

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): COMMITTEE USW/YOKOHAMA TIRE RETIREES HEALTH AND WELFARE TRUST
2b Employer Identification Number (EIN): 45-6572676
2c Plan Sponsor's telephone number: 844-865-1136
2d Business code (see instructions): 525100

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	480
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	463
	6c	33
	6d	496
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4U

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COMMITTEE USW/YOKOHAMA TIRE</p>	<p>D Employer Identification Number (EIN) 45-6572676</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	031500	572	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	699426
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COMMITTEE USW/YOKOHAMA TIRE</p>	<p>D Employer Identification Number (EIN) 45-6572676</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF PENNSYLVANIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1667011	54798	19955	770	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	28420
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 COMMITTEE USW/YOKOHAMA TIRE	D Employer Identification Number (EIN) 45-6572676	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CENTRAL DATA SERVICES, INC.

60 BLVD OF THE ALLIES, 5TH FLOOR
PITTSBURGH, PA 15222

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	54926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

T. ROWE PRICE ASSOCIATES

100 EAST PRATT STREET
BALTIMORE, MD 21202

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	41856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL CONSULTING

1920 N STREET, NW, SUITE 400
WASHINGTON, DC 20036-1659

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	34000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SCHNEIDER DOWNS & CO, INC

ONE PPG PLACE, SUIT 1700
PITTSBURGH, PA 15222-5416

25-1408703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26175	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK

425 WALNUT STREET
CINCINNATI, OH 45202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	PLAN TRUSTEE	7500	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FUSCO GALLAGHER PORCARO & MONROE

1215 SUPERIOR AVENUE
CLEVALAND, OH 44114-3257

20-0467568

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5959	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 COMMITTEE USW/YOKOHAMA TIRE	D Employer Identification Number (EIN) 45-6572676

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2679415	5250333
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	154577	109649
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	24550	8390
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1737171	1665460
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4118420	4665191
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5616363	6773544
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14330496	18472567
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	7100	4846
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7100	4846
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14323396	18467721

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5890978	
(B) Participants.....	2a(1)(B)	1021434	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6912412
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	109020	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	29	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		109049
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	54726	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	235852	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		290578
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6952070	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6721892	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		230178
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	570193	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-18611
c Other income	2c		209
d Total income. Add all income amounts in column (b) and enter total	2d		8094008

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18686	
(2) To insurance carriers for the provision of benefits	2e(2)	3742171	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3760857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	54926	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10055	
(5) Investment advisory and investment management fees	2i(5)	41856	
(6) Bank or trust company trustee/custodial fees	2i(6)	7500	
(7) Actuarial fees	2i(7)	34000	
(8) Legal fees	2i(8)	5959	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1199	
(11) Other expenses	2i(11)	33331	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		188826
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3949683

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4144325
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: GROSSMAN YANAK & FORD LLP

(2) EIN: 25-1638525

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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 _____.



**USW/YOKOHAMA TIRE RETIREES
HEALTH CARE PLAN**

**Financial Statements for the Years Ended December 31, 2024 and
2023, Supplemental Schedules as of and for the Year Ended
December 31, 2024 and Independent Auditors' Report**

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN

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Schedules not included herein are omitted because of the absence of conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

To the Committee of the USW/Yokohama Tire Retirees Health and Welfare Trust
USW/Yokohama Tire Retirees Health Care Plan

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of USW/Yokohama Tire Retirees Health Care Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of benefit obligations and net assets available for benefits as of December 31, 2024, and the related statement of changes in benefit obligations and net assets available for benefits for the year then ended, and the related notes to the financial statements (2024 financial statements).

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of USW/Yokohama Tire Retirees Health Care Plan as of December 31, 2024, and the changes in its benefit obligations and net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 Audit of the 2024 Financial Statements section of our report. We are required to be independent of USW/Yokohama Tire Retirees Health Care Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of the Committee for the 2024 Financial Statements

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

In preparing the financial statements, the Committee is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about USW/Yokohama Tire Retirees Health Care Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

The Committee 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 Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the 2024 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of USW/Yokohama Tire Retirees Health Care 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 the Committee, 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 USW/Yokohama Tire Retirees Health Care Plan's ability to continue as a going concern for a reasonable period of time.

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

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the 2024 financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions are presented for the purposes of additional analysis and are not a required part of the 2024 financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Committee and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Auditor's Report on the 2023 Financial Statements

The financial statements of USW/Yokohama Tire Retirees Health Care Plan as of December 31, 2023, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 9, 2024, indicated that in their opinion:

- the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and
- the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

GROSSMAN YANAK & FORD LLP

Pittsburgh, Pennsylvania
October 9, 2025

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN

STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS:		
Current retirees, beneficiaries and dependents	\$ 24,700,367	\$ 28,432,625
Other participants fully eligible for benefits	17,705,853	19,118,902
Other participants not yet fully eligible for benefits	<u>19,758,132</u>	<u>23,137,046</u>
Total	<u>62,164,352</u>	<u>70,688,573</u>
ASSETS:		
Cash	5,250,333	2,679,415
Company contribution receivable	109,649	154,577
Other receivable	-	20,198
Investments, at fair value	13,104,195	11,471,954
Prepaid insurance	<u>8,390</u>	<u>4,352</u>
Total	<u>18,472,567</u>	<u>14,330,496</u>
LIABILITIES:		
Accounts payable	<u>4,846</u>	<u>7,100</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>18,467,721</u>	<u>14,323,396</u>
DEFICIENCY IN NET ASSETS AVAILABLE FOR BENEFITS IN COMPARISON TO BENEFIT OBLIGATIONS	<u>\$ (43,696,631)</u>	<u>\$ (56,365,177)</u>

See notes to financial statements.

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
DECREASE IN BENEFIT OBLIGATIONS:		
Service cost	\$ 1,526,492	\$ 1,630,890
Interest cost	3,362,139	3,602,309
Expected benefits paid, net of retiree contributions	(2,900,011)	(3,206,246)
Changes in actuarial assumptions	(12,626,432)	(4,960,136)
Actuarial loss	<u>2,113,591</u>	<u>152,175</u>
Net decrease in benefit obligations	<u>(8,524,221)</u>	<u>(2,781,008)</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS:		
ADDITIONS:		
Investment income:		
Interest and dividends, net	400,347	363,704
Net appreciation in fair value of investments	<u>781,249</u>	<u>1,013,976</u>
Investment income, net	1,181,596	1,377,680
Contributions from participants	1,021,434	999,969
Contributions from Company	<u>5,890,978</u>	<u>3,275,186</u>
Total additions	<u>8,094,008</u>	<u>5,652,835</u>
DEDUCTIONS:		
Premiums and fees for healthcare	3,742,171	3,983,908
HRA claims	18,686	7,714
Administrative expenses	<u>188,826</u>	<u>161,281</u>
Total deductions	<u>3,949,683</u>	<u>4,152,903</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	<u>4,144,325</u>	<u>1,499,932</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS AND CHANGE IN BENEFIT OBLIGATIONS	12,668,546	4,280,940
DEFICIENCY IN NET ASSETS AVAILABLE FOR BENEFITS IN COMPARISON TO BENEFIT OBLIGATIONS:		
BEGINNING OF YEAR	<u>(56,365,177)</u>	<u>(60,646,117)</u>
END OF YEAR	<u>\$ (43,696,631)</u>	<u>\$ (56,365,177)</u>

See notes to financial statements.

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the USW/Yokohama Tire Retirees Health Care Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan was established effective January 1, 2019, pursuant to a collective bargaining agreement between Yokohama Tire Manufacturing Virginia, L.L.C. (the "Company"), a subsidiary of Yokohama Tire Corporation of North America ("YTC") and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (the "USW") on behalf of its Local 1023. The Plan is sponsored by the Committee of the USW/Yokohama Tire Retirees Health and Welfare Trust (the "Trust").

The Plan is funded by contributions made by the Company to the Trust, investment income, and contributions from participants. The Plan provides medical, prescription drug, and dental coverage to certain eligible retired bargaining unit employees of the Company and YTC and their eligible surviving spouses and dependents.

The general administration of the Plan and the responsibility for carrying out the provisions of the Plan are placed with the Committee, which is the named fiduciary and Plan administrator. The Committee consists of four representatives, two appointed by the USW and two appointed by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - An individual is eligible to be a participant of the Plan if the individual was a bargaining unit employee of the Company or YTC who retired from the Salem, Virginia plant on or after August 1, 1991 based on the following criteria:

- The employee was hired prior to July 25, 1991 and meets either of the following requirements:
 - a) The employee was represented by the USW at the time of retirement and retired with 10 or more years of continuous service and is eligible for and is receiving a monthly pension (other than a deferred vested pension) under the Non-Contributory Pension Plan for Certain Employees of Yokohama Tire Corporation, Salem Virginia (the "1976 Pension Plan"), or
 - b) The employee was represented by the USW at the time of retirement and retired under the 1976 Pension Plan with a deferred vested pension and whose employment with the Company terminated during or subsequent to the month in

which they attained age 60 effective as of the first day of the month for which they received a deferred vested pension.

- The employee was hired on or after July 25, 1991 and had at least 10 years of continuous service and is eligible for a pension (other than a deferred vested pension) under the 1976 Pension Plan.

Contributions - The cost of coverage is paid from assets of the Plan, which is funded by contributions from the Company and contributions from eligible participants and surviving spouses.

Company contributions are made pursuant to a collectively bargained agreement, as amended, between the Company and the USW. The agreement is effective through September 16, 2026 and provides for annual contributions (see below) and contributions in the form of COLA diversions of \$0.50, plus statutory costs, for each hour worked by USW-represented employees at the Company's Salem, Virginia plant.

Annual contributions are as follows for each participant enrolled in medical and prescription drug coverage or participating in the health reimbursement arrangement, including spouses and surviving spouses:

Pre-Medicare	\$	5,850
Medicare	\$	3,000

For those participants who have enrolled in the Special Medicare Benefit program administered by the Company, as defined in the agreement, the annual contribution is \$2,400.

The annual contribution is reduced for any participant whose combined age and years of continuous service at the time of retirement, known as points, total less than 95. The annual contribution is reduced for every point less than 95 at 2% of the COBRA rate for the Company's active employee health care program. Each such participant is required to pay 2% of the amount of the applicable annual contribution indicated above multiplied by the number of points less than 95, plus the Plan's participant contribution as determined by the Committee.

Annual contributions are to be funded on December 15th of each year and are based upon retiree healthcare eligibility as determined on November 15th of each year. Contributions for hours worked are funded quarterly based upon hours worked in the prior quarter.

Additionally, under an agreement between the Company and the Committee, employees who retired prior to August 1, 1991 and their spouses and surviving spouses are eligible to enroll in Medicare coverage offered by the Plan. Also, the Company provides coverage for new retirees through December 31 of the calendar year in which the employee retires. The Company contributes an amount monthly equal to the premiums for these participants.

In December 2024, the Company and the USW entered into a settlement agreement related to disputes regarding the determination of the Company's contributions to the Plan which provided for the Company to make a one-time contribution to the Plan in the amount of \$2,500,000. This amount was received by the Plan in December 2024.

Eligible participants are required to contribute a fixed dollar portion of the cost for medical and prescription drug benefits, as determined by the Committee. Participant contributions for medical and prescription drug benefits differ depending on the coverage elected.

Benefits - Post-retirement medical and prescription drug benefits provided under the Plan are determined by the Committee. Medical and prescription drug coverage is provided by way of the Steelworkers Health and Welfare Fund, which has group insurance contracts with Highmark Inc. for pre-Medicare participants and Freedom Blue for Medicare participants. Limited dental benefits are also provided under the Plan and are fully funded by the Plan.

Health Reimbursement Arrangement - The Plan has a health reimbursement arrangement (HRA) that provides for the reimbursement of certain health care expenses on a tax-free basis, up to a maximum of \$5,250 annually, for pre-Medicare participants, spouses, and surviving spouses who elect the HRA option rather than enrolling in the coverage offered under the Steelworkers Health and Welfare Fund described above.

Administrative Expenses - The Plan pays administrative expenses that consist primarily of third-party administrative fees and professional fees.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in accordance with U.S. GAAP requires the Committee to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosure of contingent assets and liabilities at the dates of the financial statements. Actual results will differ from the estimates because of the multiple assumptions that affect the determination of the estimates.

Cash - The Plan maintains cash at a financial institution which may at times exceed federally insured limits and which may at times exceed the amount reflected in the statements of benefit obligations and net assets available for benefits due to outstanding checks.

Investment Valuation and Income Recognition - Plan investments are stated at fair value as more fully described below. The Plan presents net appreciation (depreciation) in the fair value of its investments, which

consists of unrealized appreciation and depreciation as well as realized gains and losses in the statements of changes in benefit obligations and net assets available for benefits. The unrealized appreciation (depreciation) of investments is determined by the change in current fair value from the beginning of the year (if held for the entire year) to the end of the year, or from the date of purchase to the end of the year. Realized gains (losses) are determined by the change in value from the date of purchase to the date of sale. Purchases and sales of securities are recognized on the trade date. Interest and dividend income is recorded as earned.

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access,
- Level 2 Inputs are not quoted prices in active markets but they are observable either directly or indirectly; and
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual Funds - Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded (Level 1 inputs).

Stocks - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1 inputs).

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Committee believes that the 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 dates.

Risks and Uncertainties - The benefit obligations are actuarially determined based on certain assumptions including insurance premiums and healthcare cost trend rates, interest rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions, it is reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

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

Subsequent Events - The Committee has evaluated subsequent events through October 9, 2025, the date which the financial statements were available to be issued.

3. BENEFIT OBLIGATIONS

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to all participant groups covered under the Plan as of December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid for (1) currently retired employees participants and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from the Company, net of expected future participant contributions.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following annual insurance premium rates effective January 1, 2025 and January 1, 2024 were utilized for purposes of the actuarial valuations as of December 31, 2024 and 2023, respectively:

	<u>12/31/2024</u>	<u>12/31/2023</u>
Pre-Medicare ⁽¹⁾		
Males	\$13,896 - \$21,942	\$13,033 - \$20,579
Females	\$14,673 - \$18,746	\$13,762 - \$17,581
Medicare	\$1,212	\$1,188

(1) Premium rates within the range depend on the age and sex of the participant.

Insurance premiums for pre-Medicare and Medicare were assumed to increase annually as follows for purposes of the actuarial valuations as of December 31, 2024 and 2023:

	<u>12/31/2024</u>		<u>12/31/2023</u>	
	<u>Pre-Medicare</u>	<u>Medicare</u>	<u>Pre-Medicare</u>	<u>Medicare</u>
2025			7.75 %	7.50 %
2026	8.00 %	8.50 %	7.50 %	7.00 %
2027	7.75 %	8.00 %	7.25 %	6.50 %
2028	7.50 %	7.50 %	7.00 %	6.00 %
2029	7.25 %	7.00 %	6.75 %	5.50 %
2030	7.00 %	6.50 %	6.50 %	5.00 %
2031	6.75 %	6.00 %	6.25 %	4.50 %
2032	6.50 %	5.50 %	6.00 %	4.50 %
2033	6.25 %	5.00 %	5.75 %	4.50 %
2034	6.00 %	4.50 %	5.50 %	4.50 %
2035	5.75 %	4.50 %	5.25 %	4.50 %
2036	5.50 %	4.50 %	5.00 %	4.50 %
2037	5.25 %	4.50 %	4.75 %	4.50 %
2038	5.00 %	4.50 %	4.50 %	4.50 %
2039	4.75 %	4.50 %	4.50 %	4.50 %
Thereafter	4.50 %	4.50 %	4.50 %	4.50 %

In addition to the insurance premium assumptions described above, the following significant assumptions were used in the actuary's valuations as of and for the years ended December 31, 2024 and 2023:

Discount rate	5.45% for 2024 and 4.75% for 2023
Mortality	Headcount-Weighted PRI-2012 Blue Collar Healthy Annuitant Mortality Table with MP2021 Mortality Improvement Scale
Participation	80% of eligible retirees
Spouses	For future retirees, 80% of participants are assumed to have an eligible spouse
Retiree contributions	Assumed to increase 3% annually

Administrative expenses	\$259 per person per year with an annual trend of 3% for 2024 and \$230 per person per year with an annual trend of 3% for 2023
-------------------------	---

The healthcare cost trend rate assumption has a significant effect on the costs and obligations reported. At December 31, 2024 and 2023, a one percentage point increase in the healthcare cost trend rate would result in an approximate increase in the accumulated benefit obligation of \$8,952,000 and \$11,464,000, respectively.

During the year ended December 31, 2024, changes in actuarial assumptions resulted in a \$12,626,432 decrease in the actuarial present value of the expected postretirement benefit obligation. The decrease was primarily the result of changes in the valuation year per capita health care costs, as well as the impact of increasing the discount rate from 4.75% to 5.45%. These decreases were offset by increases in the obligation related to future trends on medical and prescription drug costs.

During the year ended December 31, 2023, changes in actuarial assumptions resulted in a \$4,960,136 decrease in the actuarial present value of the expected postretirement benefit obligation. The decrease was primarily the result of changes in the valuation year per capita health care costs, which were offset by increases in the obligation related to future trends on Medicare medical and prescription drug costs due to the anticipated impact of the Inflation Reduction Act on 2025 premium rates.

4. INVESTMENTS

The Plan's investments are held in trust by U.S. Bank, N.A. The following table presents the Plan's investments by type at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Mutual funds		
Equity	\$ 1,589,604	\$ 1,543,690
Bond	5,183,940	4,072,673
Money market	1,665,460	1,737,171
Stocks	<u>4,665,191</u>	<u>4,118,420</u>
Total	<u>\$ 13,104,195</u>	<u>\$ 11,471,954</u>

5. TRUSTEE CERTIFICATION (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements, including investments held at December 31, 2023 and net investment income for the year ended December 31, 2023, was obtained by the Committee and agreed to or derived from information certified as complete and accurate by U.S. Bank, N.A., the trustee of the Plan.

6. TAX STATUS

The Trust established to hold the Plan's assets received an exemption letter from the Internal Revenue Service (IRS) dated January 20, 2015 stating that the IRS determined that the Trust is exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code (IRC). The Trust has been amended since receiving the determination letter. However, the Committee believes that the Trust is currently designed and being operated in compliance with the applicable requirements of the IRC and has no unrelated business income and, therefore, is exempt from federal income taxes.

U.S. GAAP prescribes a comprehensive model for the financial statement recognition, measurement, presentation, and disclosure of uncertain tax positions taken or expected to be taken in income tax returns. The Committee believes that there is no liability related to uncertain tax positions at December 31, 2024 or 2023. The Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

7. PLAN TERMINATION

Although the Committee has not expressed any intent to do so, it has the right to terminate the Plan and Trust at any time by an instrument in writing. In the event of termination, the assets in the Trust shall be paid out at the direction of the Committee in the following order of priority: 1) the payment of reasonable and necessary administrative expenses, 2) the payment of benefits to participants for claims arising prior to such termination, and 3) in accordance with Code Section 501(c)(9) and ERISA for the benefit of the participants in such fashion as the Committee determines until the assets have been exhausted. In no event shall the Committee, the Company or the USW have a beneficial interest in the Trust.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are issued by T. Rowe Price, which serves as the Plan's investment manager. The Plan also has arrangements with other service providers for various administrative functions. In addition, certain Committee members are compensated by the Plan. The costs associated with these transactions are included in administrative expenses. Therefore, these transactions qualify as party-in-interest transactions.

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN
EIN: 45-6572676 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Mutual Funds:				
*	T. Rowe Price	Government Money Fund	1,422,466	\$ 1,422,466	\$ 1,422,466
	First American Funds	Institutional Prime Obligation Fund	242,231	242,999	242,994
*	T. Rowe Price	QM US Bond Index Fund	226,381	2,195,000	2,146,091
*	T. Rowe Price	Short Term Bond Fund	163,000	784,685	749,799
*	T. Rowe Price	Total Return Fund	273,406	2,787,476	2,263,799
*	T. Rowe Price	Multi-Strategy Total Return Fund	2,674	25,000	24,251
*	T. Rowe Price	International Value Equity Fund	6,922	120,000	116,356
*	T. Rowe Price	Mid-Cap Growth Fund	1,323	98,999	132,402
*	T. Rowe Price	International Stock Fund	5,827	120,000	112,982
*	T. Rowe Price	Mid-Cap Value Fund	8,741	232,742	278,309
*	T. Rowe Price	Small Cap Stock Fund	3,917	189,383	220,260
*	T. Rowe Price	Diversified Mid Cap Growth Fund	2,665	125,000	122,362
*	T. Rowe Price	Integrated US Small Cap Growth Fund	4,624	215,000	201,094
*	T. Rowe Price	Spectrum International Fund	28,947	351,174	405,839
	Stocks:				
	Advanced Micro Devices, Inc.	Common Stock	387	7,668	46,746
	Alphabet Inc.	Common Stock	1,550	97,857	295,182
	Amazon.com, Inc.	Common Stock	1,350	70,003	296,177
	American Tower Corporation	Common Stock	375	52,565	69,386
	Amgen Inc.	Common Stock	175	21,597	45,612
	Amphenol Corporation	Common Stock	1,100	31,745	76,577
	Analog Devices, Inc.	Common Stock	300	11,729	63,738
	Elevance Health, Inc.	Common Stock	175	58,422	64,558
	Apple Inc.	Common Stock	1,200	73,764	300,504
	Boeing Company	Common Stock	100	30,080	17,700
	Booking Holdings Inc.	Common Stock	21	22,155	104,337
	Chevron Corporation	Common Stock	200	23,032	28,968
	Coca-Cola Company	Common Stock	750	34,806	46,695

(continued)

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN
EIN: 45-6572676 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
 DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Colgate-Palmolive Company	Common Stock	375	\$ 20,637	\$ 34,091
	Costco Wholesale Corporation	Common Stock	125	28,587	114,533
	Danaher Corporation	Common Stock	400	42,570	91,928
	Ecolab Inc.	Common Stock	75	6,216	17,623
	Exxon Mobil Corporation	Common Stock	300	27,006	32,271
	Home Depot Inc.	Common Stock	275	43,607	106,972
	Honeywell International Inc.	Common Stock	150	18,938	33,884
	Intuitive Surgical, Inc.	Common Stock	225	46,027	117,441
	JPMorgan Chase & Co.	Common Stock	675	58,187	161,804
	Johnson & Johnson	Common Stock	425	40,428	61,464
	Eli Lilly & Company	Common Stock	100	66,082	77,200
	Marsh & McLennan Companies, Inc.	Common Stock	325	41,953	69,033
	Marriott International, Inc.	Common Stock	350	52,800	97,629
	Mastercard Incorporated	Common Stock	300	54,242	157,971
	McCormick & Co Inc.	Common Stock	325	27,472	24,924
	Merck & Co., Inc.	Common Stock	575	33,709	57,667
	Microsoft Corporation	Common Stock	700	92,678	295,050
	NextEra Energy, Inc.	Common Stock	875	43,875	62,729
	Nvidia Corporation	Common Stock	2,200	37,502	295,438
	Old Dominion Freight Line, Inc.	Common Stock	275	47,252	48,510
	PepsiCo, Inc.	Common Stock	475	46,672	72,872
	Proctor & Gamble Company	Common Stock	450	39,017	75,443
	Prologis, Inc.	Common Stock	225	26,485	23,783
	Roper Technologies, Inc.	Common Stock	125	53,045	64,981
	Ross Stores, Inc.	Common Stock	275	31,547	41,599
	Salesforce, Inc.	Common Stock	175	34,852	58,578
	Styker Corporation	Common Stock	250	33,605	90,223
	Texas Instruments Incorporated	Common Stock	300	40,215	56,253
	Union Pacific Corporation	Common Stock	250	28,340	57,010
	UnitedHealth Group Incorporated	Common Stock	225	55,953	113,819

(continued)

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN
EIN: 45-6572676 PLAN (501)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (SCHEDULE H, LINE 4i)
 DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Face Value / Shares	(d) Cost	(e) Current Value
	Accenture PLC	Common Stock	250	\$ 42,431	\$ 87,948
	Aon PLC	Common Stock	200	46,504	71,832
	Linde PLC	Common Stock	225	49,755	94,201
	Visa Inc.	Common Stock	400	48,094	126,416
	Walt Disney Company	Common Stock	425	30,420	47,536
	Waste Connections, Inc.	Common Stock	500	49,484	85,789
	Wells Fargo & Company	Common Stock	900	36,263	63,215
	Workday, Inc.	Common Stock	75	<u>17,634</u>	<u>19,351</u>
	Total			<u>\$ 10,985,431</u>	<u>\$ 13,104,195</u>

*Party-in-interest

Part I Annual Report Identification Information

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

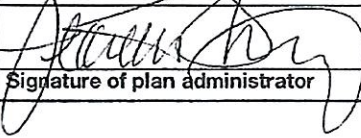
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

1a Name of plan USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COMMITTEE USW/YOKOHAMA TIRE RETIREES HEALTH AND WELFARE TRUST 60 BOULEVARD OF THE ALLIES FIFTH FLOOR PITTSBURGH PA 15222	2b Employer Identification Number (EIN)	45-6572676
	2c Plan Sponsor's telephone number	844-865-1136
	2d Business code (see instructions)	525100

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

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

SIGN HERE		10/10/2025	JEANETTE STUMP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

USW/YOKOHAMA TIRE RETIREES HEALTH CARE PLAN
EIN: 45-6572676 PLAN (501)

SCHEDULE OF REPORTABLE TRANSACTIONS (SCHEDULE H, LINE 4j)
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(i) Net Gain (Loss)
Category (i): Individual Transactions in excess of 5% of Plan Assets:					
First American Funds	Institutional Prime Obligation Fund	\$ 1,200,000	-	-	-
First American Funds	Institutional Prime Obligation Fund	-	\$ 999,996	\$ 999,996	-
T. Rowe Price	QM US Bond Index Fund	850,000	-	-	-
Category (iii): Multiple Transactions in excess of 5% of Plan Assets:					
First American Funds*	Institutional Prime Obligations Fund	\$ 3,044,146	\$ 2,935,877	\$ 2,935,885	\$ (8)
T. Rowe Price**	Government Money Fund	1,666,000	1,842,000	1,842,000	-
T. Rowe Price***	QM US Bond Index Fund	2,195,000	-	-	-
T. Rowe Price****	Total Return Fund	-	1,000,000	1,201,296	(201,296)

- * Aggregate of one hundred and twenty two purchases, one of which individually exceeded 5% of the plan assets at the beginning of the year, and twenty six sales, one of which individually exceeded 5% of the plan assets at the beginning of the year.
- ** Aggregate of six purchases and six sales, none of which individually exceeded 5% of the plan assets at the beginning of the year.
- *** Aggregate of six purchases, one of which individually exceeded 5% of the plan assets at the beginning of the year.
- **** Aggregate of two sales, none of which individually exceeded 5% of the plan assets at the beginning of the year.