

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic 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 BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN
1b Three-digit plan number (PN) 003
1c Effective date of plan 05/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan) BRIDGESTONE AMERICAS, INC.
2b Employer Identification Number (EIN) 88-0335067
2c Plan Sponsor's telephone number 615-937-1000
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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4411
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1480
	<b>6a(2)</b>	1349
	<b>6b</b>	1977
	<b>6c</b>	725
	<b>6d</b>	4051
	<b>6e</b>	262
	<b>6f</b>	4313
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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   0
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

---

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **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.

<b>A</b> Name of plan <u>BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BRIDGESTONE AMERICAS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>88-0335067</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>454381500</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>499819650</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>2108</u>	<u>307361165</u>
	<b>b</b> For terminated vested participants .....	<u>854</u>	<u>28461734</u>
	<b>c</b> For active participants .....	<u>1480</u>	<u>151476895</u>
	<b>d</b> Total .....	<u>4442</u>	<u>487299794</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.27 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>5401978</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1961353</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>7363331</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>07/24/2025</u>
	<u>DAVID M HAUER</u>	Date
	Type or print name of actuary	<u>23-06576</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>216-937-4000</u>
	<u>1001 LAKESIDE AVENUE</u>	Telephone number (including area code)
	<u>SUITE 1500</u>	
	<u>CLEVELAND, OH 44114-1172</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	2800201
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	2800201
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-0.91</u> % .....	0	-25482
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	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>5.44</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	2774719

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	97.97 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	97.97 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	107.54 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
07/14/2025	6035000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	6035000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	5529648

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> 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			
<b>25</b> 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			
<b>26</b> Demographic and benefit information			
<b>a</b> 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>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....			<b>31a</b> 7363331
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	10262725	939868	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 8303199
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	2774719	2774719
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 5528480
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 5529648
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 1168
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 1168
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> 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 type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRIDGESTONE AMERICAS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>88-0335067</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	643967	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	35750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

<b>A</b> Name of plan <u>BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BRIDGESTONE AMERICAS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>88-0335067</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BAI MASTER PENSION TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>BRIDGESTONE AMERICAS, INC.</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>88-0335067-001</u>	<u>M</u>		<u>496380071</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning <b>11/01/2023</b> and ending <b>10/31/2024</b>	
<b>A</b> Name of plan <b>BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BRIDGESTONE AMERICAS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>88-0335067</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	6035000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	454381500	496380071
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	454381500	502415071
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	454381500	502415071

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	6035000	
(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)		6035000
<b>b Earnings on investments:</b>			
(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)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		79655279
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		85690279

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	36316687	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		36316687
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	2851	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	35750	
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>	643967	
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	657453	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1340021
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		37656708

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		48033571
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	X		588989
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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 542646.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

<b>A</b> Name of plan <u>BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BRIDGESTONE AMERICAS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>88-0335067</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>49</u>

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....  Increase  Decrease  Both  No

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

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

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

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

<b>a</b> 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) .....	<b>14a</b>	
<b>b</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) .....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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: 15.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 72.0 %  
 High-Yield Debt: 4.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 5.0 % Other: 1.0 %

**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 \_\_\_\_\_.

Financial Statements and Report of  
Independent Certified Public  
Accountants

**Bridgestone Americas, Inc.**  
**Non-Contributory Pension Plan**

October 31, 2024 and 2023

**Contents**

Page

Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	6
Statements of changes in net assets available for benefits	7
Notes to financial statements	8

---

**GRANT THORNTON LLP**

27777 Franklin Road, Suite 800  
Southfield, MI 48034

**D** +1 248 262 1950

**F** +1 248 350 3581

**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Employee Trust Investment Committee  
Bridgestone Americas, Inc

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

We have performed audits of the financial statements of Bridgestone Americas, Inc. Non-Contributory Pension Plan (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 October 31, 2024 and 2023, 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 the Plan's 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 a qualified institution as of October 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note I 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all

material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of management for the financial statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

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

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

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

*Grant Thornton LLP*

Southfield, Michigan  
August 15, 2025

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**October 31,**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value		
Plan interest in Master Trust	\$ 496,380,071	\$ 454,381,500
Company contribution receivable	<u>6,035,000</u>	<u>-</u>
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 <u><u>\$ 502,415,071</u></u>	 <u><u>\$ 454,381,500</u></u>

The accompanying notes are an integral part of these financial statements.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years ended October 31,

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Net investment income (loss) from allocable share of Master Trust	\$ 79,655,279	\$ (4,346,395)
Company contributions	<u>6,035,000</u>	<u>-</u>
Total net additions	85,690,279	(4,346,395)
<b>Deductions</b>		
Benefit payments	(36,316,687)	(39,730,731)
Administrative expenses	<u>(1,340,021)</u>	<u>(1,961,353)</u>
Total net deductions	<u>(37,656,708)</u>	<u>(41,692,084)</u>
<b>NET INCREASE (DECREASE)</b>	48,033,571	(46,038,479)
 <b>Net assets available for benefits</b>		
Beginning of year	<u>454,381,500</u>	<u>500,419,979</u>
End of year	<u>\$ 502,415,071</u>	<u>\$ 454,381,500</u>

The accompanying notes are an integral part of these financial statements.

## **Bridgestone Americas, Inc. Non-Contributory Pension Plan**

### **NOTES TO FINANCIAL STATEMENTS**

**October 31, 2024 and 2023**

#### **NOTE A - DESCRIPTION OF THE PLAN**

The following brief description of the Bridgestone Americas, Inc. Non-Contributory Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

##### ***General***

The Plan is a defined benefit pension plan covering substantially all hourly, collectively bargained employees of Bridgestone Americas, Inc. (the “Company” or “Plan Sponsor”), except those hourly employees included in the Bridgestone Americas, Inc. Hourly Employees Retirement Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan provides benefits to eligible hourly employees subject to collective bargaining agreements between the Company and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL- CIO, CLC, the United Steelworkers of America, AFL-CIO, CLC, and the Teamsters Automotive, Industrial and Allied Workers Union. Benefits will vary based in the international union and local chapter in which the employee was a member.

On September 15, 2023, the Bridgestone Americas, Inc. Retirement Trust (“the Retirement Trust”) merged into the Bridgestone Americas, Inc. Master Pension Trust (“the Master Trust”). All assets from the Retirement Trust were transferred to the Master Trust, and the Retirement Trust ceased operating as the Retirement Plan’s trust on the date of the merger. The Master Trust includes the assets of the Plan, the Bridgestone Americas, Inc. Salaried Employees Retirement Plan, the Bridgestone Americas, Inc. Hourly Employees Retirement Plan, and due to the merger, the Bridgestone Americas, Inc. Retirement Plan (“Affiliated Plans”). The merger had no effect on any of the participants accrued benefits under any of the Plans in the Master Trust.

##### ***Pension Benefits***

Employees hired prior to age 60 who are active employees at age 65 are entitled to annual pension benefits at normal retirement age (65). Such annual benefits are based on a basic benefit amount times years of service. The basic benefit is a flat dollar amount and is determined pursuant to the particular benefit schedule under which the employee retires. Employees hired on or after age 60 are entitled to the annual pension benefit described above after the fifth anniversary of their hire date. The Plan permits early retirement, generally, at ages 55 to 64 with at least 10 years of service, and allows for a majority of the covered employees to retire early with 30 years of service at any age. Employees will receive pension benefits in the form of a qualified joint survivor annuity, unless both the employee and spouse agree to waive such survivor coverage at retirement.

##### ***Death and Disability Benefits***

For covered employees, a survivor benefit is payable to the qualified spouse of an active employee who dies at or after eligibility for a vested benefit but before retirement. Active employees with at least 10 years of service who are deemed to be totally and permanently disabled are entitled to receive disability benefits equal to normal retirement benefits accrued at the time of disability. The employee, if denied Social Security disability benefits, will be entitled to receive an additional amount, which may not exceed the amount of the denied Social Security benefit.

Disability benefits are paid to the earlier of recovery, death or attainment of normal retirement age, at which time benefits accrued at the time of disability are paid as otherwise provided in the Plan. Employees with three or more years of service who are not eligible for any other type of benefit under the Plan and who are no longer physically or mentally able to work are eligible for a severance benefit.

## **Bridgestone Americas, Inc. Non-Contributory Pension Plan**

### **NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

#### ***Administrative Expenses***

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Certain expenses may include Pension Benefit Guaranty Corporation ("PBGC," a U.S. Government agency) insurance premiums, fees paid to The Northern Trust Company (the "Trustee"), and fees for actuarial services and plan administration paid to Willis Towers Watson ("WTW"). Expenses that are paid directly by the Company are excluded from these financial statements.

#### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

##### ***Use of Estimates***

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

##### ***Investment Valuation and Income Recognition***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

##### ***Payment of Benefits***

Benefit payments to participants and beneficiaries are recorded upon distribution.

#### **NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments that are attributable under the provisions of the Plan to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees with vested rights or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries.

The accumulated plan benefits for active employees are based on the Plan's terms and each participant's service through the date of which the benefit information is presented (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 employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by an independent actuary, WTW, as of the beginning of the Plan year, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

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 significant actuarial assumptions used in the October 31, 2023 and 2022 valuations were (1) life expectancy of participants, (2) retirement age assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs and (3) discount rate based on the expected long-term rate of return on Plan assets. Life expectancy of participants for the October 31, 2023 and 2022 valuation is based on versions of the Pri-2012 tables, projected generationally using MP-2021. The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of October 31, 2023 was as follows:

	<u>2023</u>
Vested benefits	
Participants and beneficiaries currently receiving payments	\$ 272,527,138
Other participants	<u>166,018,189</u>
Total vested benefits	438,545,327
Non-vested benefits	<u>17,153,960</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 455,699,287</u></u>

The changes in the reported present value of accumulated plan benefits during the year ended October 31, 2023, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 490,983,339
Increase (decrease) during the year attributable to	
Benefits accumulated	5,657,646
Actuarial gain	(4,843,214)
Decrease in the discount period	26,237,283
Benefits paid to participants and beneficiaries	(39,730,731)
Change in assumptions	(22,974,141)
Plan amendments	<u>369,105</u>
Net decrease during the year	<u>(35,284,052)</u>
Actuarial present value of accumulated plan benefits at the end of year	<u><u>\$ 455,699,287</u></u>

The change in assumptions is primarily the result in the increase in the discount rate from 5.50% as October 31, 2022 to 6.00% as of October 31, 2023. The discount rate used was selected by the Company in concurrence with WTW. The discount rate is based on an expected return on assets assumption of the Plan's current asset allocation and any expected changes during the current plan year, current market conditions and expectations for future market conditions. The change in assumptions is also the result of adjustments to the mortality table, as well as the applicable lump sum interest rate and mortality assumptions used to determine actuarial equivalence.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

**NOTE D - FUNDING POLICY**

The Company's funding policy is to make contributions to the Master Trust for the benefit of the Plan on the basis of an annual actuarial determination of the Plan's liabilities in accordance with ERISA. The amounts of contributions are intended to maintain funding levels in the Plan that will meet current obligations to participants of the Plan and amortize unfunded liabilities. Additionally, the Company may elect to make discretionary contributions for strategic funding purposes. The Company met or exceeded the minimum funding requirements of ERISA for the years ended October 31, 2024 and 2023.

**NOTE E - INTEREST IN MASTER TRUST**

Investments of the Plan are maintained in the Master Trust administered by the Trustee. The Master Trust was established by the Company for the combined investment of assets for certain of its pension plans. The Master Trust also includes the assets of the Affiliated Plans.

Pursuant to the Trustee's method of allocating the investment holdings among the plans, contributions into the Master Trust are treated as purchases of shares in the Master Trust, withdrawals are treated as sales of shares, and investment income is allocated proportionately to all shares held. Accordingly, the value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and allocated investment income, less actual distributions, allocated investment losses, and allocated and actual administrative expenses. The assets of the Master Trust are held by the Trustee. At October 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 25.09% and 25.36%, respectively. Investment income (loss) and allocated administrative expenses of the Master Trust are allocated monthly to the participating plans based on the assets they own in the Master Trust at the beginning of the month. Those administrative expenses of the Master Trust that can be specifically identified as being applicable to the Plan are charged to the Plan.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

The following table presents the investments and other assets and liabilities of the Master Trust as of October 31, 2024 and 2023:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value				
Common stock	\$ 95,879,465	\$ 24,057,342	\$ 72,689,289	\$ 18,430,401
Corporate bonds	963,875,474	241,848,256	948,857,979	240,583,359
Collective investment funds	501,160,230	125,747,289	467,959,536	118,651,347
Real estate partnerships	14,701,831	3,688,871	14,529,151	3,683,873
Government securities	101,616,213	25,496,762	65,021,073	16,486,122
Cash and short-term investments	39,727,318	9,968,075	34,659,003	8,787,806
Securities lending collateral	251,736,597	63,163,819	177,857,986	45,095,971
	<u>1,968,697,128</u>	<u>493,970,414</u>	<u>1,781,574,017</u>	<u>451,718,879</u>
Securities loaned				
Common stock	7,343,558	1,842,590	8,017,117	2,032,743
Corporate bonds	209,583,095	52,586,986	136,998,561	34,736,046
Government securities	29,017,103	7,280,749	28,579,411	7,246,322
	<u>245,943,756</u>	<u>61,710,325</u>	<u>173,595,089</u>	<u>44,015,111</u>
Total investments at fair value	2,214,640,884	555,680,739	1,955,169,106	495,733,990
Plus: accrued interest and dividends	15,396,417	3,863,151	14,764,245	3,743,481
Minus: obligation to return securities lending collateral	<u>(251,736,597)</u>	<u>(63,163,819)</u>	<u>(177,857,986)</u>	<u>(45,095,971)</u>
Total	<u>\$1,978,300,704</u>	<u>\$ 496,380,071</u>	<u>\$ 1,792,075,365</u>	<u>\$ 454,381,500</u>

For the years ended October 31, 2024 and 2023, the following are the appreciation (depreciation) appreciation in the fair value of investments and investment income (loss) for the Master Trust:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Net appreciation (depreciation) in fair value	\$ 245,571,755	\$ 62,327,679	\$ (88,207,208)	\$ (21,886,105)
Investment income	68,458,782	17,327,600	64,210,436	17,539,710
Total	<u>\$ 314,030,537</u>	<u>\$ 79,655,279</u>	<u>\$ (23,996,772)</u>	<u>\$ (4,346,395)</u>

The Master Trust participates in a securities lending program administered by the Trustee. The transfer of assets under the Trustee's securities lending program are secured borrowings with a pledge of collateral. Under the terms of the program, certain Master Trust investments are available to outside security brokers for settling their trading transactions. The Master Trust retains title to securities borrowed, which are

## Bridgestone Americas, Inc. Non-Contributory Pension Plan

### NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2024 and 2023

collateralized by like-kind securities or cash. No sales transaction is recorded if a borrowing is settled (replaced) with a like-kind security.

The Master Trust receives fee income for the lending program, calculated under various methods. The fair market value of the securities loaned as of October 31, 2024 and 2023, was \$245,943,756 and \$173,595,089, respectively. The cash and non-cash collateral received for securities loaned as of October 31, 2024 and 2023, was \$251,736,597 and \$177,857,986, respectively. The income earned on securities loaned for the plan years ended October 31, 2024 and 2023 was \$492,295 and \$490,353, respectively. As of October 31, 2024 and 2023, none of the collateral received for securities loaned has been sold or pledged.

The Master Trust invests in U.S. Treasury futures contracts that are subject to offsetting arrangements. The Master Trust considers its credit and counterparty risks to be minimal. At October 31, 2024, the Plan had gross recognized assets and gross amounts offset of \$698,596,414 and the Plan had gross recognized liabilities and gross amounts offset of \$244,357,305. At October 31, 2023, the Plan had gross recognized assets and gross amounts offset of \$698,242,992 and the Plan had gross recognized liabilities and gross amounts offset of \$286,590,031.

#### NOTE F - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2024 and 2023.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

*Cash and short-term investments* - Cash and short-term investments are primarily cash reserves that will be used to provide liquidity to plan investment managers and cash held to pay benefits. All cash and short-term investments are deemed as liquid in nature and are reported at fair value, therefore, will be reported as Level 1. Cash held by individual investment managers has been included in these amounts.

*Common stocks* - Equity securities held in a separately managed account are valued at the closing price reported on the active market on which the individual securities are traded. Common stock includes options that are valued at the closing price reported on the active market on which the individual options are traded.

*Collective investment funds* - Investment funds include collective investment funds investing in short-term investments, common stock, corporate bonds, real estate and other investments. The short-term collective investment funds are valued daily on an amortized cost basis, with an objective to operate at a stable net asset value ("NAV") of \$1.00 per participating interest. The common stock funds and corporate debt securities funds are valued at the NAV of units held at the plan year-end, as determined by a pricing vendor or the fund family. Real estate funds are valued at NAV per units held at the plan year-end, as determined by information from a third-party valuation specialist. The NAV is used as a practical expedient to estimate fair value.

*Government securities* - Government securities are primarily government fixed income securities which are valued at the closing price reported on the active market on which the securities are traded.

*Corporate bonds* - Corporate bonds are valued at the closing price reported on the active market on which the individual securities are traded.

*Real estate partnerships* - Investments in real estate partnerships are valued at the fair value of the underlying assets based on comparable sales value for similar assets, discounted cash flow models, appraisals, and other valuation techniques. These investments may contain conditions or restrictions related to the Master Trust's ability to sell or liquidate its holdings.

*Hedge funds* - Hedge funds are valued primarily at NAV per share held at the plan year-end, based on the fair value of the underlying assets of the fund, as determined by information from a third-party valuation specialist. The NAV is used as a practical expedient to estimate fair value. Hedge funds not valued at NAV are valued at the fair value of the underlying assets based on discounted cash flow models and other valuation techniques.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

The following tables set forth by level, within the fair value hierarchy, the Master Trust assets at fair value as of October 31, 2024 and 2023:

Category	Fair Value Measurement at October 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 39,727,318	\$ -	\$ -	\$ 39,727,318
Common stocks	103,223,023	-	-	103,223,023
Corporate bonds	1,173,458,569	-	-	1,173,458,569
Government securities	130,633,316	-	-	130,633,316
Real estate partnerships	-	-	14,701,831	14,701,831
	<u>1,447,042,226</u>	<u>-</u>	<u>14,701,831</u>	<u>1,461,744,057</u>
Securities lending collateral				
Common stocks	7,701,845	-	-	7,701,845
Corporate bonds	214,465,040	-	-	214,465,040
Government securities	29,569,712	-	-	29,569,712
	<u>251,736,597</u>	<u>-</u>	<u>-</u>	<u>251,736,597</u>
Total assets in the fair value hierarchy	<u>\$ 1,698,778,823</u>	<u>\$ -</u>	<u>\$ 14,701,831</u>	1,713,480,654
Investments measured at NAV				<u>501,160,230</u>
Investments at fair value				<u>\$ 2,214,640,884</u>

Category	Fair Value Measurement at October 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 34,659,003	\$ -	\$ -	\$ 34,659,003
Common stocks	80,706,406	-	-	80,706,406
Corporate bonds	1,085,856,540	-	-	1,085,856,540
Government securities	93,600,484	-	-	93,600,484
Real estate partnerships	-	-	14,529,151	14,529,151
Collateral for securities loaned (*)	177,857,986	-	-	177,857,986
	<u>\$ 1,472,680,419</u>	<u>\$ -</u>	<u>\$ 14,529,151</u>	1,487,209,570
Total assets in the fair value hierarchy				
Investments measured at NAV				<u>467,959,536</u>
Investments at fair value				<u>\$ 1,955,169,106</u>

(\*) The collateral for securities loaned is not an asset for purposes of disclosing in the fair value hierarchy; it is presented here to reconcile to the schedule of investments and other assets and liabilities in Note E.



**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

The tables below present quantitative information regarding unobservable inputs that were significant to the fair value of Master Trust Level 3 investments for the period ending October 31, 2024 and October 31, 2023:

Quantification Information about Level 3 Fair Value Measurements October 31, 2024				
Asset Category	Fair Value	Valuation Technique	Unobservable Inputs	Range
Real estate partnerships	\$ 14,701,831	Income approach - discounted cash flow	Discount rate	20.00% - 25.00%
	-	Market approach - comparable sales	Price per finished lot capitalization rate	\$22,000 - \$112,000 6.00% - 7.00%
	-	Market approach - market multiple	EBITDA multiples Price per key	12.50x - 14.00x \$400,000 - \$450,000
	<u>\$ 14,701,831</u>			

Quantification Information about Level 3 Fair Value Measurements October 31, 2023				
Asset Category	Fair Value	Valuation Technique	Unobservable Inputs	Range
Real estate partnerships	\$ 14,529,151	Income approach - discounted cash flow	Discount rate	20.00% - 25.00%
	-	Market approach - comparable sales	Price per finished lot capitalization rate	\$22,000 - \$112,000 6.00% - 7.00%
	-	Market approach - market multiple	EBITDA multiples Price per key	12.50x - 14.00x \$400,000 - \$450,000
	<u>\$ 14,529,151</u>			

The tables below present additional information for investments, held in the Master Trust, whose fair value was estimated using NAV per share as of October 31, 2024 and 2023.

Fair Value Estimate Using NAV Per Share October 31, 2024					
Investment Category	Fair Value	Unfunded Commitment	Redemption Frequency (Range)	Redemption Notice Period (Range)	Other Redemption Restrictions
Collective investment funds	\$172,164,987	\$ -	Monthly	One day	None
	217,546,822	-	Monthly	Five days	None
	58,363,320	-	Monthly	Monthly	None
	50,388,246	-	Quarterly	Quarterly	Can request redemption but not required to redeem
	<u>2,696,855</u>	<u>-</u>	None	None	No redemption
Total	<u>\$501,160,230</u>	<u>\$ -</u>			

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

Investment Category	Fair Value Estimate Using NAV Per Share October 31, 2023				
	Fair Value	Unfunded Commitment	Redemption Frequency (Range)	Redemption Notice Period (Range)	Other Redemption Restrictions
Collective investment funds	\$ 93,473,118	\$ -	Daily	Same day	None
	118,012,223	-	Daily	Two days	None
	43,101,038	-	Monthly	Two days	None
	145,420,154	-	Monthly	Two weeks	None
	8,100,444	-	Monthly	30 days	None
	59,852,559	-	Quarterly	45 days	None
Total	<u>\$467,959,536</u>	<u>\$ -</u>			

**NOTE G - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributed to employee contributions, if any, in the Plan.
2. Annuity benefits for former employees or their beneficiaries who have been receiving benefits for at least three years, or those employees eligible to retire for that three-year period who would have been receiving benefits if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. 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 on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, that ceiling, which is adjusted periodically, was \$7,108 and \$6,750 per month, respectively.

The ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 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 will be actuarially adjusted downward.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

Whether all participants receive their benefit should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**NOTE H - RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE I - INFORMATION CERTIFIED BY TRUSTEE**

The Plan administrator has elected to have the audit 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. The Plan administrator determined that the certification received from The Northern Trust Company meets the requirements of ERISA Section 103(a)(3)(C). The Trustee certified that the following data included in the accompanying financial statements are complete and accurate:

- Investments, at fair value, included in the statements of net assets available for benefits as of October 31, 2024 and 2023.
- Net investment (loss) income as shown in the statements of changes in net assets available for benefits for the years ended October 31, 2024 and 2023.
- Investment information included in Note E as of and for the years ended October 31, 2024 and 2023.

**NOTE J - PARTY-IN-INTEREST TRANSACTIONS**

Certain investments held in the Master Trust are investments managed by the Trustee. Therefore, these investments qualify as party-in-interest transactions.

**NOTE K - TAX STATUS**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated May 6, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the letter was received, the Plan administrator believes that the Plan is designed and is currently being operated in compliance, in all material respects, with the applicable requirements of the IRC and that the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Bridgestone Americas, Inc. Non-Contributory Pension Plan**

**NOTES TO FINANCIAL STATEMENTS - CONTINUED**

**October 31, 2024 and 2023**

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2024 and 2023, 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. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

**NOTE L - SUBSEQUENT EVENTS**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Management is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

Subsequent events have been evaluated through August 15, 2025, which is the date the financial statements were available to be issued.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of November 1, 2023

Attained Age	Attained Years of Credited Service <sup>1</sup>									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	1	0	0	0	0	0	0	0	0
30-34	0	58	1	0	2	0	0	0	0	0
35-39	1	66	4	2	22	1	0	0	0	0
40-44	0	76	3	2	27	25	2	0	0	0
45-49	2	56	5	6	25	59	55	2	0	0
50-54	0	38	2	10	42	67	128	29	8	0
55-59	0	38	2	2	35	53	131	66	28	0
60-64	0	17	1	11	27	37	76	41	20	3
65-69	0	7	0	1	7	6	10	9	6	10
70 & over	0	0	0	0	2	0	3	3	0	1

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
 EIN / PN: 88-0335067/003  
 Plan Sponsor: Bridgestone Americas, Inc  
 Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

<b>Expected return on assets (PPA purposes)</b>	Plan Year 2021: 4.00%
	Plan Year 2022: 5.50%
	Plan Year 2023: 5.50%

#### Interest rates basis:

- Applicable month July 2023
- Yield curve basis Segment rates

#### Interest rates:

	Not Reflecting Stabilization	Reflecting Stabilization
• First segment rate	3.22%	4.75%
• Second segment rate	4.22%	5.00%
• Third segment rate	4.34%	5.74%
• Effective interest rate		5.27%

### Demographic and Other Assumptions

#### Mortality

- PPA Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection using Scale MP-2021).  
  
The mortality table described above does not reflect mortality improvements beyond the valuation date.

#### Lump sum mortality

- PPA Applicable IRC §417(e)(3) mortality table for plan year beginning November 1, 2023.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

## Termination

Rates varying by age, service and union.

Representative Termination Rates							
USW Teammates				Non-USW Teammates			
Representative rates: for <10 years of service:		Representative rates: for ≥10 years of service:		Representative rates: for <10 years of service:		Representative rates: for ≥10 years of service:	
Age	Rate	Age	Rate	Age	Rate	Age	Rate
35	4.00%	35	3.00%	35	10.00%	35	5.00%
40	4.00%	40	3.00%	40	10.00%	40	5.00%
45	4.00%	45	2.50%	45	10.00%	45	4.00%
50	4.00%	50	2.50%	50	10.00%	50	4.00%

## Disability

Representative Disability Rates	
Age	Rate
25	0.05%
40	0.15%
55	0.70%

## Retirement

Retirement Rates			
<i>for &lt;30 years of service:</i>		<i>for ≥30 years of service:</i>	
Age	Rate	Age	Rate
55-56	5.00%	55-56	22.50%
57-59	5.00%	57-59	10.00%
60	5.00%	60	22.50%
61	10.00%	61	22.50%
62-65	25.00%	62-65	25.00%
66-69	30.00%	66-69	30.00%
70+	100.00%	70+	100.00%

## Benefit commencement date

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have been eligible for early retirement.
- Deferred vested benefit: The later of age 65 or attained age.
- Disability benefit: Upon disablement.
- Retirement benefit: Upon termination of employment.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
 EIN / PN: 88-0335067/003  
 Plan Sponsor: Bridgestone Americas, Inc.  
 Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

<b>Form of payment (retirees)</b>	<ul style="list-style-type: none"><li>• Single: Five-year certain and life; single life annuity for former M&amp;IS participants.</li><li>• Married (former M&amp;IS participants): 36% elect 50% joint and survivor, 36% elect 100% joint and survivor and 28% elect a single life annuity.</li><li>• Married (all others): 36% elect 50% joint and survivor with five-years certain, 36% elect 100% joint and survivor with five-years certain and 28% elect a five-year certain and life annuity.</li><li>• Lump Sum:<ul style="list-style-type: none"><li>– USW teammates and Gastonia/King's Mountain: 50% elect a single lump sum, 50% elect in proportion to the assumptions described above.</li><li>– Other Non-Contributory Plan teammates with present values less than \$100,000: 50% elect a single lump sum, 50% elect in proportion to the assumptions described above.</li></ul></li></ul>
<b>Percent married</b>	70%.
<b>Spouse age</b>	Wife assumed to be three years younger than husband.
<b>Administrative expenses</b>	Non-investment expenses paid from the plan's trust are included in the funding target normal cost.
<b>Loadings</b>	None.
<b>Benefits not valued</b>	<p>All benefits described in the Plan Provisions section of this report were valued except for the Non-Contributory Plan: plant closure benefits that are unpredictable and severance benefits that were deemed to be negligible. Benefit changes adopted after the valuation date were not reflected.</p> <p>WTW has reviewed the plan provisions with BSAM and is not aware of any significant benefits required to be valued that were not.</p>
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Methods

<b>Valuation date</b>	November 1, 2023.
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Actuarial value of assets</b>	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). The rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a bias to produce an actuarial value of assets less than the market value of assets when the third segment rate is less than the expected return.</p>

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Sources of Data and Other Information

WTW used audited assets provided by BSAM and participant data extracted from BenefitConnect, a system supported by WTW. BSAM furnished the date and amount of the 2022 plan year contributions and the 2023 plan year contributions made during the 2023 plan year. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with BSAM, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale – Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Expected return on assets</b>	We understand the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. We believe the expected return on assets chosen does not significantly conflict with what would be reasonable.
<b>PPA lump sum conversion rate</b>	As required by IRC §430, lump sum benefits are valued using "annuity substitution" so the interest rates assumed are effectively the same as described above for the discount rate.

## Assumptions Rationale – Significant Demographic Assumptions

<b>PPA healthy mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>PPA disabled mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Retirement

Rates are based on an experience study performed in 2021 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed rates vary by age, service, union membership and job classification because of observed differences in actual rates by those criteria.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

## Termination

Rates are based on an experience study performed in 2021 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed rates vary by age, service, union membership and job classification because of observed differences in actual rates by those criteria.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

## Disability

Rates are based on an experience study performed in 2010 with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed rates vary by age and plan because of observed differences in actual rates by those criteria.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

## Prescribed Methods

### Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the Actuarial Standards of Practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted the IRC §430.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Changes in Assumptions and Methods Since Prior Valuations

- The segment interest rates used to calculate the funding target and target normal cost were updated from the rates published in July 2022 to the rates published in July 2023.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was also updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430.
- The assumptions used to determine actuarial equivalence for lump sum payments were updated to reflect applicable IRC §417(e)(3) mortality assumption for the plan year beginning November 1, 2023.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Bridgestone Americas, Inc.
<b>EIN/PN</b>	88-0335067/003
<b>Plan Name</b>	Bridgestone Americas, Inc. Non-Contributory Pension Plan
<b>Valuation Date</b>	November 1, 2023
<b>Enrolled Actuary</b>	David Hauer
<b>Enrollment Number</b>	23-06576

The actuarial assumptions that are not mandated by IRC § 430 and regulations represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of the Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **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.

<b>A</b> Name of plan BRIDGESTONE AMERICAS, INC. NON-CONTRIBUTORY PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRIDGESTONE AMERICAS, INC.	<b>D</b> Employer Identification Number (EIN) 88-0335067	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	454,381,500
	<b>b</b> Actuarial value.....	<b>2b</b>	499,819,650
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	2,108	307,361,165
	<b>b</b> For terminated vested participants.....	854	28,461,734
	<b>c</b> For active participants.....	1,480	171,484,757
	<b>d</b> Total.....	4,442	507,307,656
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition loading rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	5.27%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	5,401,978
	<b>b</b> Expected plan-related expenses.....	<b>6b</b>	1,961,353
	<b>c</b> Target normal cost.....	<b>6c</b>	7,363,331

**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.

<b>SIGN HERE</b>	<u>DAVID M. HAUER</u> Signature of actuary	<u>July 24, 2025</u> Date
	<u>DAVID M HAUER</u> Type or print name of actuary	<u>2306576</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>216-937-4000</u> Telephone number (including area code)
	<u>1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND OH 44114-1172</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	2,800,201
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	2,800,201
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-0.91%</u> .....	0	-25,482
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> 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>5.44%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	2,774,719

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	97.97%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	97.97%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	107.54%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**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	
07/14/2025	6,035,000					
<b>Totals ▶</b>			<b>18(b)</b>	6,035,000	<b>18(c)</b>	0

**19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	5,529,648

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  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:

<b>a</b> 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** 4

**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):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	7,363,331
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	10,262,725	939,868
<b>b</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** 8,303,199

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	2,774,719	2,774,719
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			5,528,480
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			5,529,648

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	1,168
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	1,168

**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 ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of November 1, 2023

Retirement Age (1)	Assumed Retirement Rate (2)	Number of Participants at Beginning (3)	Number of Participants Retiring (2) * (3) (4)	Product for Weighting (1) * (4) (5)
<b>Less Than 30 Years of Service</b>				
55	0.05	1,000.00	50.00	2,750.00
56	0.05	950.00	47.50	2,660.00
57	0.05	902.50	45.13	2,572.13
58	0.05	857.38	42.87	2,486.39
59	0.05	814.51	40.73	2,402.79
60	0.05	773.78	38.69	2,321.34
61	0.1	735.09	73.51	4,484.06
62	0.25	661.58	165.40	10,254.53
63	0.25	496.19	124.05	7,814.95
64	0.25	372.14	93.04	5,954.24
65	0.25	279.11	69.78	4,535.46
66	0.3	209.33	62.80	4,144.71
67	0.3	146.53	43.96	2,945.26
68	0.3	102.57	30.77	2,092.45
69	0.3	71.80	21.54	1,486.26
70	1	50.26	50.26	3,518.19
			1,000.00	62,422.76

Weighted Average Retirement Age: 62,422.76 / 1,000.00 = 62.42

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
 EIN / PN: 88-0335067/003  
 Plan Sponsor: Bridgestone Americas, Inc.  
 Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

At Least 30 Years of Service				
55	0.225	1,000.00	225.00	12,375.00
56	0.225	775.00	174.38	9,765.00
57	0.1	600.63	60.06	3,423.56
58	0.1	540.56	54.06	3,135.26
59	0.1	486.51	48.65	2,870.39
60	0.225	437.86	98.52	5,911.05
61	0.225	339.34	76.35	4,657.42
62	0.25	262.99	65.75	4,076.30
63	0.25	197.24	49.31	3,106.53
64	0.25	147.93	36.98	2,366.88
65	0.25	110.95	27.74	1,802.90
66	0.3	83.21	24.96	1,647.57
67	0.3	58.25	17.47	1,170.78
68	0.3	40.77	12.23	831.77
69	0.3	28.54	8.56	590.80
70	1	19.98	19.98	1,398.52
			1,000.00	59,129.74

Weighted Average Retirement Age: 59,129.74 / 1,000.00 = 59.13

Employee Average	# of employees				
Less than 30 Years	1,230	*	62.42	=	76,779.99
At Least 30 Years	250	*	59.13	=	14,782.44
Total	1,480				91,562.43
Average					61.87

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
 EIN / PN: 88-0335067/003  
 Plan Sponsor: Bridgestone Americas, Inc.  
 Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of November 1, 2023

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	795,851	443,362	28,856,954	30,096,167
2024	2,317,805	555,704	27,766,222	30,639,731
2025	3,784,735	660,772	27,120,097	31,565,604
2026	5,221,234	786,124	26,434,427	32,441,785
2027	6,619,462	947,033	25,736,129	33,302,624
2028	7,962,194	1,118,956	25,041,840	34,122,990
2029	9,170,873	1,278,000	24,323,598	34,772,471
2030	10,215,256	1,437,859	23,564,886	35,218,001
2031	11,177,768	1,594,056	22,774,059	35,545,883
2032	12,086,346	1,767,965	21,926,638	35,780,949
2033	12,909,064	1,965,153	21,047,410	35,921,627
2034	13,632,443	2,136,773	20,146,237	35,915,453
2035	14,241,291	2,270,934	19,211,709	35,723,934
2036	14,702,648	2,379,556	18,229,988	35,312,192
2037	15,075,431	2,483,682	17,198,255	34,757,368
2038	15,356,213	2,594,586	16,122,712	34,073,511
2039	15,523,181	2,707,176	15,044,423	33,274,780
2040	15,614,307	2,795,805	13,980,213	32,390,325
2041	15,595,918	2,806,617	12,915,477	31,318,012
2042	15,530,948	2,770,656	11,858,618	30,160,222
2043	15,377,129	2,732,720	10,818,742	28,928,591
2044	15,128,793	2,686,263	9,804,334	27,619,390
2045	14,829,294	2,631,017	8,824,071	26,284,382
2046	14,484,717	2,561,169	7,886,109	24,931,995
2047	14,093,106	2,485,929	6,997,338	23,576,373
2048	13,649,212	2,413,849	6,164,016	22,227,077
2049	13,153,775	2,334,151	5,380,187	20,868,113
2050	12,617,753	2,235,709	4,650,456	19,503,918
2051	12,055,235	2,116,962	3,993,721	18,165,918
2052	11,447,199	1,997,826	3,408,281	16,853,306
2053	10,796,161	1,878,063	2,885,607	15,559,831
2054	10,126,875	1,758,228	2,423,505	14,308,608
2055	9,443,591	1,636,955	2,018,895	13,099,441
2056	8,749,370	1,512,174	1,668,082	11,929,626
2057	8,053,463	1,389,901	1,367,003	10,810,367
2058	7,362,368	1,267,796	1,111,270	9,741,434
2059	6,683,054	1,147,435	896,247	8,726,736

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc  
Valuation Date: November 1, 2023

## SCHEDULE SB ATTACHMENTS

---

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	6,025,547	1,031,621	717,352	7,774,520
2061	5,396,288	921,508	570,053	6,887,849
2062	4,800,211	817,763	450,006	6,067,980
2063	4,241,509	720,905	353,166	5,315,580
2064	3,723,365	631,310	275,831	4,630,506
2065	3,247,428	549,217	214,653	4,011,298
2066	2,814,376	474,726	166,686	3,455,788
2067	2,424,091	407,790	129,369	2,961,250
2068	2,075,428	348,208	100,525	2,524,161
2069	1,766,595	295,639	78,334	2,140,568
2070	1,495,388	249,630	61,304	1,806,322
2071	1,258,977	209,657	48,233	1,516,867
2072	1,054,313	175,164	38,171	1,267,648

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions – Non-Contributory Plan

<b>Plan effective</b>	May 1, 1950
<b>Last change effective</b>	July 1, 2023
<b>Covered employees</b>	BSAM collectively bargained teammates except (a) those employed at the Lake Charles facility, (b) Bloomington Plumbers & Pipefitters, (c) those hired after May 10, 2007, at the Gastonia and Kings Mountain facilities (d) those hired on or after January 3, 2011 at the Prescott facilities or (e) USW Master and former M&IS teammates hired on or after July 27, 2013.
<b>Type of plan</b>	Dollar per month.
<b>Plan status for PBGC reporting</b>	Eligibility frozen for all teammates except the bargaining Field group.
<b>Normal form</b>	Single participants: single life annuity for former M&IS Plan teammates, five-year certain and life annuity for all others.  Married participants: 50% joint and survivor annuity.
<b>Credited service</b>	From date of hire. Credited service ceased on December 31, 2013 (i.e., the benefit was “frozen” as of December 31, 2013) for USW Master and former M&IS teammates hired after January 1, 2009 and on or before July 27, 2013. Credited service ceased on December 31, 2016 (i.e., the benefit was “frozen” as of December 31, 2016) for Prescott teammates. Credited service ceased no later than December 31, 2020 for Gastonia/King’s Mountain teammates (based on participant elections).

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# SCHEDULE SB ATTACHMENTS

**Accumulated benefit** For Gastonia/King's Mountain hired prior to May 10, 2007, \$24 x credited service; for Prescott hired prior to January 4, 2011, \$30 x credited service; for former M&IS Plan teammates hired prior to July 27, 2013, \$62 x credited service limited to 30 years; for USW teammates hired prior to July 27, 2013, \$62 x credited service minus the lesser of (a) \$7 x credited service or (b) the annuitized value of the account balance in the defined contribution plan associated with company contributions. Accruals were frozen effective July 31, 2014 (or December 31, 2018) for USW Master and former M&IS teammates who elected to accrue benefits in the Bargained Savings Plan. Accruals also were frozen effective March 31, 2018 (or December 31, 2018 or December 31, 2020) for Gastonia/King's Mountain teammates who elected to accrue benefits in the Bargained Savings Plan.

## Eligibility for Benefits – Non-Contributory Pension Plan

Benefit	Age	Vested Service	Description
<b>Normal retirement</b>	65		Accrued benefit payable immediately.
<b>Early retirement</b>	55	10	For USW teammates and Prescott teammates, the benefit amount is reduced 4.8% per year from age 62 to age 55 and is unreduced at 30 years of vesting service. For King's Mountain and Gastonia, the benefit is reduced 4.8% per year from age 62 to age 55 or 1.2% per year from the attainment of 37 years of vesting service, if more favorable. The King's Mountain and Gastonia benefit is unreduced at age 50 with 30 years of vested service or any age with 37 years of vested service. For former M&IS teammates, the benefit amount is reduced 3.6% per year from age 65 to 62 and reduced 4.8% per year from age 62 to 55 and is unreduced at 30 years of vesting service.
	Any	30	
<b>Postponed retirement</b>	>65		20 years of vested service needed for former M&IS teammates.
			USW Teammates: Accrued benefit payable no later than age 70½.  All other Non-Contributory Plan Teammates: Accrued benefit payable no later than age 72.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
 EIN / PN: 88-0335067/003  
 Plan Sponsor: Bridgestone Americas, Inc.  
 Valuation Date: November 1, 2023

## SCHEDULE SB ATTACHMENTS

---

<b>Vested termination</b>	5	Accrued benefit payable unreduced at 65, reduced to age 55.
<b>Disablement</b>	10	Determined as of the date of disablement, payable immediately without reduction for early commencement.
<b>Preretirement death</b>	5	If married, 50% of the 50% joint and survivor early retirement benefit.

### Future Plan Changes

No future plan changes were recognized in determining funding requirements.

### Changes in Benefits Valued Since Prior Year

The following changes were made to the provisions of the Non-Contributory Plan, as a result of the amendment dated October 24, 2023:

- The multiplier for any Post-2008 employee whose benefit commences on or after August 1, 2022 was increased from \$60 to \$62.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

## SCHEDULE SB ATTACHMENTS

---

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of November 1, 2023**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	11/01/2023	10,262,725	15.00000	10,262,725	939,868
Total				10,262,725	939,868

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023

# **SCHEDULE SB ATTACHMENTS**

---

## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The assumptions used to determine actuarial equivalence for lump sum payments were updated to reflect applicable IRC §417(e)(3) mortality assumption for the plan year beginning November 1, 2023.

Plan Name: Bridgestone Americas, Inc. Non-Contributory Pension Plan  
EIN / PN: 88-0335067/003  
Plan Sponsor: Bridgestone Americas, Inc.  
Valuation Date: November 1, 2023