

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/><u>SUMITOMO RUBBER USA, LLC 1950 PENSION PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>SUMITOMO RUBBER USA, LLC</u></p> <p><u>PO BOX 1109</u><br/><u>BUFFALO, NY 14240-1109</u></p> | <p><b>1c</b> Effective date of plan<br/><u>04/01/1950</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>34-1899137</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>716-879-8200</u></p> <p><b>2d</b> Business code (see instructions)<br/><u>326200</u></p> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | KRISTEN BLUHM  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | KRISTEN BLUHM  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <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:<br><b>a</b> Sponsor's name<br><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>                                   | 1208 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 348  |
|   | <b>6a(2)</b>                               | 378  |
|   | <b>6b</b>                                  | 1780 |
|   | <b>6c</b>                                  | 294  |
|   | <b>6d</b>                                  | 2452 |
|   | <b>6e</b>                                  | 430  |
|   | <b>6f</b>                                  | 2882 |
|   | <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

**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)

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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<br><u>SUMITOMO RUBBER USA, LLC 1950 PENSION PLAN</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SUMITOMO RUBBER USA, LLC</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>34-1899137</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>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>141411162</u>          |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>152580347</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>778</u>                 | <u>91897489</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>99</u>                  | <u>3525969</u>            |
|          | <b>c</b> For active participants .....  | <u>348</u>                 | <u>30859658</u>           |
|          | <b>d</b> Total .....  | <u>1225</u>                | <u>126283116</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>5.07 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>118560</u>             |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>118560</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>10/09/2025</u>   | Date                                   |
|                  | <u>KEITH OKRESS</u>  | <u>23-06965</u>     | Most recent enrollment number          |
|                  | <u>WILLIS TOWERS WATSON US LLC</u>                                   | <u>216-937-4000</u> | Telephone number (including area code) |
|                  | <u>1001 LAKESIDE AVENUE, SUITE 1500<br/>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                     | 45443214               |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 2565402                |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 42877812               |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>8.16</u> % .....   | 0                     | 3498829                |
| <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>5.19</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                     | 46376641               |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 80.89 %  |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 116.21 % |
| <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> | 80.38 %  |
| <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</b> 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 |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
|  |                                |                              |                       |                                |                              |
| <b>Totals ▶</b>  |                                |                              | <b>18(b)</b>          | 0                              | <b>18(c)</b> 0               |

|  |  |   |         |
|--|--|---|---------|
| <b>19</b>  | 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> 0  |         |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |         |
|  | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
|  | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
|  | <b>c</b> 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 |
| 0  | 0  | 0   | 0       |

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

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>21</b> Discount rate:                        |  |   |                                     |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                         | 2nd segment:<br>4.87 %                                    | 3rd segment:<br>5.59 %              | <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 |   |

**Part VI Miscellaneous Items**

|   |   |  |
|---|---|--|
| <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>                               |  |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <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 |

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....  | <b>31a</b>          | 118560             |               |
| <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 .....  | 25083383            | 2396680            |               |
| <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>           | 2515240            |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 2515240            | 2515240       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  | <b>37</b>           | 0                  |               |
| <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>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   | <b>38b</b>          | 0                  |               |
| <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                  |               |

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

|  |
|--|
| <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 checked="" type="checkbox"/> 2021 |
|--|

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>SUMITOMO RUBBER USA, LLC 1950 PENSION PLAN</b>                       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SUMITOMO RUBBER USA, LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-1899137</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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(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<br>(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<br>(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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>SUMITOMO RUBBER USA, LLC 1950 PENSION PLAN</u>                              | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SUMITOMO RUBBER USA, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1899137</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><br>(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>SUMITOMO MASTER TRUST</u>    |   |                  |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>SUMITOMO RUBBER USA, LLC</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>34-1899137-020</u>                             | <u>M</u>                        |   | <u>329100560</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) |                  |
|   |                                 |   |                  |

**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)



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>SUMITOMO RUBBER USA, LLC 1950 PENSION PLAN</b>                               | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SUMITOMO RUBBER USA, LLC</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>34-1899137</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.

| Assets   | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>          |                 |
| <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>         | 329100560       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 141344970             | 329100560       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 141344970             | 329100560       |

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

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 3022271   |
| (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>     |            | 3022271   |

**Expenses**

|   |               |          |          |
|---|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 10312525 |          |
| (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>  |          | 10312525 |
| <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>  |          |          |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |          |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....  | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....   | <b>2i(11)</b> |          |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 0        |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 10312525 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -7290254  |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan .....  | <b>2l(1)</b> |  | 195045844 |
| (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: **BOBER MARKEY FEDOROVICH & COMPANYY**

(2) EIN: **34-1523030**

**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  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552078.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>SUMITOMO RUBBER USA, LLC 1950 PENSION PLAN</u>                       | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SUMITOMO RUBBER USA, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1899137</u> |            |

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

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

|   |  |
|---|--|
| 1 |  |
|---|--|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 36-1561860

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

|   |   |
|---|---|
| 3 | 6 |
|---|---|

|                |   |
|----------------|---|
| <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: 0.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 65.00 %  
 High-Yield Debt: 6.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 29.00 % Other: 0.00 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

## INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of  
Sumitomo Rubber USA, LLC  
1950 Pension Plan  
Buffalo, New York

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

We have performed audits of the accompanying financial statements of Sumitomo Rubber USA, LLC 1950 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). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2024, 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits 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) audits 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.

## **Auditors' Responsibilities for the Audits of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

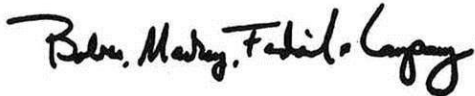
- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audits 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) audits 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.



BOBER, MARKEY, FEDOROVICH & COMPANY  
Akron, Ohio

October 14, 2025

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024**

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

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# **SCHEDULE SB ATTACHMENTS**

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

The assumed plan-related expenses added to the target normal cost were changed from \$114,664 for the prior valuation to \$118,560 for the current valuation.

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | 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         | 0     |
| 25-29        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0   | 0   | 6   | 1     | 0     | 0     | 0     | 0     | 0     | 0         | 7     |
| 40-44        | 0   | 0   | 13  | 7     | 0     | 0     | 0     | 0     | 0     | 0         | 20    |
| 45-49        | 0   | 0   | 13  | 26    | 16    | 1     | 0     | 0     | 0     | 0         | 56    |
| 50-54        | 0   | 0   | 6   | 46    | 32    | 19    | 0     | 0     | 0     | 0         | 103   |
| 55-59        | 0   | 0   | 4   | 38    | 23    | 36    | 6     | 0     | 0     | 0         | 107   |
| 60-64        | 0   | 0   | 7   | 21    | 11    | 10    | 2     | 0     | 0     | 0         | 51    |
| 65-69        | 0   | 0   | 2   | 1     | 0     | 1     | 0     | 0     | 0     | 0         | 4     |
| 70 & over    | 0   | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| Total        | 0   | 0   | 51  | 140   | 82    | 67    | 8     | 0     | 0     | 0         | 348   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

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## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total      |
|-----------|---------------------|--------------------------------|---|------------|
| 2024      | 2,049,565           | 12,480                         | 9,499,223   | 11,561,268 |
| 2025      | 2,259,549           | 29,687                         | 9,198,840   | 11,488,076 |
| 2026      | 2,493,634           | 43,501                         | 8,867,213   | 11,404,348 |
| 2027      | 2,527,018           | 64,196                         | 8,525,257   | 11,116,471 |
| 2028      | 2,731,344           | 80,777                         | 8,179,492   | 10,991,613 |
| 2029      | 3,092,148           | 109,113                        | 7,838,826   | 11,040,087 |
| 2030      | 3,208,447           | 133,712                        | 7,493,290   | 10,835,449 |
| 2031      | 2,936,201           | 150,370                        | 7,139,677   | 10,226,248 |
| 2032      | 2,921,732           | 172,938                        | 6,778,302   | 9,872,972  |
| 2033      | 2,756,799           | 197,033                        | 6,410,094   | 9,363,926  |
| 2034      | 2,604,167           | 235,921                        | 6,035,928   | 8,876,016  |
| 2035      | 2,407,053           | 268,769                        | 5,657,535   | 8,333,357  |
| 2036      | 2,301,229           | 277,321                        | 5,276,889   | 7,855,439  |
| 2037      | 2,143,537           | 282,091                        | 4,896,521   | 7,322,149  |
| 2038      | 2,010,446           | 292,407                        | 4,519,152   | 6,822,005  |
| 2039      | 1,875,051           | 307,949                        | 4,147,933   | 6,330,933  |
| 2040      | 1,766,649           | 336,917                        | 3,785,796   | 5,889,362  |
| 2041      | 1,694,004           | 351,857                        | 3,435,913   | 5,481,774  |
| 2042      | 1,616,031           | 354,844                        | 3,100,916   | 5,071,791  |
| 2043      | 1,548,575           | 355,137                        | 2,783,034   | 4,686,746  |
| 2044      | 1,493,161           | 352,827                        | 2,484,015   | 4,330,003  |
| 2045      | 1,433,792           | 348,706                        | 2,204,946   | 3,987,444  |
| 2046      | 1,378,716           | 344,330                        | 1,946,491   | 3,669,537  |
| 2047      | 1,319,776           | 348,597                        | 1,708,878   | 3,377,251  |
| 2048      | 1,261,843           | 348,264                        | 1,491,943   | 3,102,050  |
| 2049      | 1,206,552           | 344,337                        | 1,295,257   | 2,846,146  |
| 2050      | 1,151,969           | 343,346                        | 1,118,110   | 2,613,425  |
| 2051      | 1,097,510           | 336,072                        | 959,647   | 2,393,229  |
| 2052      | 1,041,881           | 320,876                        | 818,789   | 2,181,546  |
| 2053      | 985,359             | 305,160                        | 694,353   | 1,984,872  |
| 2054      | 927,843             | 289,071                        | 585,110   | 1,802,024  |
| 2055      | 869,296             | 272,294                        | 489,897   | 1,631,487  |
| 2056      | 810,173             | 255,440                        | 407,567   | 1,473,180  |
| 2057      | 750,762             | 238,791                        | 336,878   | 1,326,431  |
| 2058      | 691,490             | 222,120                        | 276,650   | 1,190,260  |
| 2059      | 632,836             | 205,557                        | 225,752   | 1,064,145  |
| 2060      | 575,269             | 189,238                        | 183,057   | 947,564    |
| 2061      | 519,264             | 173,297                        | 147,562   | 840,123    |
| 2062      | 465,166             | 157,853                        | 118,295   | 741,314    |
| 2063      | 413,468             | 143,003                        | 94,378  | 650,849    |
| 2064      | 364,541             | 128,828                        | 75,001  | 568,370    |
| 2065      | 318,694             | 115,400                        | 59,428  | 493,522    |
| 2066      | 276,165             | 102,783                        | 47,016  | 425,964    |
| 2067      | 237,229             | 91,017                         | 37,181  | 365,427    |
| 2068      | 202,012             | 80,123                         | 29,456  | 311,591    |
| 2069      | 170,512             | 70,106                         | 23,432  | 264,050    |
| 2070      | 142,706             | 60,952                         | 18,764  | 222,422    |
| 2071      | 118,398             | 52,638                         | 15,176  | 186,212    |
| 2072      | 97,447              | 45,126                         | 12,433  | 155,006    |

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# SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1. Shortfall | 01/01/2024       | (594,175)      | 15.00000                              | (594,175)           | (54,058)             |
| 2. Shortfall | 01/01/2023       | 26,760,415     | 14.00000                              | 25,677,558          | 2,450,738            |
| Total        |                  |                |                                       | 25,083,383          | 2,396,680            |

|

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

|   |   |                                     |
|---|---|-------------------------------------|
| <b>Plan Sponsor</b>                       | Sumitomo Rubber USA, LLC  |                                     |
| <b>EIN/PN</b>                             | 34-1899137/002  |                                     |
| <b>Discount Rate for Funding</b>          | Current plan year PPA effective interest rate: 5.07%<br>Prior plan year PPA effective interest rate: 5.19%  |                                     |
| <b>Current Year Elections:</b>            | Rate Format: Three-Segment Rates<br>Applicable month: September 2023  |                                     |
| <b>Interest Rates:</b>                    | <b>Reflecting Stabilization</b>   | <b>Not Reflecting Stabilization</b> |
| • First segment rate                      | 4.75%   | 3.62%                               |
| • Second segment rate                     | 4.87%   | 4.46%                               |
| • Third segment rate                      | 5.59%   | 4.52%                               |
| <b>Assumed cost of living adjustments</b> | None.   |                                     |
| <b>Inclusion date</b>                     | The valuation date coincident with or next following the enrolment date on which the employee becomes a participant.<br>As of August 29, 2009, participation is frozen. |                                     |
| <b>Plan-related Expenses</b>              | \$118,560, equal to the prior year PBGC premium   |                                     |

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**Non-disabled Mortality**

Funding Liability: Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

**Disabled mortality**

Funding Liability: IRS Revenue Ruling 96-7 Mortality Tables for males and females

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## Retirement

The rates at which participants are assumed to retire are shown below:

| Age          | Years of Service   |                  |
|--------------|--------------------|------------------|
|              | Less than 30 Years | 30 Years or More |
| Less than 50 | 0%                 | 0%               |
| 50           | 0                  | 10               |
| 51           | 0                  | 10               |
| 52           | 0                  | 10               |
| 53           | 0                  | 10               |
| 54           | 0                  | 10               |
| 55           | 1                  | 10               |
| 56           | 1                  | 10               |
| 57           | 1                  | 15               |
| 58           | 3                  | 15               |
| 59           | 3                  | 15               |
| 60           | 3                  | 20               |
| 61           | 3                  | 20               |
| 62           | 15                 | 40               |
| 63           | 15                 | 40               |
| 64           | 20                 | 40               |
| 65           | 20                 | 60               |
| 66           | 35                 | 60               |
| 67           | 35                 | 60               |
| 68           | 35                 | 60               |
| 69           | 35                 | 60               |
| 70 and above | 100                | 100              |

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Terminated participants are assumed to commence payment at age 65.

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**Representative Termination Rates not due to Disability, Retirement or Mortality** Termination rates are assumed to be 1% at all ages.

**Disability Rates** The rates at which participants are assumed to become disabled are shown below:

| Age          | Rate |
|--------------|------|
| Less than 52 | 0.5% |
| 52-58        | 1.0  |
| 59-61        | 2.0  |
| 62-64        | 4.0  |

## Lump Sum Payments

### a) Participant Elections

It is assumed that 55% of retiring participants and 55% of terminating participants will elect the lump sum option. The 55% election assumption for retirement represents the cumulative percentage of full lump sums and half lump sums. The lump sum is not payable for disability retirement. The lump sum payable for the accrued benefit is determined as the largest of (i), (ii) and (iii) below:

- (i) The present value at retirement / termination of the benefit payable at normal retirement date, calculated using IRC 417(e) assumptions.
- (ii) The present value at retirement / termination of the benefit payable at normal retirement date, calculated using the 417(e) interest rates and UP84 mortality. This reflects SRUSA's implementation, effective January 1, 2021, of the PBGC lump sum regulations published in September 2020.
- (iii) The present value at retirement of the immediately payable benefit, calculated using the Plan interest rate of 6.00% and UP84 mortality. If not eligible for retirement, the present value at termination of the benefit payable at normal retirement date.

### b) IRC 417(e) Assumptions – Funding Liability

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- (i) Interest rate – Yield curve segment rates equal to the valuation discount rates, using the substitution of annuity form under Proposed IRC §1.430(d)-1(f)(4).
- (ii) Mortality – The “applicable mortality table” under IRC §417(e) for 2024 provided in IRS Notice 2023-73 (no additional projection).

**Compensation Increases** Not applicable.

**Future increases in Social Security** Not applicable.

**Future increases in Maximum Benefits and Plan Compensation Limits** Not applicable.

**Annuity Form of Payment** For valuation purposes, participants electing an annuity are assumed to elect the normal form.

**Marriage** For purposes of valuing the pre-retirement surviving spouse’s benefit, 80% of eligible male participants are assumed to be married and 80% of eligible female participants are assumed to be married. Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.

For purposes of valuing the post-retirement death benefit, 50% of participants retiring prior to May 1, 2000 are assumed to be married on their date of death.

**Employees** It was assumed that there will be no new or rehired employees.

**At-risk Assumptions** For at-risk calculations (when applicable), all participants eligible to commence benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the annuity form of payment, which is typically the most valuable form of benefit under the plan.

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|                                   |  |
|-----------------------------------|--|
| <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.   |
| <b>Funding Target</b>             | Present value of accrued benefits.   |
| <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>Asset method</b>               | 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.) 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). These 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 significant bias to produce an actuarial value of assets that is below the market value of assets. |
| <b>Tax policy</b>                 | The actuarial valuation performed for the plan year ending December 31, 2024 is used to determine the maximum deductible contribution for the tax year ending December 31, 2024.   |

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**Benefits not included in valuation**

Qualified pre-retirement survivor benefit coverage for former employees. The Plan's charge to the employee's benefit for such coverage is assumed to approximate the cost of the coverage.

No provision is made in the valuation for Special Distributions on Plant Closure, Service Award or Separation Payment.

The disability supplement, which is paid directly by the Company, not from the Plan trust, is not considered in the valuation.

**Subsequent Events Reflected**

None.

## Sources of Data and Other Information

Asset data were provided by Northern Trust on January 5, 2024. Sumitomo Rubber USA, LLC furnished participant data as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, 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.

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## 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>Lump sum conversion rate</b>               | As prescribed by law and regulation, lump sums on a 417(e) basis are valued using “annuity substitution” and the interest rate basis selected by the plan sponsor. Future interest rates are determined from information inherent in current market rates.                                 |
| <b>Administrative and investment expenses</b> | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). |

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## Assumptions Rationale - Significant Demographic Assumptions

|                               |   |
|-------------------------------|---|
| <b>Healthy Mortality</b>      | Assumptions used for funding purposes are as prescribed by IRC §430(h).   |
| <b>Disabled Mortality</b>     | Assumptions used for funding purposes are as prescribed by IRC §430(h).   |
| <b>Disability</b>             | Disability rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.        |
| <b>Retirement</b>             | Retirement rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable.        |
| <b>Lump Sum election rate</b> | Lump sum election rates were based on an experience study conducted in 2023, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable. |

## Source of Prescribed Methods

|                        |   |
|------------------------|---|
| <b>Funding methods</b> | The methods used for funding purposes, 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 by IRC §430. |
|------------------------|---|

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table and projection scale used to calculate the funding target and target normal cost were updated to use IRS-prescribed tables based on PRI-2012 tables with generational projection using the 2024 IRS Adjusted MP-2021 scale, as required by guidance issues by IRS under IRC 430.
- The assumed mortality table for 417(e) lump sum purposes was updated to the 2024 “applicable mortality table” under IRC §417(e) provided in IRS Notice 2023-73.
- The assumed plan-related expenses added to the target normal cost were changed from \$114,664 for the prior valuation to \$118,560 for the current valuation to account for the expectation that plan expenses, specifically the PBGC premium, will be paid from the trust.
- The assumed rates of retirement, termination, and disability decrements, along with lump sum form of payment elections were updated based on a 2023 experience study as described above.

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## Schedule SB, Part V Summary of Plan Provisions

|   |   |
|---|---|
| <b>Plan Sponsor</b>                             | Sumitomo Rubber USA, LLC  |
| <b>Plan</b>                                     | Sumitomo Rubber USA, LLC 1950 Pension Plan  |
| <b>Effective Date and Most Recent Amendment</b> | April 1, 1950 as most recently amended and restated, effective April 1, 2016.   |
| <b>Plan Year</b>                                | The twelve-month period ending December 31.   |
| <b>Coverage and Participation</b>               | All hourly employees hired prior to December 22, 2006 who are covered under the bargaining unit of Local #135, United Steel Workers of America, AFL-CIO-CLC. Employees in certain technical jobs, hired between December 22, 2006 and August 29, 2009 may enter the plan. The Plan is closed to new entrants effective August 29, 2009. |
| <b>Credited Service</b>                         | All service from date of hire to the earlier of date of termination, death or retirement and April 30, 2014 computed to the nearest one-twelfth of a year.  |
| <b>Vesting Service</b>                          | All service from date of hire to date of termination, death or retirement computed to the nearest one-twelfth of a year.  |

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# SCHEDULE SB ATTACHMENTS

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**Normal Retirement Benefit** Eligibility: Age 65 with 5 or more years of continuous service.

Benefit:

| Retirement Date       | Monthly Benefit per Year of Continuous Service |
|-----------------------|--|
| 10/01/1991-11/03/1994 | \$30.00  |
| 11/04/1994-11/09/1997 | 37.00  |
| 11/10/1997-04/30/2000 | 41.00  |
| 05/01/2000-01/01/2006 | 50.00  |
| 01/02/2006-08/01/2009 | 55.00  |
| 08/01/2009-01/01/2010 | 58.00  |
| After 01/01/2010      | 58.00/63.00                                    |

The \$58 benefit unit applies to all service accrued prior to January 1, 2010 for participants that terminate, retire, decease, or become disabled from active service on or after January 1, 2010.

The \$63 benefit unit applies to all service accrued after January 1, 2010 for participants that terminate, retire, decease, or become disabled from active service on or after January 1, 2010.

Benefit accruals are frozen from 11/01/2003 through 10/31/2005. For those retiring and terminating on or after August 1, 2006, this service accrual is restored.

Normal Form Benefit: 5-year certain life annuity subject to Qualified Joint and Survivor Annuity requirements applicable to married members.

A married member's benefit at retirement will be paid in the form of a reduced Joint and 50% Survivor optional benefit unless elected otherwise.

## Late Retirement

Eligibility: Members can postpone retirement beyond age 65.

Benefit: Calculated as for normal retirement based on continuous service and the benefit rate in effect at actual retirement date but held to a minimum of the actuarially increased benefit as of the Normal Retirement Date.

Plan Name: Sumitomo Rubber USA, LLC 1950 Pension Plan  
EIN / PN: 34-1899137/002  
Plan Sponsor: Sumitomo Rubber USA, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Early Retirement Benefit

- (1) Eligibility: Age 62 with 10 or more years of continuous service, or below age 55 with 30 or more years of continuous service.

Benefit: Full accrued normal retirement benefit.

- (2) Eligibility: Age 55 with 30 or more years of continuous service.

Benefit: A supplemental benefit payable to 3 years prior to the participant's Social Security Normal Retirement Age. If retirement occurs on or after August 1, 1997, but before August 1, 2009, the supplement ceases at age 62, but a separate supplemental benefit is paid until 3 years prior to Social Security Normal Retirement Age. If retirement occurred before August 1, 1997, all supplemental payments cease at age 62. The full accrued benefit is payable after the supplement ends.

The current supplement is expressed strictly as an add-on equal to \$340 plus \$9 per year of service over 30 plus \$10 per year of age over 55.

Effective April 30, 2014, the supplement is frozen at an amount equal to \$250 plus \$3 per year of service plus \$6 per year of service over 30 plus \$10 per year of age over 55. Age and service are as of April 30, 2014. The frozen supplement is held to no smaller than \$400.

Prior supplement amounts, expressed as the total temporary payment are as follows:

| Retirement Date       | Monthly Supplement Benefit |                               |                           |
|-----------------------|----------------------------|-------------------------------|---------------------------|
|                       | Fixed Benefit              | For Each Year of Service > 30 | For Each Year of Age > 55 |
| 10/01/1991-11/03/1994 | \$950                      | \$35.50                       | \$10.00                   |
| 11/04/1994-11/09/1997 | 1,160                      | 42.50                         | 10.00                     |
| 11/10/1997-04/30/2000 | 1,570                      | 46.50                         | 10.00                     |
| 05/01/2000-12/31/2002 | 1,890                      | 55.50                         | 10.00                     |
| After 12/31/2002      | 1,840                      | 59.00                         | 10.00                     |

- (3) Eligibility: Age 55 with 10 or more years of continuous service.

Benefit: Accrued benefit reduced by 0.4% for each month benefit commencement precedes age 62.

Plan Name: Sumitomo Rubber USA, LLC 1950 Pension Plan  
 EIN / PN: 34-1899137/002  
 Plan Sponsor: Sumitomo Rubber USA, LLC  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## **Disability Benefit**

Eligibility: Effective January 1, 2010, total disability after 10 years of continuous service and receiving a Social Security disability benefit.

Benefit: Accrued benefit, unreduced, payable for life, with 60 payments guaranteed.

Prior to January 1, 2010, receipt of a Social Security disability benefit was not required. Disability retirees not receiving a Social Security disability benefit received a temporary supplement equal to the accrued benefit, payable to three years before Social Security Normal Retirement Age.

## **Vested Benefits Upon Termination of Service**

Eligibility: If employed on September 1, 1999, termination before retirement eligibility. Otherwise, termination after 5 or more years of continuous service, but prior to retirement eligibility.

Benefit: Accrued benefit payable for life, with five years certain, commencing at normal retirement date. If 10 or more years of continuous service, a reduced amount at an early retirement date is available.

Effective January 1, 2014, a lump sum option is available, as described below under Optional Forms. A vested terminated participant may elect only a full lump sum, not half lump sum and half annuity. The lump sum is payable only at termination – no deferred lump sum is available. Because a lump sum is offered, the vested benefit is also payable immediately in a reduced amount.

Plan Name: Sumitomo Rubber USA, LLC 1950 Pension Plan  
EIN / PN: 34-1899137/002  
Plan Sponsor: Sumitomo Rubber USA, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Death Benefits

### (1) Pre-Retirement – Surviving Spouse Benefit

A life annuity is payable to the surviving spouse of an active or terminated participant whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse is 50% of the participant's vested benefit reduced for early retirement and joint and survivor option election. Benefits commence at the earliest date the participant could have retired, had he survived, under the Plan. Terminated vested participants are charged .2% for each year that this death benefit coverage is in effect prior to age 55, and .6% for each year thereafter.

Effective January 1, 2014, the surviving spouse of a vested participant whose death occurs prior to termination may elect a lump sum in lieu of the survivor annuity. The lump sum may not be deferred. The spouse may elect only a full lump sum, not half lump sum and half annuity. Because a lump sum is available, the survivor annuity is also payable immediately in a reduced amount.

### (2) Post-Retirement – Lump Sum to Spouse or Estate

| Retirement Date       | Lump Sum |
|-----------------------|----------|
| Prior to 10/01/1991   | \$2,750  |
| 10/01/1991-11/09/1997 | 3,500    |
| 11/10/1997-04/30/2000 | 4,000    |
| 05/01/2000-07/31/2013 | 4,500    |
| After 07/31/2013      | 5,000    |

For participants retiring prior to May 1, 2000, a lump sum benefit is payable only to a surviving spouse. For participants retiring on or after May 1, 2000, a lump sum benefit is payable to the participant's estate if there is no surviving spouse. For participants who retire and elect the full lump sum option, the death benefit is paid from Company assets, not from the trust.

Plan Name: Sumitomo Rubber USA, LLC 1950 Pension Plan  
EIN / PN: 34-1899137/002  
Plan Sponsor: Sumitomo Rubber USA, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## **Optional Forms of Retirement Income in Lieu of Normal Form**

Optional forms available at retirement are:

50% and 100% Joint and Survivor contingent annuity; 10, 15 and 20-year certain and continuous options. These forms do not reduce the amount payable in the normal form until after 60 monthly payments.

50% Qualified Joint and Survivor Annuity and 75% Qualified Optional Survivor Annuity. These forms immediately reduce the amount payable. These are the only optional annuity forms available to a deferred vested participant.

Pop-up 50% and 100% Joint and Survivor contingent annuity with 60 payments guaranteed. These forms immediately reduce the amount payable in the normal forms.

A lump sum option has been added to the plan for retirements and vested terminations on or after January 1, 2014. The payable lump sum is the largest of 1) the lump sum calculated using 417(e) assumptions, 2) the lump sum calculated using the 417(e) interest rates and UP84 mortality, and 3) the lump sum using the Plan interest rate of 6.00% and UP84 mortality.

Each of the lump sum calculations is the present value at retirement/termination of the benefit payable at normal retirement age. However, if the participant is retirement eligible, the lump sum under the Plan interest rate of 6.00% is calculated as the present value of the immediate annuity.

A participant may elect to receive the full benefit in lump sum form or half as lump sum and half as annuity. The annuity half is payable under any optional form.

## **Actuarial Increase for Late Retirement**

The normal retirement pension payable with respect to a participant who continues in employment after attaining his normal retirement age and after April 30, 2014 shall be actuarially adjusted for each month during such a period of continuing employment in which the participant does not receive his normal retirement pension.

## **Pension Increases**

Not applicable.

## **Plan Participants' Contributions**

Not applicable.

Plan Name: Sumitomo Rubber USA, LLC 1950 Pension Plan  
EIN / PN: 34-1899137/002  
Plan Sponsor: Sumitomo Rubber USA, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Future Plan Changes

WTW is not aware of any future plan changes that are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Sumitomo Rubber USA, LLC 1950 Pension Plan  
EIN / PN: 34-1899137/002  
Plan Sponsor: Sumitomo Rubber USA, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |  |
|--------------------------|--|
| <b>Plan Sponsor</b>      | Sumitomo Rubber USA, LLC                   |
| <b>EIN/PN</b>            | 34-1899137/002                             |
| <b>Plan Name</b>         | Sumitomo Rubber USA, LLC 1950 Pension Plan |
| <b>Valuation Date</b>    | January 1, 2024                            |
| <b>Enrolled Actuary</b>  | Keith Okress                               |
| <b>Enrollment Number</b> | 23-06965                                   |

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 Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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<br>Sumitomo Rubber USA, LLC 1950 Pension Plan   | <b>B</b> Three-digit plan number (PN) ▶   | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Sumitomo Rubber USA, LLC                                      | <b>D</b> Employer Identification Number (EIN)<br>34-1899137   |     |
| <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 |     |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | 141,411,162               |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | 152,580,347               |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | 778                        | 91,897,489                | 91,897,489               |
| <b>b</b> For terminated vested participants .....   | 99                         | 3,525,969                 | 3,525,969                |
| <b>c</b> For active participants .....  | 348                        | 30,859,658                | 35,863,631               |
| <b>d</b> Total .....  | 1,225                      | 126,283,116               | 131,287,089              |
| <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>                   | 5.07%                     |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 118,560                   |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | 118,560                   |                          |

**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> | Keith Okress <span style="font-size: 2em; font-family: cursive;">KJO</span><br>Signature of actuary | October 9, 2025<br>Date                                |
|                  | Keith Okress<br>Type or print name of actuary   | 2306965<br>Most recent enrollment number               |
|                  | Willis Towers Watson US LLC<br>Firm name  | 216-937-4000<br>Telephone number (including area code) |
|                  | 1001 Lakeside Avenue<br>Suite 1500<br>Cleveland OH 44114-1172<br>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</b>  | <b>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  | 45,443,214             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 2,565,402              |
| <b>9</b> Amount remaining (line 7 minus line 8) .....   | 0  | 42,877,812             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.16%</u> .....   | 0  | 3,498,829              |
| <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>5.19%</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  | 46,376,641             |

| <b>Part III</b>  | <b>Funding Percentages</b> |         |
|--|----------------------------|---------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b>                  | 80.89%  |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b>                  | 116.21% |
| <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>                  | 80.38%  |
| <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<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
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|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
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|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
|                          |                                   |                                 |                          |                                   |                                 |   |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <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> | 0 |

**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 |
| 0  | 0       | 0       | 0       |

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

|   |  |   |                                     |   |
|---|--|---|-------------------------------------|---|
| <b>21</b> Discount rate:                        |  |   |                                     |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75%                          | 2nd segment:<br>4.87%                                     | 3rd segment:<br>5.59%               | <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 |   |

**Part VI Miscellaneous Items**

|   |   |  |
|---|---|--|
| <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>                               |  |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <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 |

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....   | <b>31a</b>          | 118,560            |               |
| <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 .....  | 25,083,383          | 2,396,680          |               |
| <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>           | 2,515,240          |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 2,515,240          | 2,515,240     |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   | <b>37</b>           | 0                  |               |
| <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>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  | <b>38b</b>          | 0                  |               |
| <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                  |               |

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

|  |
|--|
| <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 checked="" type="checkbox"/> 2021 |
|--|

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN

FINANCIAL STATEMENTS

December 31, 2024 and 2023

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN

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Note: Certain schedules normally required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because of the absence of the conditions under which they are required.

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN  
December 31, 2024 and 2023

Statements of Net Assets Available for Benefits

(Dollars in Thousands)

|                                   | December 31,<br>2024 | December 31,<br>2023 |
|-----------------------------------|----------------------|----------------------|
| ASSETS                            |                      |                      |
| Plan's Interest in Master Trust   | \$ 329,101           | \$ 141,345           |
| Net Assets Available for Benefits | \$ 329,101           | \$ 141,345           |

Statement of Changes in Net Assets Available for Benefits

(Dollars in Thousands)

|  | Year Ended<br>December 31, 2024 |
|--|---------------------------------|
| Net Investment Gain from Plan's Interest in Master Trust | \$ 3,022                        |
| Benefits Paid to Participants or Their Beneficiaries     | (10,312)                        |
| Net Decrease Prior to Transfer                           | (7,290)                         |
| Transfer of Assets from Other Plans                      | 195,046                         |
| Increase in Net Assets Available for Benefits            | 187,756                         |
| Net Assets Available for Benefits, Beginning of Year     | 141,345                         |
| Net Assets Available for Benefits, End of Year           | \$ 329,101                      |

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

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN  
December 31, 2024 and 2023

Statements of Accumulated Plan Benefits

| (Dollars in Thousands)                                | December 31,<br>2024 | December 31,<br>2023 |
|---|----------------------|----------------------|
| Actuarial Present Value of Accumulated Plan Benefits: |                      |                      |
| Vested Benefits for:                                  |                      |                      |
| Current Employees                                     | \$ 48,751            | \$ 29,534            |
| Retirees  | 236,452              | 3,296                |
| Former Employees                                      | 15,474               | 88,859               |
|   | <u>300,677</u>       | <u>121,689</u>       |
| Nonvested Benefits for Current Employees              | <u>-</u>             | <u>5,086</u>         |
|   | <u>\$ 300,677</u>    | <u>\$ 126,775</u>    |

Statement of Changes in Accumulated Plan Benefits

| (Dollars in Thousands)  | Year Ended<br>December 31, 2024 |
|---|---------------------------------|
| Actuarial Present Value of Accumulated Plan Benefits, December 31, 2023 | \$ 126,775                      |
| (Decrease) Increase During the Year Attributable to:                    |                                 |
| Change in Actuarial Assumptions   | 3,332                           |
| Benefit Payments  | (10,312)                        |
| Interest  | 6,689                           |
| Plan amendments   | 8,138                           |
| Other   | (2,684)                         |
| Net Increase Prior to Transfer  | <u>5,163</u>                    |
| Transfer from Other Plans   | <u>168,739</u>                  |
| Actuarial Present Value of Accumulated Plan Benefits, December 31, 2024 | <u>\$ 300,677</u>               |

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

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Trust Assets

The Sumitomo Rubber USA, LLC 1950 Pension Plan (the "Plan") participates in the Sumitomo Rubber USA, LLC Master Retirement Trust (the "Master Trust") where The Northern Trust Company is the trustee and custodian. The Master Trust holds investments for pension plans sponsored by Sumitomo Rubber USA, LLC (the "Company" or "SRUSA"). See discussion of significant accounting policies related to the master trust in Note 6.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits include benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries.
- b) Beneficiaries of employees who died while in active service.
- c) Present employees and their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by Willis Towers Watson, consulting actuaries, using actuarial assumptions to reflect the time value of money and the probability that a benefit payment will be made between the valuation date and the expected payment date.

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2024 and 2023 were:

- a) Life Expectancy – Mortality based on Pri-2012 Blue Collar Table projected from 2012 based on an adjusted MP-2019 scale (December 31, 2024 and 2023).
- b) Retirement Age - Scale ranging from 10% of all eligible employees at age 50 to 100% at age 70 (December 31, 2024 and 2023). Due to cessation of operations (see Note 2), all active participants who are eligible for retirement are assumed to retire in 2025. All active participants who are not eligible for retirement are assumed to terminate in 2025.
- c) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 5.25% and 5.50% respectively (December 31, 2024 and 2023).

Contributions and Funding

In 2014, SRUSA made contributions to fully fund the Plan as determined by the accounting basis used for SRUSA's financial statements. Subsequent to the full funding, the Company agrees to make additional contributions, as needed, to maintain the Plan's funded status under the Employee Retirement Income Security Act of 1974 ("ERISA") equal to at least 97%.

During the 2024 Plan year, no Company contributions were required under the minimum funding requirements specified in ERISA or the Plan's obligation to maintain the ERISA funded status equal to at least 97%. SRUSA made no discretionary contributions to the Plan for the 2024 Plan year.

SUMITOMO RUBBER USA, LLC  
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NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

Expenses

All expenses incurred in the asset custody and management of the Plan are charged to and paid by the Master Trust. Other administrative expenses of the Plan are paid by SRUSA.

Basis of Accounting

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

Use of Estimates

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued. See Notes 2 and 7.

NOTE 2 - GENERAL DESCRIPTION OF THE PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document maintained by SRUSA, who is the Plan administrator, for more complete information. The Plan is subject to the provisions of ERISA.

Merging of Plans and Termination of Plan

The board of directors of the Company adopted a resolution dated August 21, 2024 to merge the two other participating plans in the Master Trust into the Plan effective December 31, 2024. The Plan was formally amended effective December 31, 2024 to merge the Plans. The Plan was restated effective January 1, 2025 to rename the Plan the Sumitomo Rubber USA, LLC Pension Plan and incorporate the provisions of all three plans.

On November 7, 2024, the Company announced the cessation of the Company's manufacturing activities and the commencement of the windup of the Company's business. The board of directors of the Company adopted a resolution dated December 19, 2024 to terminate the Plan effective March 31, 2025. Subsequent to the termination, the Plan will be providing an option for participants to take a lump sum distribution, or the Plan will transfer the obligation to an insurance company to administer the remaining benefits to the Plan participants.

SUMITOMO RUBBER USA, LLC  
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NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

Participation and Benefits

The Plan is a defined benefit plan covering hourly employees of the Buffalo Plant of SRUSA. Non-technical employees hired after December 22, 2006 and all employees hired after August 29, 2009 are not eligible to participate in the Plan. The Plan provides for pension, death, disability, service and separation benefits calculated under formulas principally based on length of service.

Effective April 30, 2014, the Plan was frozen and participants do not earn any additional service that counts towards their pension benefits following this date.

Participants may elect to receive their pension benefits in various forms of an immediate or deferred annuity. Effective January 1, 2014, active participants have the option to receive their plan benefit in either a 100% lump sum, or combination of 50% lump sum and annuity, in addition to the existing benefit payment options under the Plan.

Normal retirement age is 65; however, early retirement provisions are available to employees who have attained age 55 and have completed at least ten years of continuous service, or to employees who have completed at least 30 years of service. As a result of the plant closure and as part of amending the Plan, any employee who has completed 23 years of continuous service on or before January 11, 2025 is deemed to have met the requirements for an immediate monthly pension under the plant closure rule.

Vesting

Effective with the freeze date, normal retirement benefits are 100% vested in the Plan for active employees. Some early retirement subsidies are nonvested for employees who currently do not meet the age and service requirements of the early retirement provisions. As a result of the Plan termination effective March 31, 2025, all participants will become fully vested in their accrued benefits effective March 31, 2025.

Termination Provisions

As stated in the Plan document, in the event of a termination of the Plan:

- a) The Plan's interest in the Master Trust shall serve to discharge any liability presently incurred and the net assets shall be applied for the exclusive benefit of the participants and beneficiaries of the Plan, provided that after satisfaction of all liabilities, residual assets of the Plan are distributable to the Company, or to other plans within the Master Trust.
- b) To the extent unfunded vested benefits exist, benefits up to specified limitations are insured by the Pension Benefit Guaranty Corporation.

**NOTE 3 - TAX STATUS**

The Internal Revenue Service ("IRS") has determined and informed SRUSA by a letter dated July 9, 2013 that the Plan is qualified and the trust established for the Plan is exempt from federal income tax under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, SRUSA and Plan's tax counsel believe the Plan is currently designed

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 4 - FINANCIAL DATA CERTIFIED BY THE NORTHERN TRUST COMPANY

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information applicable to the Master Trust and at the plan level is certified complete and accurate or derived from information certified complete and accurate by the custodian and trustee as of December 31, 2024 and 2023 and for the year ended December 31, 2024.

NOTE 5 - PARTIES-IN-INTEREST

Certain Plan investments are managed by Northern Trust Investments, Inc., an affiliate of the custodian and trustee and, therefore, these transactions are party-in-interest transactions. Certain Plan investments are managed by investment entities of Willis Towers Watson, affiliates of the Plan's consulting actuary and, therefore, these transactions are party-in-interest transactions. Fees are paid by the Master Trust for asset custody and management to parties-in-interest. These fees are pursuant to arrangements exempted from the prohibited transactions rules.

NOTE 6 - MASTER TRUST

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The fair value of investments held by the Master Trust is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Investment income and administrative expenses relating to the Master Trust are allocated to the Plan based on the Plan's undivided interest in the master trust.

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NOTES TO FINANCIAL STATEMENTS  
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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 investment gain includes the Master Trust's gains and losses on investments bought and sold as well as held during the year.

Master Trust Net Assets

The following provides a summary of the net assets of the Master Trust at December 31, 2024 and 2023 and changes in net assets of the Master Trust for the year ended December 31, 2024:

Statements of Net Assets Available for Benefits  
(Dollars in Thousands)

|                                   | December 31, 2024 |                                    | December 31, 2023 |                                    |
|-----------------------------------|-------------------|------------------------------------|-------------------|------------------------------------|
|                                   | Master Trust      | Plan's Interest in<br>Master Trust | Master Trust      | Plan's Interest<br>in Master Trust |
| Assets                            |                   |                                    |                   |                                    |
| Investments:                      |                   |                                    |                   |                                    |
| Common/Collective Trusts          | \$ 328,971        | \$ 328,971                         | \$ 349,173        | \$ 141,330                         |
|                                   | <u>328,971</u>    | <u>328,971</u>                     | <u>349,173</u>    | <u>141,330</u>                     |
| Receivables:                      |                   |                                    |                   |                                    |
| Pending Trades                    | 59,991            | 59,991                             | 10                | 4                                  |
| Accrued Income                    | 107               | 107                                | 28                | 11                                 |
|                                   | <u>60,098</u>     | <u>60,098</u>                      | <u>38</u>         | <u>15</u>                          |
| Total Assets                      | 389,069           | 389,069                            | 349,211           | 141,345                            |
| Liabilities:                      |                   |                                    |                   |                                    |
| Accrued Expenses                  | (59,968)          | (59,968)                           | -                 | -                                  |
| Total Liabilities                 | <u>(59,968)</u>   | <u>(59,968)</u>                    | <u>-</u>          | <u>-</u>                           |
| Net Assets Available for Benefits | <u>\$ 329,101</u> | <u>\$ 329,101</u>                  | <u>\$ 349,211</u> | <u>\$ 141,345</u>                  |

SUMITOMO RUBBER USA, LLC  
 1950 PENSION PLAN  
 NOTES TO FINANCIAL STATEMENTS  
 DECEMBER 31, 2024 AND 2023

Statement of Changes in Net Assets Available for Benefits  
 (Dollars in Thousands)

|  | Year ended<br>December 31, 2024 |
|--|---------------------------------|
| Contributions  | \$ -                            |
| Investment Income:                                     |                                 |
| Interest   | 454                             |
| Net Gain on Fair Value of Investments                  | 8,223                           |
| Benefits Paid to Participants or Their Beneficiaries   | (27,587)                        |
| Administrative Expenses                                | (1,200)                         |
| Net Decrease   | (20,110)                        |
| Net Assets Available for Benefits at Beginning of Year | 349,211                         |
| Net Assets Available for Benefits at End of Year       | \$ 329,101                      |

Fair Value Measurements

Assets and liabilities measured at fair value are classified using the following hierarchy, which is based upon the transparency of inputs to the valuation as of the measurement date.

- Level 1 – Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Valuation is based upon quoted prices for similar assets and liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Valuation is based upon other unobservable inputs that are significant to the fair value measurement.

SUMITOMO RUBBER USA, LLC  
1950 PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

The following table sets forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2024 and 2023:

(Dollars in Thousands)

|                                 | December 31, 2024 |                   |             | Total             |
|---------------------------------|-------------------|-------------------|-------------|-------------------|
|                                 | Level 1           | Level 2           | Level 3     |                   |
| Common/Collective Trusts        |                   |                   |             |                   |
| Short Term Securities           | \$ -              | \$ 94,389         | \$ -        | \$ 94,389         |
| Debt Securities                 | -                 | 234,582           | -           | 234,582           |
| Total Investments at Fair Value | <u>\$ -</u>       | <u>\$ 328,971</u> | <u>\$ -</u> | <u>\$ 328,971</u> |

(Dollars in Thousands)

|                                 | December 31, 2023 |                   |             | Total             |
|---------------------------------|-------------------|-------------------|-------------|-------------------|
|                                 | Level 1           | Level 2           | Level 3     |                   |
| Common/Collective Trusts        |                   |                   |             |                   |
| Short Term Securities           | \$ -              | \$ 8,072          | \$ -        | \$ 8,072          |
| Equity Securities               | -                 | 30,482            | -           | 30,482            |
| Debt Securities                 | -                 | 310,619           | -           | 310,619           |
| Total Investments at Fair Value | <u>\$ -</u>       | <u>\$ 349,173</u> | <u>\$ -</u> | <u>\$ 349,173</u> |

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Valuation methodologies used for assets and liabilities measured at fair value are as follows:

*Common/Collective Trusts:* Valued at the NAV of units held at year end, as determined by a pricing vendor or the fund family. For the investments valued at NAV for the years ending December 31, 2024 and 2023, the NAV, as provided by the trustee of each common collective trust fund, is readily determinable fair value, and is therefore included in the leveling table. If the plan were to initiate a full redemption of any common collective trust, each investment manager reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner. The investments in common collective trust funds had a fair value of approximately \$329,101,000 and \$349,173,000 as of December 31, 2024 and 2023, respectively, with no unfunded commitments, daily pricing frequency, and full redemption notice periods that extend no greater than 30 days. Common/collective trusts invested in equity securities are invested to earn returns that match or exceed U.S. equity indexes. Common/collective trusts invested in debt securities are invested to earn returns that match or exceed U.S. fixed income indexes. Common/collective trusts invested in short term securities are invested to provide an investment vehicle for cash reserves while offering a competitive rate of return.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

SUMITOMO RUBBER USA, LLC  
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NOTES TO FINANCIAL STATEMENTS  
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NOTE 7 – SUBSEQUENT EVENTS

Following the termination of the Plan on March 31, 2025, the Company transferred the benefit obligation to an insurance provider on June 13, 2025. Participants continued to receive benefit payments from The Northern Trust Company through August 2025. Beginning September 1, 2025, the insurance provider assumed responsibility for making payments to participants.

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning and ending

|   |   |  |
|---|---|--|
| <b>A</b> Name of plan   | <b>B</b> Three-digit plan number (PN) ▶       |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 | <b>D</b> Employer Identification Number (EIN) |  |

**Part I Asset and Liability Statement**

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

| <b>Assets</b>   |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</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>    |                              |                        |
| <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>   |                              |                        |
| <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>   |                              |                        |

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

**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.

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

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| <b>(6)</b> Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| <b>(10)</b> 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>     |            |           |

**Expenses**

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

**Net Income and Reconciliation**

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

(2) EIN:  

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, 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.) .....                 |     |    |        |
| <b>4a</b>  |     |    |        |
| <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.) ..... |     |    |        |
| <b>4b</b>  |     |    |        |
| <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.) .....   |     |    |        |
| <b>4c</b>  |     |    |        |
| <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.) .....  |     |    |        |
| <b>4d</b>  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....   |     |    |        |
| <b>4e</b>  |     |    |        |
| <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? .....  |     |    |        |
| <b>4f</b>  |     |    |        |
| <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? .....   |     |    |        |
| <b>4g</b>  |     |    |        |
| <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? .....   |     |    |        |
| <b>4h</b>  |     |    |        |
| <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.) .....   |     |    |        |
| <b>4i</b>  |     |    |        |
| <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.) .....   |     |    |        |
| <b>4j</b>  |     |    |        |
| <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? .....  |     |    |        |
| <b>4k</b>  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   |     |    |        |
| <b>4l</b>  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   |     |    |        |
| <b>4m</b>  |     |    |        |
| <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. ....   |     |    |        |
| <b>4n</b>  |     |    |        |

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

