% | 4.00% | 0.83% | 0.78% |
| 50 | 0.00% | 0.00% | 1.22% | 1.20% |
| 55 | 0.00% | 0.00% | 2.12% | 1.96% |
| 60 | 0.00% | 0.00% | 3.24% | 2.33% |
| 61 | 0.00% | 0.00% | 3.46% | 2.35% |
| 62 | 0.00% | 0.00% | 3.69% | 2.38% |
| 63 | 0.00% | 0.00% | 3.91% | 2.47% |
| 64 | 0.00% | 0.00% | 4.14% | 2.59% |
| 65 | 0.00% | 0.00% | N/A | N/A |

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all plan participants as of the valuation date.
- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Line 24 — Change in Actuarial Assumptions

The following changes were made since the October 1, 2022 valuation:

- Interest discounts and mortality rates were updated from 2022 to 2023 in accordance with PPA.
- The expected investment return was changed from 5.04% to 5.35%.

Schedule SB, Line 26a — Schedule of Active Participant Data

| Attained Age | Years of credited service | | | | | | | | | | Total |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
| | Under 1 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | |
| Under 25 | 1 | | | | | | | | | | 1 |
| 25–29 | | 2 | | | | | | | | | 2 |
| 30–34 | | | | | | | | | | | |
| 35–39 | | | | | | | | | | | |
| 40–44 | | | | | | | | | | | |
| 45–49 | | 1 | | | | | | | | | 1 |
| 50–54 | | | | 1 | 1 | 1 | | | | | 3 |
| 55–59 | | | | | | 1 | 1 | 1 | | | 3 |
| 60–64 | | 1 | | | 1 | | | | | | 2 |
| 65–69 | | | | | | | | | | | |
| 70 & up | | | | | | | | | | | |
| Total | 1 | 4 | | 1 | 2 | 2 | 1 | 1 | | | 12 |

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

| | |
|--|--|
| Effective date and plan year | Original plan: June 1, 1970 Restated plan: December 8, 2008 Plan year: October 1 through September 30 |
| Status of the plan | Effective December 31, 2019, participation in the plan is frozen and all benefit accruals are frozen. |
| Significant events that occurred during the year | None. |
| Definitions | |
| • Participation | Any hourly rate employee who has attained age 18. Employees hired after December 31, 2019 are not eligible to participate in the plan. |
| • Credited service | Continuous service through December 31, 2019. |
| • Accrual rate | Effective January 31, 1996, \$16.00 per month per year of credited service Effective January 1, 2001, \$20.00 per month per year of credited service |
| • Accrued benefit | Credited service to date times accrual rate |
| • Actuarial equivalence for optional forms of payment, early retirement reductions and late retirement increases | Unisex Pension 1984 mortality table and 5.5% interest rate |
| Normal retirement | |
| • Eligibility | Age 65 |
| • Benefit | Credited service at normal retirement age times accrual rate |
| Late retirement | |
| • Eligibility | Retirements after age 65 |
| • Benefit | Greater of: <ul style="list-style-type: none"> - the accrued benefit payable at the normal retirement date actuarially increased for late retirement, or - the accrued benefit payable at the late retirement date |
| Early retirement | |
| • Eligibility | Age 55 with 15 years of continuous service |
| • Benefit | Actuarial equivalent of accrued normal retirement benefit |
| Deferred vested | |
| • Eligibility | 5 years of continuous service |
| • Benefit | Credited service at termination times accrual rate, payable at age 65 or actuarially reduced as early as age 55 with 15 years of continuous service |
| Disability | |
| • Eligibility | 10 years of continuous service and eligibility for Social Security disability benefit |
| • Benefit | Actuarial equivalent of accrued normal retirement benefit commencing immediately upon determination that the participant is permanently incapacitated. |

Schedule SB, Part V — Summary of Plan Provisions

| Pre-retirement death | |
|---|---|
| • Eligibility | Vested married participant |
| • Benefit prior to early retirement | If death occurs prior to age 55 or 15 years of continuous service, the benefit would be determined as if the participant terminated at the earlier of his date of death and his date of termination, survived until age 55 (age 65 if the decedent has less than 15 years of continuous service) and commenced a reduced benefit with 50% of such amount continued to his spouse after his death and 50% of such benefit would be payable to the surviving spouse for life commencing when the participant would have attained age 55 (age 65 if less than 15 years of continuous service). |
| • Benefit after early retirement | If death occurs after the participant has attained age 55 and 15 years of continuous service, the amount which would have been paid had the participant retired the day before his death and chosen an immediate benefit payable with a reduced benefit to the participant with 50% of such amount continued to his spouse upon his death. |
| Form of benefits | |
| • Automatic form for unmarried participants | Five-year certain and life annuity, vested deferred participants with less than 15 years of service have a life annuity without a certain period as an automatic form of payment |
| • Automatic form for married participants | 50% joint and survivor annuity |
| • Optional forms | Five-year certain and life annuity 50% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity with 5-year certain (available only if retirement occurs on or after age 65) The plan also allows for de minimis lump sums less than \$5,000. |
| • Lump sum conversion factors | PPA mortality and interest rates equal to the 3-tiered minimum present value segment rate for the month which is five months prior to the first day of the plan year in which a distribution is made and reflecting the appropriate phase-ins. |
| Miscellaneous | |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2023, the limit is \$265,000. |

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through December 31, 2019, are included in this valuation:

- **Most recent plan amendments included:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation unless an election is made to include such amendment per regulations.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* The plan does not have any unpredictable contingent event benefits.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2022 to 2023.



SAS Rubber Company
Non-Contributory Pension Plan
for Hourly Employees

Financial Report

September 30, 2024

SAS Rubber Company
Non-Contributory Pension Plan for Hourly Employees

Contents

Independent Auditor’s Report..... 1

Financial Statements

Statements of Net Assets Available for Benefits..... 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6

Independent Auditor's Report

To the Plan Administrator of SAS Rubber Company
Non-Contributory Pension Plan for Hourly Employees
Salem, Virginia

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

We have performed audits of the financial statements of SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of September 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 7 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above related to assets held and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees' ability to continue as a going concern for one year after the date 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

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 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees' 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 SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees' 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 certifications, 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.

Brown, Edwards & Company, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia
July 14, 2025



Financial Statements



SAS Rubber Company
Non-Contributory Pension Plan for Hourly Employees

Statements of Net Assets Available for Benefits
September 30, 2024 (in Liquidation) and 2023 (Ongoing)

| | (In Liquidation) 2024 | (Ongoing) 2023 |
|---|--------------------------|---------------------|
| ASSETS | | |
| Investment in the Yokohama Tire Corporation Pension Master Trust (Notes 4 and 7) | \$ 4,804,132 | \$ 3,751,494 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 4,804,132 | \$ 3,751,494 |

SAS Rubber Company
Non-Contributory Pension Plan for Hourly Employees
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2024 (in Liquidation) and 2023 (Ongoing)

| | (in Liquidation) | (Ongoing) |
|---|-------------------------|---------------------|
| | 2024 | 2023 |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Net investment income in the Yokohama Tire Corporation Pension Master Trust (Notes 4 and 7) | \$ 654,061 | \$ 63,561 |
| Transfers In (Note 1) | 570,946 | - |
| Total additions | 1,225,007 | 63,561 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Distribution of retirement benefits | 172,369 | 173,591 |
| Net increase (decrease) | 1,052,638 | (110,030) |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | 3,751,494 | 3,861,524 |
| End of year | \$ 4,804,132 | \$ 3,751,494 |

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

Note 1 – Plan Description

SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees (the “Plan”) is a non-contributory defined benefit pension plan that covers eligible employees of the SAS Rubber Company (the “Company”). The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. Information about the Plan agreement, including the vesting and benefit provisions, is contained in the Summary Plan Description for the Plan of the Company. Copies of this pamphlet are available from the human resources department of the Company.

Participation in the Plan and accrual of benefits were frozen effective December 31, 2019. The Company, in conjunction with the advice and consent of the Pension Benefit Guaranty Corporation (the “PBGC”), is continuing to fund the Plan for all previously accrued benefits earned under the terms of the Plan.

Effective September 30, 2024, the merger of the Yokohama Tire Corporation Frozen Non-Contributory Pension Plan into the SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees was approved, resulting in receipt of \$570,946 in assets. The SAS Rubber Company Non-Contributory Pension Plan for Hourly Employees was terminated effective September 30, 2024. See Note 5.

Pension Benefits

Prior to plan termination, retirement benefits paid to participants were defined by the Plan based upon the number of years of credited service earned by the employee. The Plan also defines normal retirement benefit, early retirement benefit, deferred vested benefit, and disability benefit. See Note 5.

Information about the Plan agreement, including vesting and benefit provisions, is contained in the Plan document and in the amendment to terminate the Plan.

Note 2 – Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting used to determine the amounts at which investments are stated, from an ongoing Plan basis to the liquidation basis for the periods after September 30, 2023. See Note 5.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

Investment Valuation and Income Recognition

The Plan's investments are held in the Yokohama Tire Corporation Pension Master Trust (the "Master Trust") and are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, and (b) present participants or their beneficiaries. Benefits for retired or terminated participants or their beneficiaries are based on participants' years of service. The accumulated Plan benefits for active participants are based on their years of service preceding the valuation date. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to participant service rendered to the valuation date.

An independent actuary estimates the actuarial present value of accumulated Plan benefits. This is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The valuation date is October 1, 2023.

The accumulated Plan benefit information is as follows:

| | 2023 |
|---|---------------------|
| Actuarial present value of accumulated Plan benefits: | |
| Vested benefits: | |
| Participants receiving payments | \$ 1,834,651 |
| Other participants | 1,572,909 |
| | \$ 3,407,560 |

The changes in the actuarial present value of accumulated Plan benefits are as follows:

| | |
|--|---------------------|
| Actuarial present value of accumulated Plan benefits: | |
| As of October 1, 2022: | \$ 3,578,904 |
| Benefits accumulated and (gain) / losses | (51,473) |
| Increase for interest due to decrease in discount period | 175,624 |
| Benefits paid | (174,097) |
| Change in actuarial assumptions | (121,398) |
| Net decrease | (171,344) |
| Actuarial present value of accumulated Plan benefits: | |
| As of October 1, 2023 | \$ 3,407,560 |

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

The actuarial assumptions employed to determine Plan liabilities are as follows:

| | |
|----------------------------|--|
| Discount rate | Segmented rates in 2023 and 2022, including 3.82% and 1.57%, respectively, for the first 5 years, 4.59% and 3.21%, respectively, for the next 15 years, and 4.63% and 3.66%, respectively, after 20 years. |
| Healthy mortality basis | PRI-2012, employee and retiree, sex distinct, blue collar, generational mortality table, with separate annuitant & contingent annuitant tables (where the primary annuitant is already deceased as of the valuation date), projected with scale MP-2021. |
| Disability mortality basis | Revenue Ruling 96-7 Table. |
| Retirement | Rates dependent on age and years of service, assuming 2% retiring at age 55 and rising to 50% at age 62, and 100% retirement by age 65. |
| Expenses | Administrative expenses will be paid by the employer. |
| Form of payment | Assume 50% elect the five-year and certain life annuity and 50% elect the 50% joint and survivor annuity, except for future deaths which 100% elect the 50% joint and survivor annuity. |
| Expected investment return | 5.35% in 2023; 5.04% in 2022. |

For the October 1, 2023 valuation, the following change in assumptions was made and included: the expected investment return was changed from 5.04% to 5.35%.

For the October 1, 2023 valuation, the actuarial assumptions were based on presumptions that the Plan will continue. As of the date of the valuation, the decision to terminate the Plan had not been made. Different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits for the October 1, 2024 valuation. See Note 5.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Plan Expenses

Administrative expenses shall be paid by the Company.

Subsequent Events

Subsequent events have been evaluated through July 14, 2025, the date the financial statements were available to be issued.

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

Note 3 – Funding Policy

The contributions of the Company are determined by the actuary to maintain the Plan as a qualified employee benefit plan meeting the minimum funding standard requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company has the right under the Plan to discontinue its contributions at any time. Upon plan termination, all participants became 100% vested in their accounts. See Note 5.

Note 4 – Investment in Master Trust

Principal Bank (“Principal”), Trustee of the Plan, holds substantially all of the Plan’s investment assets and executes transactions therein. Keybank National Association (“Keybank”), Custodian of the Plan, administers the payment of benefits and maintains sufficient operating funds to permit that function.

The Plan’s investments are held by the Master Trust in a trust fund administered by Principal and Keybank for the year ended September 30, 2024 and 2023. Financial information relating to these assets held by the Master Trust and the allocation to each participating plan is based on information provided and certified by the Trustee and Custodian. Investment income and certain administrative expenses associated with the Master Trust are allocated to individual plans based upon its pro rata share of the net assets. The following tables present the investments and other assets and liabilities of the Master Trust.

| | September 30, 2024 | |
|---------------------------------|----------------------------------|--|
| | Master Trust Balances | Plan’s Interest in Master Trust |
| Cash and short-term investments | \$ 845,930 | \$ 208,281 |
| Mutual funds | 5,140,178 | 137,150 |
| Common collective funds | 167,104,958 | 4,458,701 |
| | 173,091,066 | 4,804,132 |
| Accrued employer receivable | 2,501,200 | - |
| Total net assets | \$ 175,592,266 | \$ 4,804,132 |
| | September 30, 2023 | |
| | Master Trust Balances | Plan’s Interest in Master Trust |
| Cash and short-term investments | \$ 1,554,265 | \$ (32,675) |
| Mutual funds | 4,625,400 | 116,280 |
| Common collective funds | 145,901,662 | 3,667,889 |
| | 152,081,327 | 3,751,494 |
| Accrued employer receivable | 4,453,200 | - |
| Total net assets | \$ 156,534,527 | \$ 3,751,494 |

Cash and short-term investments above are maintained at Keybank and utilized to fund benefit obligations of each plan in the Master Trust. Keybank requires sufficient funds be maintained to satisfy the following month’s expected benefit payments for all plans combined, but does not specifically allocate funds to each plan. Financial reporting standards

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

require allocation, and plan management has consistently allocated funds at Keybank based on specific plan activity. Although an individual plan's master trust investment in cash and short-term investments may at times indicate a deficit position, surplus funds from the other two related plans in the Master Trust are utilized to temporarily fund the deficit.

The following table presents the net appreciation and investment income for the Master Trust for the years ended September 30:

| | 2024 | 2023 |
|------------------------|---------------|--------------|
| Net appreciation | \$ 25,936,021 | \$ 2,193,174 |
| Interest and dividends | 271,973 | 382,420 |
| | \$ 26,207,994 | \$ 2,575,594 |

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of September 30, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

| | Fair Value Measurements at Reporting Date Using: | | |
|----------------------------------|--|--|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) |
| <u>September 30, 2024</u> | | | |
| Common collective funds | \$ 167,104,958 | \$ - | \$ 167,104,958 |
| Mutual funds | 5,140,178 | 5,140,178 | - |
| Money market fund | 845,930 | 845,930 | - |
| Total | \$ 173,091,066 | \$ 5,986,108 | \$ 167,104,958 |
| <u>September 30, 2023</u> | | | |
| Common collective funds | \$ 145,901,662 | \$ - | \$ 145,901,662 |
| Mutual funds | 4,625,400 | 4,625,400 | - |
| Money market fund | 1,554,265 | 1,554,265 | - |
| Total | \$ 152,081,327 | \$ 6,179,665 | \$ 145,901,662 |

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

Level 1 Fair Value Measurements

The fair values of mutual funds and the money market fund are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

The fair values of common collective funds are based on inputs that are observable for valuing the asset or liability, either directly or indirectly (i.e., interest rate and yield curves observable at commonly quoted intervals, default rates, etc.). Observable inputs include quoted prices for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

The common collective funds invest in securities that have observable Level 2 pricing inputs, including quoted prices for similar assets in active or non-active markets. While the underlying assets values are quoted prices, the net asset value (NAV) of a unit in these funds is not publicly quoted. Units can be issued and redeemed on any business day at the NAV. All earnings and losses are reflected in the computation of the NAV and are realized by the participant upon withdrawal. No distributions of income and gain or loss are made to participants.

Note 5 – Plan Termination

The Plan was terminated effective September 30, 2024. Upon plan termination, the Board approved distribution of all remaining assets to participants in the following manner:

| | |
|--|---|
| Participants receiving payments | Nontransferable annuity contract purchase on his or her behalf from an insurance company |
| Participants not receiving payments; amounts not exceeding \$7,000 | Lump sum distribution |
| Participants not receiving payments; amounts exceeding \$7,000 | Participants have the following options: <ul style="list-style-type: none">a) Lump sum distributionb) Nontransferable immediate annuity contractc) Nontransferable deferred annuity contract for a future date under the normal terms of the Plan |

Upon Plan termination, the Plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefits Guaranty Corporation (the "PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Certain benefits under the Plan are insured by the PBGC upon Plan termination. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024, that ceiling is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least

SAS Rubber Company

Non-Contributory Pension Plan for Hourly Employees

Notes to Financial Statements

September 30, 2024

65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits upon Plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 6 – Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated August 2, 2013, stating that the Plan is qualified, in form, under Section 401(a) of the *Internal Revenue Code* (the "IRC") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the *IRC* to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with applicable requirements of the *IRC* and, therefore, believes that the Plan is qualified and the related trust is tax exempt. Subsequent amendments have been structured to, and are intended to, maintain the Plan's tax qualified status.

Accounting principles generally accepted in the United States of America require plan management 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 more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

Note 7 – Trustee's and Custodian's Certifications

Certain information was certified as complete and accurate by Principal Bank and KeyBank, the Trustee and Custodian. This information is as follows:

- Investment assets
- Investment transactions
- Investment income

Note 8 – Risks and Uncertainties

The Plan invests in various investment securities. 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

Any Plan contributions made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- 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 NON-CONTRIBUTORY PENSION PLAN FOR HOURLY EMPLOYEES OF SAS RUBBER COMPANY | | 1b Three-digit plan number (PN) ▶ | 017 |
| | | 1c Effective date of plan | 06/01/1970 |
| 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) SAS RUBBER COMPANY C/O YOKOHAMA TIRE CORPORATION | | 2b Employer Identification Number (EIN) | 34-1709242 |
| 1500 INDIANA STREET | | 2c Plan Sponsor's telephone number | (540) 375-8577 |
| SALEM | VA 24153 | 2d Business code (see instructions) | 326200 |

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 | <i>Brenda Fleming</i> | <u>7/15/25</u> | BRENDA FLEMING |
| | 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 (2023)
v. 230728

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|--|-----|--------------|--|----|--------------|--|----|-----------|--|----|-----------|--|----|-----------|--|-----|-----------|--|----|-----------|--|-----|--------------|--|--|--------------|--|--|-----------|--|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">142</td> </tr> </table> | 5 | | 142 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | 142 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td></td> <td style="text-align: right;">12</td> </tr> <tr> <td>6a(2)</td> <td></td> <td style="text-align: right;">10</td> </tr> <tr> <td>6b</td> <td></td> <td style="text-align: right;">66</td> </tr> <tr> <td>6c</td> <td></td> <td style="text-align: right;">72</td> </tr> <tr> <td>6d</td> <td></td> <td style="text-align: right;">148</td> </tr> <tr> <td>6e</td> <td></td> <td style="text-align: right;">20</td> </tr> <tr> <td>6f</td> <td></td> <td style="text-align: right;">168</td> </tr> <tr> <td>6g(1)</td> <td></td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> <td></td> </tr> <tr> <td>6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table> | | | | 6a(1) | | 12 | 6a(2) | | 10 | 6b | | 66 | 6c | | 72 | 6d | | 148 | 6e | | 20 | 6f | | 168 | 6g(1) | | | 6g(2) | | | 6h | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(1) | | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b | | 66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6c | | 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | | 148 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6e | | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6f | | 168 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6h | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> </table> | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1I 3H

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

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

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

| | |
|---|---|
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|