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 10/01/2024 and ending 09/30/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PIRELLI TIRE RETIREMENT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/15/1955

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)
PIRELLI TIRE LLC

100 PIRELLI DR SE
ROME, GA 30161-3538

2b Employer Identification Number (EIN) 06-1502333

2c Plan Sponsor's telephone number 706-368-5800

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2026	PAOLO DE LAZZARI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2026	SILVIA AIMONE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1678
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2
b	Retired or separated participants receiving benefits	**6b**	922
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1000
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	550
f	Total. Add lines **6d** and **6e**.	**6f**	1550
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1E 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PIRELLI TIRE RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PIRELLI TIRE LLC

D Employer Identification Number (EIN)
06-1502333

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	85142466
b Actuarial value	**2b**	81057523

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1572	76650026	76650026
b For terminated vested participants	104	4384289	4384289
c For active participants	2	110465	110465
d Total	1678	81144780	81144780

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.24 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	912400
c Target normal cost	**6c**	912400

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

06/16/2026
Date

OLUFEMI BALOGUN
Type or print name of actuary

26-08349
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

260-423-1083
Telephone number (including area code)

485 LEXINGTON AVENUE
SUITE 2220
NEW YORK, NY 10170-2220
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8102149
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1100325
9	Amount remaining (line 7 minus line 8)	0	7001824
10	Interest on line 9 using prior year's actual return of 13.17 %	0	922140
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.04 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	7923964

Part III Funding Percentages

14	Funding target attainment percentage	14	90.12 %
15	Adjusted funding target attainment percentage	15	86.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/04/2026	235000	0			
			Totals ► 18(b)	235000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	219397

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.93 %	5.27 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	912400
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8011221	766475
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1678875

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1475096	1475096

36 Additional cash requirement (line 34 minus line 35)	**36**	203779
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	219397
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	15618
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	15618
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan	**B** Three-digit plan number (PN) ▶
PIRELLI TIRE RETIREMENT PENSION PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PIRELLI TIRE LLC	06-1502333

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)

SEI INVESTMENT MANAGEMENT COMPANY

04-2452803

(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?
27 50	NONE	335580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL LLC

13-3954297

(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	294069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CURTIS, MALLET-PREVOST, COLT, MOSLE

101 PARK AVENUE
NEW YORK, NY 10178

(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	75913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEI PRIVATE TRUST COMPANY

23-3060382

(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	NONE	15882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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: CHRISTOPHER J TEH
b EIN: 13-3954297
c Position: ACTUARY
d Address: 485 LEXINGTON AVENUE
SUITE 2220
NEW YORK, NY 10170-2220
e Telephone: 212-330-1066

Explanation: THE ENROLLED ACTUARY FOR THE PLAN WAS REPLACED DUE TO A REASSIGNMENT WITHIN GALLAGHER WHEN CHRISTOPHER J. TEH'S EMPLOYMENT WITH GALLAGHER ENDED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PIRELLI TIRE RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PIRELLI TIRE LLC

D Employer Identification Number (EIN)
06-1502333

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	400000	235000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	193436	207368
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	21732351	13700585
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	62823023	63512685
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	85148810	77655638
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	195328	211040
k Total liabilities (add all amounts in lines 1g through1j)	1k	195328	211040
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	84953482	77444598

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)	235000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		235000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	92	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		92
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2867167	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2867167
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	22937413	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23296808	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-359395
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	633276	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		633276

		(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)		165433
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3541573
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10159570	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10159570
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	335580	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	294069	
(8) Legal fees	2i(8)	75913	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	15882	
(11) Other expenses	2i(11)	169443	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		890887
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11050457
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-7508884
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: CARR, RIGGS & INGRAM, L.L.C. **(2)** EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575618.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
PIRELLI TIRE RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PIRELLI TIRE LLC

D Employer Identification Number (EIN)
06-1502333

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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): 23-3060382

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 | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ 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.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ 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

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ 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): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 11.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 87.0 %
High-Yield Debt: 2.0 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Pirelli Tire Retirement Pension Plan

Financial Statements and Supplemental Schedules

Including Independent Auditor's Report
As of September 30, 2025 and 2024
and for the Year Ended September 30, 2025



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REPORT

Independent Auditor's Report

To the DB Pension Plan Committee of the Pirelli Tire Retirement Pension Plan

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

We have performed audits of the financial statements of Pirelli Tire Retirement Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of September 30, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Pirelli Tire Retirement Pension 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024, and for the years ended September 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pirelli Tire Retirement Pension Plan's ability to continue as a going concern for one year following the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

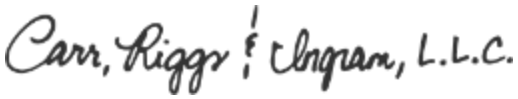
Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the 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).



CARR, RIGGS & INGRAM, L.L.C.
Atlanta, Georgia
July 15, 2026

FINANCIAL STATEMENTS

Pirelli Tire Retirement Pension Plan

Statements of Net Assets Available for Benefits

As of September 30, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value		
Mutual funds	$ 63,512,685	$ 62,823,023
U.S. government securities	13,700,585	21,732,351
Total Investments at fair value	77,213,270	84,555,374
Total investments	77,213,270	84,555,374
Receivables		
Employer contributions	235,000	400,000
Accrued interest and dividends	207,368	193,436
Total receivables	442,368	593,436
Total assets	77,655,638	85,148,810
Liabilities		
Payables		
Accrued expenses	211,040	195,328
Total liabilities	211,040	195,328
Net assets available for benefits	$ 77,444,598	$ 84,953,482

See accompanying notes to the financial statements.

Pirelli Tire Retirement Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended September 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 2,867,259	$ 2,592,593
Net appreciation in fair value of investments	439,314	8,270,674
Total investment income	3,306,573	10,863,267
Contributions		
Employer contributions	235,000	400,000
Total additions	3,541,573	11,263,267
Deductions		
Benefits paid to participants	10,159,570	10,724,062
Administrative expenses	890,887	1,016,865
Other expenses	-	12,000
Total deductions	11,050,457	11,752,927
Net decrease	(7,508,884)	(489,660)
Net assets available for benefits		
Beginning of year	84,953,482	85,443,142
End of year	$ 77,444,598	$ 84,953,482

See accompanying notes to the financial statements.

Pirelli Tire Retirement Pension Plan

Statement of Accumulated Plan Benefits

As of September 30, 2024

	2024
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving payments	$ 76,077,542
Terminated vested participants	4,337,450
Active participants (participating employees)	108,456
Total vested benefits	80,523,448
Total actuarial present value of accumulated plan benefits	$ 80,523,448

See accompanying notes to the financial statements.

Pirelli Tire Retirement Pension Plan

Statement of Changes in Accumulated Plan Benefits

For the Year Ended September 30, 2024

	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 89,036,105
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(1,985,696)
Benefits accumulated	93,929
Increase for interest	4,103,172
Benefits paid	(10,724,062)
Net decrease	(8,512,657)
Actuarial present value of accumulated plan benefits at end of year	$ 80,523,448

See accompanying notes to the financial statements.

1. Description of Plan

The following description of the Pirelli Tire Retirement Pension 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 is a noncontributory, defined benefit plan, adopted October 15, 1955, which provides pension, disability, and limited survivor benefits. The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The DB Pension Plan Committee (the Committee) is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investments and monitors investment performance and actuarial services.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Plan assets are held and managed by SEI Private Trust Company (SEI), the trustee and the qualified institution of the Plan, which invests employer contributions and Plan earnings, makes investment transactions as directed by the Committee and provides certain recordkeeping services. Gallagher Benefit Services, Inc. (Gallagher) acts as the third-party administrator for the Plan, which performs the day to day administration of benefits, as well as the Plan's actuary. Newport Group and SEI Investment Management Company act as the Plan's investment advisors.

Eligibility

Effective April 30, 2003 and December 31, 2003, the Plan was amended to freeze the benefits of employees covered by the Plan who are employed in a salaried position by Pirelli Tire LLC or Pirelli North America, Inc. (the Plan Sponsor, the Plan Administrator, and the Employer). Effective August 15, 2004, the Plan was amended to freeze the benefits of employees covered by a collective bargaining agreement.

The Plan was available only to salaried employees who had attained the age of twenty-one and had completed one full year of credited service and to employees covered by collective bargaining agreements as of the date that they performed their first hour of service. The Plan was available to all salaried employees hired prior to January 1, 2002, and all employees subject to collective bargaining until the Little Rock, Arkansas facility was sold as of April 29, 2005.

Funding policy

The Plan's funding policy is for the Plan is to contribute annually an amount necessary to satisfy the minimum funding requirements of ERISA, as amended by the Pension Protection Act (PPA). For the years ended September 30, 2025 and 2024, the Company made contributions of $235,000 and $400,000, respectively. For the years ended September 30, 2025 and 2024, the Company met the minimum funding requirements.

Vesting

Participants are 100% vested upon the completion of five full years of credited service. Amounts not vested at the time a participant terminates employment are forfeited with the exception of the participants who terminated employment as a result of the closing of the Nashville, Tennessee plant and the Hanford, California plant and the sale of the Little Rock, Arkansas facility. These participants were 100% vested at the termination of their employment.

Pension benefits

Any eligible employee as determined above who has attained the normal retirement age (65) so long as the employee reached the fifth anniversary of the commencement of participation in the Plan, or has 30 years of credited service is entitled to receive a pension based upon the employee’s credited service or average earnings, as defined by the Plan document. Participants who are between 55 and 65 and have 10 years of service may retire at the option of the participant and will receive a reduced benefit based upon the number of months until the participant's 62nd birthday, as defined by the Plan document.

Death and disability benefits

If a vested participant dies, a death benefit equal to 50% of the joint and survivor annuity is paid to the participant's spouse or dependent.

Upon termination of a participant's employment as a result of retirement, disability, or death, the participant's accrued benefit shall be paid to the participant or the participant's beneficiary in an annuity equal to the value of the participant’s accrued benefit or, in limited circumstances, in a lump sum.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of financial statements in accordance 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 and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Valuation of Other Financial Instruments

The carrying value of the Plan's receivables and accrued liabilities approximate fair value.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The majority of administrative expenses are paid for by the Plan, as provided by the Plan document. Management fees and operating expenses charged to the Plan investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Subsequent Events

Subsequent events were evaluated through July 15, 2026, the date the financial statements were available to be issued. See Note 11 for relevant disclosure. No events occurring after this date have been evaluated for inclusion in these financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are determined according to the Plan document, generally based on years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2024. Had the valuation been performed as of September 30, 2024, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumptions	October 1, 2024
Discount rate	5.30% per annum compounded annually
Normal retirement age	Later of age 62 or current age for actives and age 65 for vested terminated participants
Mortality table - healthy lives	The Pri-2012 Total Employee and Retiree Mortality, Pri-2012 Contingent Survivor Mortality, and Pri-2012 Total Disabled Mortality Tables projected with mortality improvement scale MP-2021

Assumptions	October 1, 2023
Discount rate	4.90% per annum compounded annually
Normal retirement age	Later of age 62 or current age for actives and age 65 for vested terminated participants
Mortality table - healthy lives	The Pri-2012 Total Employee and Retiree Mortality, Pri-2012 Contingent Survivor Mortality, and Pri-2012 Total Disabled Mortality Tables projected with mortality improvement scale MP-2021

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

1. quoted prices for similar assets or liabilities in active markets;
2. quoted prices for identical or similar assets or liabilities in inactive markets;
3. inputs other than quoted prices that are observable for the asset or liability;
4. inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at September 30, 2025 and 2024.

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

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

Assets at Fair Value as of September 30, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 63,512,685	$ -	$ -	$ 63,512,685
U.S. government securities	-	13,700,585	-	13,700,585
Total assets in the fair value hierarchy	63,512,685	13,700,585	-	77,213,270
Total investments at fair value	$ 63,512,685	$ 13,700,585	$ -	$ 77,213,270

Assets at Fair Value as of September 30, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 62,823,023	$ -	$ -	$ 62,823,023
U.S. government securities	-	21,732,351	-	21,732,351
Total assets in the fair value hierarchy	62,823,023	21,732,351	-	84,555,374
Total investments at fair value	$ 62,823,023	$ 21,732,351	$ -	$ 84,555,374

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management evaluated the significance of transfer between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended September 30, 2025, and 2024, there were no significant transfers in or out of Levels 1, 2 or 3.

5. Concentrations

The following individual investments represent a significant concentration as a percentage of net assets available for benefits as of September 30, 2025 and 2024: SEI Institutional Investments Trust Intermediate Duration Credit Fund Class A (SIDCX), SEI Institutional Investments Trust Global Managed Volatility Fund Class A (SGMAX), and U.S. Treasury Strips.

6. Information Certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by SEI Private Trust Company, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of September 30, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statements of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025.

7. Related-Party and Party-In-Interest Transactions

The Plan's investments are administered under a contract with SEI Private Trust Company, the Trustee of the Plan. Contributions are held and managed by SEI Private Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

Certain Plan investments are managed by SEI. SEI is the trustee and record-keeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8. Plan Termination

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

a) Benefits attributable to employee contributions, taking into account those paid out before termination.

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

d) All other vested benefits (that is, vested benefits not insured by the PBGC).

e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

9. Tax Status

The IRS has determined and informed the Company by a letter dated October 24, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Risks and Uncertainties

The financial instruments, which potentially subject the Plan to concentrations of market and credit risk, are principally investments. The Plan invests in a combination of equity and fixed income mutual funds and U.S. government securities. To reduce concentrations of credit risk, the Committee establishes investment allocation percentages among the various types of investments. The Plan Sponsor believes this process limits the Plan’s credit risk exposure. However, due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in the values of these investments will occur in the near term and such changes could materially affect the amounts reported in the Plan’s financial statements.

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

11. Subsequent Events

Management of the Plan evaluated all events or transactions that occurred after September 30, 2025 through the date the Plan's financial statements were available to be issued.

The following item occurred: Effective July 1, 2026, the Company provided written consent to the proposed termination of the Plan effective September 30, 2026. The Company will provide notice to the participants of the plan termination, and file required notices with the Pension Benefit Guaranty Corporation (PBGC) and Internal Revenue Service (IRS).

SUPPLEMENTARY INFORMATION

Pirelli Tire Retirement Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 06-1502333 Plan Number: 002

As of September 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual Fund				
*	SEI Intermediate DUR Credit-A	Mutual Fund	$ 59,261,596	$ 55,013,537
*	SEI Global MGD Volatility Fund	Mutual Fund	8,048,455	8,499,148
U.S. Government Securities				
	U.S. Treasury Strips, zero coupon, 8/15/28	U.S. Government Securities	10,510,016	11,001,033
	U.S. Treasury Strips, zero coupon, 8/15/30	U.S. Government Securities	834,489	881,025
	U.S. Treasury Strips, zero coupon, 8/15/33	U.S. Government Securities	37,688	41,255
	U.S. Treasury Strips, zero coupon, 8/15/35	U.S. Government Securities	1,682,443	1,777,272
			$ 80,374,687	$ 77,213,270

*Denotes a party-in-interest.

Pirelli Tire Retirement Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 06-1502333 Plan Number: 002

For the Year Ended September 30, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost	(h) Current value
Single Transactions						
*	SEI Private Trust Company	SEI Global MGD Volatility FD (SGMAX)	$ 4,387,089	$ -	$ 4,387,089	$ 4,387,089
*	SEI Private Trust Company	SEI Intermediate DUR Credit-A (SIDCX)	6,265,846	-	6,265,846	6,265,846
	U.S. Treasury Strips, zero coupon, 8/15/27	U.S. Government Securities	-	13,816,895	13,262,463	554,432
	U.S. Treasury Strips, zero coupon, 8/15/28	U.S. Government Securities	11,116,975	-	11,116,975	11,116,975
	U.S. Treasury Strips, zero coupon, various maturities	U.S. Government Securities	-	34,709,555	34,093,582	615,973
Total Single Transactions			$ 21,769,910	$ 48,526,450	$ 69,125,955	$ 22,940,315
Series Transactions						
*	SEI Private Trust Company	SEI Global MGD Volatility FD	10,037,106	-	10,037,106	10,037,106
*	SEI Private Trust Company	SEI Global MGD Volatility FD	-	11,114,781	10,913,660	201,116
*	SEI Private Trust Company	SEI Intermediate DUR Credit-A (SIDCX)	14,908,980	-	14,908,980	14,908,980
	U.S. Treasury Strips, zero coupon, 8/15/27	U.S. Government Securities	-	14,689,034	14,105,321	585,713
	U.S. Treasury Strips, zero coupon, 8/15/28	U.S. Government Securities	-	11,739,844	11,723,934	15,910
Total Series Transactions			$ 24,946,086	$ 37,543,659	$ 61,689,001	$ 25,748,825

*Denotes a party-in-interest

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

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

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

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

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

Funding assumptions and method selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice. Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries when selecting economic assumptions for measuring pension obligations , and guidance to actuaries when selecting demographic and other noneconomic assumptions for measuring pension obligations The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the funding interest rates. The funding interest rates are prescribed by law. The demographic and other noneconomic assumptions that have a significant effect on the measurement and that the actuary has not selected are mortality. The assumptions for mortality are also prescribed by law.

The non-prescribed assumptions selected by the actuary having a significant impact on the measurement of the Funding Target are the frequency of optional forms of payment, marital percentage, retirement rates and withdrawal rates. The assumptions currently being used were selected by the predecessor enrolled actuary. Annual gain/loss analyses are performed each year to review the validity of these assumptions. The current actuary reviewed those assumptions in 2024 and found the difference between actual and expected values within an acceptable corridor.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V –Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.93%	4.75%
Second Segment Rate	5.27%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.24%	5.04%
Funding Rates – Unconstrained**		
First Segment Rate	4.93%	3.03%
Second Segment Rate	5.27%	4.11%
Third Segment Rate	5.26%	4.27%
Effective Interest Rate	5.21%	3.96%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction.

The interest rates used for funding purposes are the Segment Rates with a 4-month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V –Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Expenses

Expected plan administrative expenses of $912,400 were added to the Target Normal Cost.

Frequency of optional payment forms

Current annuitants' benefits were valued based on their elected form of benefit. Participants not in pay status are assumed to elect the normal form of benefit at retirement.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 4 years older than their wives.

Retirement rates

Assumed to occur at age 62 or current age, if older, for active participants and age 65 for vested terminated participants.

Withdrawal rates for active participants not eligible for retirement

For active participants not eligible for retirement, based upon years of participation, from 1 to 4 years is 12%, 5th year is 10% graded down to 2% at 10 years and zero thereafter.

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	7.00%	5.92%	5.92%

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V –Statement of Actuarial Assumptions/Methods (continued)

Summary of Changes from the October 1, 2023 Valuation

- The interest rates were updated to those applicable to the current year in accordance with Section 9706 of the American Rescue Plan Act of 2021 (ARP).
- The mortality assumption was updated to use mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.
- In aggregate, the combined assumption changes had the effect of decreasing the Funding target by approximately $2.49 million.
- The expected plan-related expenses added to the Target Normal Cost were updated from $994,000 to $912,400. Specifically, the expenses assumption reflects estimated PBGC premiums and other expenses expected to be paid during the year plus anticipated Medicare-Part B pass-through contributions during the year. The change in the expense load assumption reflects the changes to these components of the expense load.

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 10/01/2024 and ending 09/30/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PIRELLI TIRE RETIREMENT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/15/1955

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)

PIRELLI TIRE LLC

100 PIRELLI DR SE

ROME GA 30161-3538

2b Employer Identification Number (EIN) 06-1502333

2c Plan Sponsor's telephone number 706-368-5800

2d Business code (see instructions) 423100

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	[signature]	07/15/26	PAOLO DE LAZZARI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	7/15/2026	SILVIA AIMONE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1,678
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2
b	Retired or separated participants receiving benefits	**6b**	922
c	Other retired or separated participants entitled to future benefits	**6c**	76
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1,000
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	550
f	Total. Add lines **6d** and **6e**.	**6f**	1,550
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1E 1I 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PIRELLI TIRE RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PIRELLI TIRE LLC

D Employer Identification Number (EIN)
06-1502333

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	85,142,466
b Actuarial value	**2b**	81,057,523

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,572	76,650,026	76,650,026
b For terminated vested participants	104	4,384,289	4,384,289
c For active participants	2	110,465	110,465
d Total	1,678	81,144,780	81,144,780

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.24%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	912,400
c Target normal cost	**6c**	912,400

Statement by Enrolled Actuary

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

SIGN HERE

OLUFEMI BALOGUN
Signature of actuary

June 16, 2026
Date

Olufemi Balogun
Type or print name of actuary

2608349
Most recent enrollment number

Buck Global, LLC
Firm name

260-423-1083
Telephone number (including area code)

485 Lexington Avenue, Suite 2220
New York NY 10170-2220
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 [ ]

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	1.0000	1.0000	1.0000	62.0000
63	0.0000	1.0000	0.0000	0.0000
64	0.0000	1.0000	0.0000	0.0000
65	1.0000	1.0000	1.0000	65.0000
Total			**2.0000**	**127.0000**
Weighted Average Retirement Age = 127.0000 / 2.0000				**63.50**
Rounded Weighted Average Retirement Age				**64**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

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	$ 9,011	$ 653,139	$ 10,114,952	$ 10,777,102
2025	$ 9,011	$ 177,910	$ 9,564,957	$ 9,751,878
2026	$ 9,011	$ 206,918	$ 8,999,616	$ 9,215,545
2027	$ 9,011	$ 236,798	$ 8,428,412	$ 8,674,221
2028	$ 9,011	$ 280,795	$ 7,851,385	$ 8,141,191
2029	$ 8,429	$ 289,860	$ 7,273,087	$ 7,571,376
2030	$ 8,302	$ 310,822	$ 6,698,233	$ 7,017,357
2031	$ 8,166	$ 316,471	$ 6,131,870	$ 6,456,507
2032	$ 8,020	$ 318,472	$ 5,579,011	$ 5,905,503
2033	$ 7,864	$ 322,313	$ 5,044,899	$ 5,375,076
2034	$ 7,696	$ 319,028	$ 4,533,338	$ 4,860,062
2035	$ 7,516	$ 317,511	$ 4,047,939	$ 4,372,966
2036	$ 7,322	$ 314,550	$ 3,590,763	$ 3,912,635
2037	$ 7,114	$ 306,226	$ 3,165,877	$ 3,479,217
2038	$ 6,889	$ 295,503	$ 2,773,957	$ 3,076,349
2039	$ 6,649	$ 284,702	$ 2,415,365	$ 2,706,716
2040	$ 6,390	$ 273,945	$ 2,090,070	$ 2,370,405
2041	$ 6,114	$ 263,971	$ 1,797,502	$ 2,067,587
2042	$ 5,819	$ 251,991	$ 1,536,632	$ 1,794,442
2043	$ 5,507	$ 239,851	$ 1,306,040	$ 1,551,398
2044	$ 5,177	$ 227,900	$ 1,103,972	$ 1,337,049
2045	$ 4,831	$ 214,880	$ 928,429	$ 1,148,140
2046	$ 4,471	$ 201,471	$ 777,231	$ 983,173
2047	$ 4,098	$ 187,939	$ 648,095	$ 840,132
2048	$ 3,715	$ 174,239	$ 538,702	$ 716,656
2049	$ 3,328	$ 160,421	$ 446,752	$ 610,501
2050	$ 2,940	$ 146,637	$ 370,013	$ 519,590
2051	$ 2,560	$ 132,956	$ 306,375	$ 441,891
2052	$ 2,193	$ 119,493	$ 253,867	$ 375,553
2053	$ 1,847	$ 106,373	$ 210,695	$ 318,915
2054	$ 1,528	$ 93,734	$ 175,268	$ 270,530
2055	$ 1,241	$ 81,716	$ 146,202	$ 229,159
2056	$ 988	$ 70,445	$ 122,315	$ 193,748
2057	$ 772	$ 60,028	$ 102,621	$ 163,421
2058	$ 590	$ 50,544	$ 86,311	$ 137,445
2059	$ 441	$ 42,042	$ 72,727	$ 115,210
2060	$ 323	$ 34,540	$ 61,356	$ 96,219
2061	$ 231	$ 28,024	$ 51,791	$ 80,046
2062	$ 161	$ 22,454	$ 43,716	$ 66,331
2063	$ 109	$ 17,768	$ 36,881	$ 54,758
2064	$ 72	$ 13,889	$ 31,089	$ 45,050
2065	$ 47	$ 10,729	$ 26,181	$ 36,957
2066	$ 29	$ 8,194	$ 22,026	$ 30,249
2067	$ 18	$ 6,192	$ 18,510	$ 24,720
2068	$ 11	$ 4,633	$ 15,532	$ 20,176
2069	$ 6	$ 3,435	$ 13,005	$ 16,446
2070	$ 3	$ 2,525	$ 10,858	$ 13,386
2071	$ 2	$ 1,843	$ 9,033	$ 10,878

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions

Bargained Employees Excluding Extruded Products

Eligibility

Employees covered by the collectively bargained Agreement, including Local Union Nos. 93, 164, 670, and 703, of the International Union of the United Rubber, Cork, Linoleum and Plastic Workers of America. There have been no active employees since the Hanford Plant was closed April 15, 2001.

Compensation

Total earnings reported on form W-2 paid during calendar year, including any salary reduction amounts contributed by the Employer on behalf of any employee under Sections 125 or 401(k).

Compensation is limited by IRC Section 401(a)(17) to $200,000 as indexed.

Credited Service

Seniority as defined in the collectively bargained Agreement.

Normal Retirement Date

End of the month in which 65th birthday occurs.

Early Retirement Date

Any date on or after the attainment of age 55 and completion of 10 years of Credited Service or at any age after completion of 30 years of Credited Service.

Disability Retirement Date

After 10 years of Credited Service and the continuation for five consecutive months of a disability, including disability resulting from pregnancy, childbirth or related medical conditions which a qualified physician considers permanent and total resulting from a terminal illness which will result in death within five months.

Accrued Benefit

Larger of:

(1) 1/2 of 1% times applicable prior "Earnings" times full years of past service prior to employee's fifth anniversary date, plus 1/2 of 1% times first $3,000 of applicable "Earnings" plus 1% of the excess of such "Earnings" for each year of service after employee's fifth anniversary.

Decreases in "Earnings" as defined are not considered unless "Earnings" on two successive anniversary dates of employment are lower than those on the third preceding anniversary date of employment.

(2) Minimum Benefit of $492 ($41.00 monthly) times years of Credited Service.

The amount determined under (1) or (2) above shall be reduced for benefits payable by any pension or retirement plan maintained by Gates Rubber Company.

Early Retirement Benefit

(1) Early Retirement subsequent to completion of 10 years of Credited Service but prior to completion of 30 years of Credited Service.

Accrued Benefit reduced by 4/10 of 1% for each month that Early Retirement Date precedes the first day of the month next following the participant's 62nd birthday. Alternatively, unreduced Accrued Benefit payments may be taken on or after attainment of age 62.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Bargained Employees Excluding Extruded Products (continued)

(2) Early Retirement on or after completion of 30 years of Credited Service and attainment of 55th Birthday but prior to attainment of 62nd birthday.

In addition to an unreduced Accrued Benefit, a Supplemental Benefit based on age, years of Credited Service, and Pensioner's earnings is payable up to the earlier of eligibility for 80% of Social Security retirement benefit (currently age 62, increasing to age 64 for those born after 1959), eligibility for Social Security disability benefits, or death.

(3) If participant had not attained age 55 but had completed at least 30 years of Credited Service, he will receive an unreduced pension based upon his Credited Service, and if appropriate Average Monthly Compensation at Early Retirement Date.

Plant Closing Pension

Unreduced Accrued Benefit commences immediately if terminated Employee has completed 25 years of Credited Service or attained age 55 and completed 5 years of Credited Service.

Disability Retirement Benefit

Monthly Pension equal to the sum of:

(1) Accrued Benefit

(2) Additional monthly amount equal to amount determined above, but in no event to exceed the amount of the unreduced primary Social Security Disability Insurance Benefit under the Act which would have been paid and which when added to amount determined in (1) does not exceed $82.00 per month times Credited Service. If Social Security Disability Insurance Benefit is denied, an additional amount will be payable retroactive to the date of retirement.

Payable the first of the sixth month following disability to Normal Retirement Date or date first eligible for unreduced Social Security Benefits for age or disability. At such time, pension reduced to Accrued Benefit.

Deferred Retirement Benefit

Accrued benefit to Deferred Retirement Date computed under the formulas in effect as of the first day of the month coinciding with or next following actual date of retirement; benefit payable commences on actual Retirement Date.

Death Benefits

Spouse's Benefit

Upon the death of a vested participant who was married for at least one year, 50% of Qualified Joint and Survivor benefit payable at earliest retirement date. This benefit is optional for deferred vested participants; with a ½% reduction in benefit for each year coverage is in effect.

Transition Survivor Income Benefit

$450 per month to survivor of employee who has completed at least 30 days of Credited Service for life of survivors for a maximum of 24 months.

Coverage extends to employee on injury or illness absence and certain other authorized leaves and for first three months of layoff.

Not paid after age 62 or date eligible for old age, disability, widow or widower unreduced social security benefits.

Transition Survivor Income is reduced (but not below $300 per month) by any Automatic Pre-Retirement Survivor Benefit.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Bargained Employees Excluding Extruded Products (continued)

Bridge Survivor Benefit

Paid to surviving spouse upon completion of Transition Survivor Income Benefit period if employee dies after age 45.

Paid in amount of $450 per month in the case of the death of an employee after July 13, 1985, and $300 per month if death occurred prior to July 14, 1985 until spouse remarries, dies, attains age 62 or becomes eligible for full widow's or widower's benefit under Social Security or Mother's Insurance Benefits.

Bridge Survivor Benefit is reduced (but not below $300) by amount of Automatic Pre-Retirement Survivor Benefit paid.

Vested Benefit

Upon completion of five (5) years of Credited Service, a terminated Participant shall be entitled to 100% of his Accrued Benefit at Date of Termination payable at Normal Retirement Date. The Participant may elect to receive an actuarially reduced benefit at an Earlier Retirement Date. No benefit payable if employee elects a service award, special distribution or separation payment.

Normal Form of Benefit

Single Participants

Life annuity with sixty (60) months guaranteed.

Married Participants

Qualified Joint and 50% Survivor benefit which is the actuarial equivalent of a Life Annuity with sixty (60) months guaranteed.

Optional Payment of Benefits

May be elected any time prior to the later of the date benefit payments commence or attainment of age 55 (for Disability Retirements).

(1) Life with Five, Ten or Fifteen Additional Years Certain

(2) Joint and Survivorship - 50%, 75%, or 100%.

(3) Cash Refund Annuity

(4) Cash Settlement - (Minimum Pension does not apply)

(5) Pop-Up Benefit - 50% or 100%

If Supplemental Benefit is payable, only the portion attributable to the Minimum Benefit will be actuarially reduced.

Special Medicare Benefits

Payable to:

(a) Employee of the Company on or after July 31, 1979;

(b) Pensioner who retires on or after July 31, 1979; or

(c) Pensioner's or Employee's surviving spouse if eligible for Health Care Expense under Part III of the Agreement.

Not payable to a terminated Employee with Vested Rights.

Special Medicare Benefit is equal to standard monthly premium paid by individual for Part B. Payable and commences when individual attains age 65 or before age 65 if individual enrolls in Part B of Medicare. Payments continue until death or if under age 65 until no longer eligible for Part B of Medicare.

Additional Special Medicare Benefit payable on behalf of spouse or other covered dependent who is eligible for Health Care Expense Benefits under Part III of the Agreement. Payable when spouse or dependent attains age 65 or earlier, if spouse or dependent enrolls earlier.

Additional Special Medicare Benefit paid only to surviving spouse if such spouse is eligible to receive Health Care Expense Benefits under Part III of the Agreement. Payments cease on remarriage, ineligibility for Part B of Medicare or death.

Former employees or surviving spouses of pensioners who elected either the Special Age 65 Benefit or Special Medicare Benefit under the 1976 Agreement may elect the Special Medicare Benefit provided under the 1979 Agreement in lieu of prior election. Election applies to individuals who elected to receive a lump sum settlement in lieu of the monthly pension.

Effective January 1, 1999, this benefit ceased for employees who retired prior to March 27, 1995 and an equal amount was added to their pension benefit.

$4,000 Payment to Surviving Spouse

Paid upon death of a pensioner who retired on or after November 21, 1997 and including employees who terminated employment subsequent to 60th birthday if eligible for deferred vested benefits. Spouse must have been married one year prior to date of death.

Also, payable to surviving spouse of one who retired (other than a vested terminated person) under 1964 plan as amended and predecessor plans as amended.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Salaried Employees

Eligibility

Salaried employees hired prior to January 1, 2001, excluding collectively bargained employees, upon completion of one full year of Credited Service and attainment of age 21.

Compensation

Total earnings reported on form W-2 paid during calendar year, plus earnings, if any, that Employee elects to defer under the qualified cash or deferred arrangement contained in the Employer's Profit Sharing and Salary Deferral Savings Plan and amounts used under the employer's Benefits Bank Plan to pay health care and similar expenses, less payments in lieu of deferred vacations, income from exercise of stock options, and payments under the Employer Long-Term Incentive Plan.

Compensation is limited by IRC Section 401(a)(17) to $200,000 as indexed.

Credited Service

Continuous employment including (i) employment with the Gates Rubber Chemical Company if the individual became an Employee of the Company by reason of the purchase and (ii) a leave of absence not in excess of 2 years. Credited service was frozen as of May 1, 2003, or December 31, 2003 for participants who would be eligible to retire before December 31, 2003.

Normal Retirement Date

First day of the month coincident with or next following 65th birthday.

Early Retirement Date

Any date on or after the attainment of age 55 and completion of ten (10) years of Credited Service or at any age after completion of thirty (30) years of Credited Service.

Accrued Benefit

Larger of:

(1) Minimum Benefit of $492 ($41.00 monthly) times years of Credited Service; or

(2) 45% of the Average Annual Compensation over the highest 5 consecutive calendar years out of the last 10 years of employment proportionately reduced for completed months less than 30 years of Credited Service, less 50% of Primary Social Security Benefit. Benefits determined under the Social Security Act in effect on date of determination and payable at Normal Retirement Date are based on the assumption that Compensation would continue to Normal Retirement Date, multiplied by the ratio of actual years of Credited Service taken to completed months that employee would have had if he had remained in employment to his Normal Retirement Date.

The amount determined under (1) or (2) above shall be reduced for benefits payable by any pension or retirement plan maintained by Gates Rubber Company.

The Accrued Benefit was frozen as of May 1, 2003, or December 31, 2003 for participants who would be eligible to retire before December 31, 2003.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Salaried Employees (continued)

Early Retirement Benefit

(1) Early Retirement subsequent to completion of 10 years of Credited Service but prior to completion of 30 years of Credited Service.

Accrued Benefit reduced by 4/10 of 1% for each month that Early Retirement Date precedes the first day of the month next following the participant's 62nd birthday. Alternatively, unreduced Accrued Benefit payments may be taken on or after attainment of age 62.

(2) Early Retirement on or after completion of 30 years of Credited Service and attainment of 55th Birthday but prior to attainment of 62nd birthday.

If the Minimum Benefit is elected, a Supplemental Benefit based on age, years of Credited Service, and Pensioner's earnings is payable up to the earlier of eligibility for 80% of Social Security benefits (currently age 62, increasing to age 64 for those born after 1959), eligibility for Social Security disability benefits, or death.

(3) If participant had not attained age 55 but had completed at least 30 years of Credited Service, he will receive an unreduced pension based upon his Credited Service, and if appropriate Average Monthly Compensation at Early Retirement Date.

Plant Closing Pension

Unreduced Accrued Benefit commences immediately if terminated Employee has completed 25 years of Credited Service or attained age 55 and completed 5 years of Credited Service.

Deferred Retirement Benefit

Accrued benefit to Deferred Retirement Date computed under the formulas in effect as of the first day of the month coinciding with or next following actual date of retirement; benefit payable commences on actual Retirement Date.

Death Benefits

Spouse's Benefit

Upon the death of a vested participant who was married for at least one year, 50% of Qualified Joint and Survivor benefit payable at earliest retirement date. If eligible to retire or age plus service exceed 80, 50% of accrued benefit payable immediately.

Unmarried Death Benefit

Upon the death of a vested unmarried participant with at least one living dependent child (natural or adopted) who is less than 21 years of age and unmarried, 50% of the accrued benefit payable at earliest retirement date and reduced for early commencement. Benefit is payable until none of the participant's children is considered a dependent child.

Vested Benefit

Upon completion of five (5) years of Credited Service, a terminated Participant shall be entitled to 100% of his Accrued Benefit at Date of Termination payable at Normal Retirement Date. The Participant may elect to receive an actuarially reduced benefit at an Earlier Retirement Date.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Salaried Employees (continued)

Normal Form of Benefit

Single Participants

Life annuity with sixty (60) months guaranteed.

Married Participants

Qualified Joint and 50% Survivor benefit which is the actuarial equivalent of a Life Annuity with sixty (60) months guaranteed.

Optional Payment of Benefits

May be elected any time prior to the earlier of the date benefit payments commence or Normal Retirement Date.

(1) Life with Ten, Fifteen or Twenty Years Certain

(2) Joint and Survivorship - 50%, 75%, or 100%.

(3) Social Security Adjustment

(4) Cash Refund Annuity

If Supplemental Benefit is payable, only the portion attributable to the Minimum Benefit will be actuarially reduced.

Benefit in Lieu of the Medical Expense Credit Plan

A certain group of Salaried retirees also receive a frozen fixed monthly benefit of $100, or $70 if the person is receiving benefits under the Pirelli Tire LLC Prescription Drug Plan.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Extruded Products Bargained Employees

Eligibility

Employees covered by the collectively bargained Agreement, between the Employer and Local Union No. 883 of the International Union of the United Rubber, Cork, Linoleum and Plastic Workers of America. There have been no active employees since the Extruded Products plant was sold April 30, 2005.

Compensation

Total earnings reported on form W-2 paid during calendar year, including any salary reduction amounts contributed by the Employer on behalf of any employee under sections 125 or 401(k).

Compensation is limited by IRC Section 401(a)(17) to $200,000 as indexed.

Credited Service

Seniority as defined in the collectively bargained Agreement.

Normal Retirement Date

End of the month in which 65th birthday occurs.

Early Retirement Date

Any date on or after the attainment of age 55 and completion of 10 years of Credited Service or at any age after completion of 30 years of Credited Service.

Disability Retirement Date

After 10 years of Credited Service and the continuation for five consecutive months of a disability, including disability resulting from pregnancy, childbirth or related medical conditions which a qualified physician considers permanent and total resulting from a terminal illness which will result in death within five months.

Accrued Benefit

Larger of:

(1) 1/2 of 1% times applicable prior "Earnings" times full years of past service prior to employee's fifth anniversary date, plus 1/2 of 1% times first $3,000 of applicable "Earnings" plus 1% of the excess of such "Earnings" for each year of service after employee's fifth anniversary.

Decreases in "Earnings" as defined are not considered unless "Earnings" on two successive anniversary dates of employment are lower than those on the third preceding anniversary date of employment.

(2) Minimum Benefit of $492 ($41.00 monthly) times years of Credited Service.

Early Retirement Benefit

(1) Early Retirement subsequent to completion of 10 years of Credited Service but prior to completion of 30 years of Credited Service.

Accrued Benefit reduced by 4/10 of 1% for each month that Early Retirement Date precedes the first day of the month next following the participant's 62nd birthday. Alternatively, unreduced Accrued Benefit payments may be taken on or after attainment of age 62.

(2) Early Retirement on or after completion of 30 years of Credited Service and attainment of 55th Birthday but prior to attainment of 62nd birthday.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Extruded Products Bargained Employees (continued)

In addition to an unreduced Accrued Benefit, a Supplemental Benefit is payable based on age, years of Credited Service, and Pensioner's earnings is payable up to the earlier of eligibility for 80% of Social Security retirement benefit (currently age 62, increasing to age 64 for those born after 1959), eligibility for Social Security disability benefits, or death.

(3) If participant had not attained age 55 but had completed at least 30 years of Credited Service, he will receive an unreduced pension based upon his Credited Service, and if appropriate Average Monthly Compensation at Early Retirement Date.

Plant Closing Pension

Unreduced Accrued Benefit commences immediately if terminated Employee has completed 25 years of Credited Service or attained age 55 and completed 5 years of Credited Service.

Disability Retirement Benefit

Monthly Pension equal to the Accrued Benefit payable the first of the sixth month following disability to Normal Retirement Date or date first eligible for unreduced Social Security Benefits for age or disability. At such time, pension reduced to Accrued Benefit.

Deferred Retirement Benefit

Accrued benefit to Deferred Retirement Date computed under the formulas in effect as of the first day of the month coinciding with or next following actual date of retirement; benefit payable commences on actual Retirement Date.

Death Benefits

Spouse's Benefit

Upon the death of a vested participant who was married for at least one year, 50% of Qualified Joint and Survivor benefit payable at earliest retirement date. This benefit is optional for deferred vested participants, with a ½% reduction in benefit for each year coverage is in effect.

Transition Survivor Income Benefit

$500 per month to survivor of employee who has completed at least 30 days of Credited Service for life of survivors for a maximum of 24 months.

Coverage extends to employee on injury or illness absence and certain other authorized leaves and for first three months of layoff.

Not paid after age 62 or date eligible for old age, disability, widow or widower unreduced social security benefits.

Transition Survivor Income is reduced (but not below $300 per month) by any Automatic Pre-Retirement Survivor Benefit.

Bridge Survivor Benefit

Paid to surviving spouse upon completion of Transition Survivor Income Benefit period if employee dies after age 45.

Paid in amount of $500 per month in the case of the death of an employee after July 13, 1985, and $300 per month if death occurred prior to July 14, 1985 until spouse remarries, dies, attains age 62 or becomes eligible for full widow's or widower's benefit under Social Security or Mother's Insurance Benefits.

Bridge Survivor Benefit is reduced (but not below $300) by amount of Automatic Pre-Retirement Survivor Benefit paid.

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Extruded Products Bargained Employees (continued)

Vested Benefit

Upon completion of five (5) years of Credited Service, a terminated Participant shall be entitled to 100% of his Accrued Benefit at Date of Termination payable at Normal Retirement Date. The Participant may elect to receive an actuarially reduced benefit at an Earlier Retirement Date. No benefit payable if employee elects a service award, special distribution or separation payment.

Normal Form of Benefit

Single Participants

Life annuity with sixty (60) months guaranteed.

Married Participants

Qualified Joint and 50% Survivor benefit which is the actuarial equivalent of a Life Annuity with sixty (60) months guaranteed.

Optional Payment of Benefits

May be elected any time prior to the later of the date benefit payments commence or attainment of age 55 (for Disability Retirements).

(1) Life with Five, Ten or Fifteen Additional Years Certain

(2) Joint and Survivorship - 50%, 75%, or 100%.

(3) Cash Refund Annuity

(4) Cash Settlement - (Minimum Pension does not apply)

(5) Pop-Up Benefit - 50% or 100%

If Supplemental Benefit is payable, only the portion attributable to the Minimum Benefit will be actuarially reduced.

Special Medicare Benefits

Payable to:

(a) Employee of the Company on or after July 31, 1979;

(b) Pensioner who retires on or after July 31, 1979; or

(c) Pensioner's or Employee's surviving spouse if eligible for Health Care Expense under Part III of the Agreement.

Not payable to a terminated Employee with Vested Rights.

Special Medicare Benefit is equal to standard monthly premium paid by individual for Part B. Payable and commences when individual attains age 65 or before age 65 if individual enrolls in Part B of Medicare. Payments continue until death or if under age 65 until no longer eligible for Part B of Medicare.

Additional Special Medicare Benefit payable on behalf of spouse or other covered dependent who is eligible for Health Care Expense Benefits under Part III of the Agreement. Payable when spouse or dependent attains age 65 or earlier, if spouse or dependent enrolls earlier.

Additional Special Medicare Benefit paid only to surviving spouse if such spouse is eligible to receive Health Care Expense Benefits under Part III of the Agreement. Payments cease on remarriage, ineligibility for Part B of Medicare or death.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Extruded Products Bargained Employees (continued)

Former employees or surviving spouses of pensioners who elected either the Special Age 65 Benefit or Special Medicare Benefit under the 1976 Agreement may elect the Special Medicare Benefit provided under the 1979 Agreement in lieu of prior election. Election applies to individuals who elected to receive a lump sum settlement in lieu of the monthly pension.

$4,000 Payment to Surviving Spouse

Paid upon death of a pensioner who retired on or after May 1, 1988 and including employees who terminated employment subsequent to 60th birthday if eligible for deferred vested benefits. Spouse must have been married one year prior to date of death.

Also, payable to surviving spouse of one who retired (other than a vested terminated person) under 1964 plan as amended and predecessor plans as amended.

Summary of Changes from the October 1, 2023 Valuation

None.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of October 1, 2024
October 1, 2023	Shortfall	14	$ 481,093	$ 4,941,125
October 1, 2024	Shortfall	15	285,382	3,070,096
Total			$ 766,475	$ 8,011,221

Pirelli Tire Retirement Pension Plan
EIN / PN: 06-1502333 / 002

Schedule SB, Line 24 –Change in Actuarial Assumptions

The expected plan-related expenses added to the Target Normal Cost were updated from $994,000 to $912,400. Specifically, the expenses assumption reflects estimated PBGC premiums and other expenses expected to be paid during the year plus anticipated Medicare-Part B pass-through contributions during the year. The change in the expense load assumption reflects the changes to these components of the expense load.