

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 11/01/1976
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) BRIDGESTONE AMERICAS, INC. 200 4TH AVENUE SOUTH NASHVILLE, TN 37201
2b	Employer Identification Number (EIN) 88-0335067
2c	Plan Sponsor's telephone number 615-937-1000
2d	Business code (see instructions) 326200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2026	MARSHALL KELLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 3693
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 839 6a(2) 772 6b 534 6c 1984 6d 3290 6e 250 6f 3540 6g(1) 6g(2) 6h 9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
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 BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRIDGESTONE AMERICAS, INC.	D Employer Identification Number (EIN) 88-0335067
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	122486666	
b	Actuarial value	2b	122486666	
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	616	24897367	24897367
b	For terminated vested participants	2243	42985341	42985341
c	For active participants	839	40146329	41067146
d	Total	3698	108029037	108949854
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	5.41 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	1661435	
b	Expected plan-related expenses	6b	884534	
c	Target normal cost	6c	2545969	

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 DAVID M HAUER Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name PO BOX 674401 HOUSTON, TX 77267 Address of the firm	08/03/2026 Date 26-06576 Most recent enrollment number 216-937-4000 Telephone number (including area code)
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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)	4802669	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	4802669	0
10 Interest on line 9 using prior year's actual return of <u>18.29</u> %	878408	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5681077	0

Part III Funding Percentages

14 Funding target attainment percentage	14	107.21 %
15 Adjusted funding target attainment percentage	15	106.73 %
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	105.61 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
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	2545969	
b Excess assets, if applicable, but not greater than line 31a	31b	2545969	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGESTONE AMERICAS, INC.	D Employer Identification Number (EIN) 88-0335067	

Part I	Service Provider Information (see instructions)
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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)

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	345376	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6954	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 005	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BRIDGESTONE AMERICAS, INC.				D Employer Identification Number (EIN) 88-0335067	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: BAI MASTER PENSION TRUST					
b Name of sponsor of entity listed in (a): BRIDGESTONE AMERICAS, INC.					
c EIN-PN 88-0335067-001		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121042025		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 11/01/2024 and ending 10/31/2025	
	A Name of plan BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGESTONE AMERICAS, INC.	D Employer Identification Number (EIN) 88-0335067	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	122486666	121042025
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	122486666	121042025
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	122486666	121042025

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	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)		8445899
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8445899

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9160578	
(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)		9160578
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)	904	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	6954	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	345376	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	376728	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		729962
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9890540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1444641
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 579604.

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 11/01/2024 and ending 10/31/2025					
A Name of plan BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN				B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGESTONE AMERICAS, INC.				D Employer Identification Number (EIN) 88-0335067	
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): _____					
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	133
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 13.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 77.0 %

High-Yield Debt: 0.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 7.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Report of
Independent Certified Public
Accountants

Bridgestone Americas, Inc.
Hourly Employees Retirement Plan

October 31, 2025 and 2024

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Pension Steering Committee
Bridgestone Americas, Inc.

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

We have performed audits of the financial statements of Bridgestone Americas, Inc. Hourly Employees Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of October 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note I to the financial statements, is complete and accurate.

Opinion

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

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

Grant Thornton LLP

Southfield, Michigan
August 17, 2026

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31,

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Plan interest in Master Trust	<u>\$ 121,042,025</u>	<u>\$ 122,486,666</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 121,042,025</u></u>	<u><u>\$ 122,486,666</u></u>

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended October 31,

	<u>2025</u>	<u>2024</u>
Additions		
Net investment income from allocable share of Master Trust	\$ 8,445,899	\$ 19,608,691
Total net additions	<u>8,445,899</u>	<u>19,608,691</u>
Deductions		
Benefit payments	(9,160,578)	(7,823,782)
Administrative expenses	<u>(729,962)</u>	<u>(884,534)</u>
Total net deductions	<u>(9,890,540)</u>	<u>(8,708,316)</u>
NET (DECREASE) INCREASE	(1,444,641)	10,900,375
Net assets available for benefits		
Beginning of year	<u>122,486,666</u>	<u>111,586,291</u>
End of year	<u><u>\$ 121,042,025</u></u>	<u><u>\$ 122,486,666</u></u>

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS

October 31, 2025 and 2024

NOTE A - DESCRIPTION OF THE PLAN

The following brief description of the Bridgestone Americas, Inc. Hourly Employees Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan covering Supplement 1 - hourly employees subject to various collective bargaining agreements of The Firestone Polymers, LLC ("Polymers"), a subsidiary of Bridgestone Americas, Inc. (the "Company" or "Plan Sponsor") at its Lake Charles, Louisiana location, and former Polymers employees of the divested Orange, Texas location, and Supplement 2 - hourly employees of the following subsidiaries of the Company, who are neither represented by a collective bargaining agent, nor, by reason of job classification, deemed to be salaried for purposes of the Plan: Bridgestone Retail Operations full-time hourly non-bargaining employees hired prior to January 1, 2003; Bridgestone Americas Tire Operations ("BATO") full-time hourly non-bargaining employees hired prior to January 1, 2003; BATO Mileage full-time hourly non-bargaining employees; BATO Distribution Center full-time non-bargaining employees, excluding employees at the Lebanon, Tennessee and Jacksonville, Florida locations; and Bridgestone Bandag LLC hourly teammates, effective January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Pension Benefits

The pension benefit for Supplement 1 (as defined above) is equal to the sum of (1) and (2), as follows:

- (1) For Lake Charles, Louisiana employees, a basic monthly benefit amount of \$38 times years of credited service prior to November 1, 2004.

Effective November 1, 2004, a cash balance component was added as a supplement to the Plan. Eligible employees were union-represented and hired, or rehired, on or after April 12, 2004, or employees who were employed on April 11, 2004 and continued to be employed through November 1, 2004. This supplement to the Plan uses total years of service with the Company to determine vesting, with benefits beginning to accrue on November 1, 2004.

The cash balance credit, which is to be credited to participant accounts on October 31 of each plan year is calculated by multiplying a participant's eligible annual earnings, beginning on or after April 12, 2004 by a percentage factor as indicated below:

<u>Years of Benefit Service</u>	<u>Percentage of Earnings</u>
Less than 5 Years	2.00%
At least 5 Years but less than 10 Years	2.50%
At least 10 Years but less than 15 Years	3.25%
At least 15 Years but less than 20 Years	4.25%
At least 20 Years	5.50%

As of the last day of each plan year commencing on or after November 1, 2004, each participant's account will be allocated an interest credit based on the participant's account balance as of the last day of the preceding plan year and an annual interest rate equal to the greater of 4.70% or the annual interest rate on 30-year Treasury securities for the September immediately preceding the plan year for which the interest is being credited.

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

For Orange, Texas employees, a basic monthly benefit amount of \$38 times years of credited service prior to January 1, 2005.

Effective October 31, 2004, a cash balance component was added as a supplement to the Plan. Eligible employees were union-represented and hired, or rehired, on or after March 8, 2004, or employees who were employed on March 7, 2004 and continued to be employed through October 31, 2004. This supplement to the Plan uses total years of service with the Company to determine vesting, with benefits beginning to accrue on November 1, 2004.

The cash balance credit, which is to be credited to participant accounts on October 31 of each plan year is calculated by multiplying a participant's eligible annual earnings, beginning on or after March 8, 2004 by a percentage factor as indicated below:

Years of Credited Service	Percentage of Earnings
Less than 5 Years	2.00%
At least 5 Years but less than 10 Years	2.50%
At least 10 Years but less than 15 Years	3.25%
At least 15 Years but less than 20 Years	4.25%
At least 20 Years	5.50%

As of the last day of each plan year commencing on or after November 1, 2004, each participant's account will be allocated an interest credit based on the participant's account balance as of the last day of the preceding plan year and an annual interest rate equal to the greater of 4.70% or the annual interest rate on 30-year Treasury securities for the September immediately preceding the plan year for which the interest is being credited.

Effective March 8, 2013, the Plan provides for an optional lump sum benefit payment in lieu of monthly benefit payments. The lump sum benefit payment would combine any previously vested credited-service benefit with any current cash balance vested benefit.

- (2) If the employee made contributions from earnings at 120% of the November mid-term applicable Federal interest rate issued by the Internal Revenue Service ("IRS") in excess of the current Social Security wage base, less \$1,800, a monthly contributory benefit equal to one-twelfth (1/12) of the sum of 40% of the employee's contributions made prior to January 1, 1969, and 50% of the employee's contributions made after December 31, 1968, and prior to November 1, 1989, when these contributions were discontinued.

Effective August 1, 2019, the Company completed the divestiture of the Orange, Texas location. As of the effective date of the divestiture, no new entrants in the location may participate in the Plan, and no existing participants will continue to accrue cash balance benefits or credited service under the Plan. The Company continues to retain all future obligations for pension benefits payable to Orange, Texas participants for benefits accrued prior to the divestiture date.

Effective August 15, 2014, the terms of the Plan Supplement 2 were adjusted as follows:

- a. Entitlement to an early retirement pension upon retirement if at that time the teammate: (1) either has attained age 55 and completed at least 10 years of credited service, or has completed at least 25 years of credited service and (2) has not attained age 65.
- b. If eligible for an early retirement pension, entitled to receive a monthly pension based on age and years of credited service at the time of retirement.

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

- c. If eligible for a normal retirement pension or an early retirement pension and have a qualified spouse, pension paid in the form of a 50%/75% contingent annuity. If not eligible for normal retirement pension or early retirement pension but eligible for a deferred vested pension and have a qualified spouse, deferred vested pension paid in the form of a 50% or 75% qualified joint and survivor annuity.

The pension benefit for Supplement 2 (as defined above) is equal to (3) or (4):

- (3) For technicians or service persons who are not represented by a collective bargaining agent and who were transferred to the Plan from the Bridgestone Americas, Inc. Non-Contributory Pension Plan on November 1, 1992, a monthly benefit amount of \$16 times years of credited service plus \$20 times years of credited service after 10 years, or
- (4) For store associates other than store managers or commercial salespersons, who were transferred to the Plan from the Bridgestone Americas Holding, Inc. Salaried Employees Retirement Plan on January 1, 1993, and who, on January 1, 1993, were not vested under such plan, the accrued benefit as of January 1, 1993, plus a monthly benefit amount of \$16 times years of credited service plus \$20 times years of credited service after 10 years.

Employees will receive pension benefits in the form of a qualified joint and survivor annuity, unless both the employee and spouse agree to waive such survivor coverage at retirement. Certain other optional forms of benefit payments are also available. The Plan has an accelerated vesting provision for active participants with cash balance benefits. Participants receive 100% vesting of retirement benefits after completing three years of vesting service. Employee contributions, if any, with interest, are returned to the terminated employee. The Plan permits early retirement at ages 55 to 64 with at least 10 years of service, with a reduced benefit. Early retirement is also permitted for certain qualified individuals when employment is terminated due to plant closure.

Effective July 1, 2020, Plan allows participants to elect to receive an unlimited lump sum distribution of their accrued benefit under the Plan. The option is available to all current active and deferred vested participants in the Plan, except for the bargained teammates at Lake Charles and Orange. Eligible teammates are able to elect the lump sum option at any time after termination of employment or death.

Death and Disability Benefits

For covered employees, a survivor benefit is payable to the qualified spouse of an active employee who dies at or after eligibility for a vested benefit but before retirement. A death benefit equal to the employee's contributions, if any, with interest, will also be payable to the designated beneficiary. Active employees with at least 10 years of service who are deemed to be totally and permanently disabled are entitled to receive disability benefits equal to normal retirement benefits accrued at the time of disability. Disability benefits are paid to the earlier of recovery, death or normal retirement, at which time benefits accrued at the time of disability are paid as otherwise provided in the Plan. Employees with five or more years of service who are not eligible for any other type of benefit under the Plan and who are no longer physically or mentally able to work are eligible for a severance benefit.

Administrative Expenses

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

Reclassifications

Certain amounts in the prior year financial statements have been reclassified to be consistent with the current year presentation. Such reclassifications had no effect on the net assets available for benefits or changes in net assets available for benefits.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note F for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The accumulated plan benefits for active employees are based on the Plan's terms and each participant's service through the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

The significant actuarial assumptions used in the October 31, 2024 and 2023 valuations were (1) life expectancy of participants, (2) retirement age assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs and (3) discount rate based on the expected long-term rate of return on Plan assets. Life expectancy of participants for the October 31, 2024 and 2023 valuation is based on versions of the Pri-2012 tables, projected generationally using MP-2021. The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of October 31, 2024 was as follows:

	<u>2024</u>
Vested benefits	
Participants and beneficiaries currently receiving payments	\$ 23,602,598
Other participants	<u>82,317,069</u>
Total vested benefits	105,919,667
Non-vested benefits	<u>874,376</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 106,794,043</u></u>

The changes in the reported present value of accumulated plan benefits during the year ended October 31, 2024, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 101,127,218
Increase (decrease) during the year attributable to	
Benefits accumulated	1,574,717
Actuarial gain	(237,106)
Decrease in the discount period	5,930,822
Benefits paid to participants and beneficiaries	(7,823,782)
Change in assumptions	6,027,676
Plan amendments	<u>194,498</u>
Net increase during the year	<u>5,666,825</u>
Actuarial present value of accumulated plan benefits at the end of year	<u><u>\$ 106,794,043</u></u>

The change in assumptions is primarily the result in the decrease in the discount rate from 6.00% as of October 31, 2023 to 5.50% as of October 31, 2024. The discount rate used was selected by the Company in concurrence with WTW. The discount rate is based on an expected return on assets assumption of the Plan's current asset allocation and any expected changes during the current plan year, current market conditions and expectations for future market conditions. The change in assumptions is also the result of adjustments to the mortality table, as well as the applicable lump sum interest rate and mortality assumptions used to determine actuarial equivalence.

NOTE D - FUNDING POLICY

The Company's funding policy is to make contributions to the Bridgestone Americas, Inc. Master Pension Trust ("Master Trust") for the benefit of the Plan on the basis of an annual actuarial determination of the Plan's liabilities in accordance with ERISA. The amounts of contributions are intended to maintain funding

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

levels in the Plan that will meet current obligations to participants of the Plan and amortize unfunded liabilities. Additionally, the Company may elect to make discretionary contributions for strategic funding purposes. The Company met or exceeded the minimum funding requirements of ERISA for the years ended October 31, 2025 and 2024.

NOTE E - INTEREST IN MASTER TRUST

Investments of the Plan are maintained in the Master Trust administered by the Trustee. The Master Trust was established by the Company for the combined investment of assets the Plan, the Bridgestone Americas, Inc. Non-Contributory Plan, and the Bridgestone Americas, Inc. Salaried Employees Retirement Plan as of October 31, 2025 ("Affiliated Plans"). As of October 31, 2024, the Master Trust included the Bridgestone Americas, Inc. Retirement Plan, in addition to the Affiliated Plans.

Pursuant to the Trustee's method of allocating the investment holdings among the plans, contributions into the Master Trust are treated as purchases of shares in the Master Trust, withdrawals are treated as sales of shares, and investment income is allocated proportionately to all shares held. Accordingly, the value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and allocated investment income, less actual distributions, allocated investment losses, and allocated and actual administrative expenses. The assets of the Master Trust are held by The Northern Trust Company. At October 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 6.25% and 6.19%, respectively. Investment income and allocated administrative expenses of the Master Trust are allocated monthly to the participating plans based on the assets they own in the Master Trust at the beginning of the month. Those administrative expenses of the Master Trust that can be specifically identified as being applicable to the Plan are charged to the Plan.

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

The following table presents the investments and other assets and liabilities of the Master Trust as of October 31, 2025 and 2024:

	2025		2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value				
Common stocks	\$ 77,033,636	\$ 4,823,556	\$ 95,879,465	\$ 5,936,386
Corporate bonds	1,010,413,939	63,268,312	963,875,474	59,678,437
Collective investment funds	456,066,588	28,557,171	501,160,230	31,029,381
Real estate partnerships	15,144,168	947,905	14,701,831	910,265
Government securities	107,927,694	6,755,422	101,616,213	6,291,577
Cash and short-term investments	30,103,239	1,893,623	39,727,318	2,459,720
Securities lending collateral	226,090,830	14,151,501	251,736,597	15,586,294
	<u>1,922,780,094</u>	<u>120,397,490</u>	<u>1,968,697,128</u>	<u>121,892,060</u>
Securities loaned				
Common stocks	9,931,694	621,646	7,343,558	454,677
Corporate bonds	166,868,905	10,444,676	209,583,095	12,976,356
Government securities	43,881,284	2,746,622	29,017,103	1,796,597
	<u>220,681,883</u>	<u>13,812,944</u>	<u>245,943,756</u>	<u>15,227,630</u>
Total investments at fair value	2,143,461,977	134,210,434	2,214,640,884	137,119,690
Plus: accrued interest and dividends	15,706,325	983,092	15,396,417	953,270
Minus: obligation to return securities lending collateral	<u>(226,090,830)</u>	<u>(14,151,501)</u>	<u>(251,736,597)</u>	<u>(15,586,294)</u>
Total	<u>\$ 1,933,077,472</u>	<u>\$ 121,042,025</u>	<u>\$ 1,978,300,704</u>	<u>\$ 122,486,666</u>

For the years ended October 31, 2025 and 2024, the following are the appreciation in the fair value of investments and investment income for the Master Trust:

	2025		2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Net appreciation in fair value	\$ 67,632,081	\$ 4,212,062	\$ 245,571,755	\$ 15,346,144
Investment income	67,714,131	4,233,837	68,458,782	4,262,547
Total	<u>\$ 135,346,212</u>	<u>\$ 8,445,899</u>	<u>\$ 314,030,537</u>	<u>\$ 19,608,691</u>

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

The Master Trust participates in a securities lending program administered by the Trustee. The transfer of assets under the Trustee's securities lending program are secured borrowings with a pledge of collateral. Under the terms of the program, certain Master Trust investments are available to outside security brokers for settling their trading transactions. The Master Trust retains title to securities borrowed, which are collateralized by like-kind securities or cash. No sales transaction is recorded if a borrowing is settled (replaced) with a like-kind security.

The Master Trust receives fee income for the lending program, calculated under various methods. The fair market value of the securities loaned as of October 31, 2025 and 2024, was \$220,681,883 and \$245,943,756, respectively. The cash and non-cash collateral received for securities loaned as of October 31, 2025 and 2024, was \$226,090,830 and \$251,736,597, respectively. The income earned on securities loaned for the plan years ended October 31, 2025 and 2024 was \$484,411 and \$492,295, respectively. As of October 31, 2025 and 2024, none of the collateral received for securities loaned has been sold or repledged.

The Master Trust invests in U.S. Treasury futures contracts that are subject to offsetting arrangements. The Master Trust considers its credit and counterparty risks to be minimal. At October 31, 2025, the Plan had gross recognized assets and gross amounts offset of \$734,679,906 and the Plan had gross recognized liabilities and gross amounts offset of \$277,073,031. At October 31, 2024, the Plan had gross recognized assets and gross amounts offset of \$698,596,414 and the Plan had gross recognized liabilities and gross amounts offset of \$244,357,305.

NOTE F - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2025 and 2024.

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

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

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

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

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

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

The following tables set forth by level, within the fair value hierarchy, the Master Trust assets at fair value as of October 31, 2025 and 2024:

Category	Fair Value Measurement at October 31, 2025			
	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 30,103,239	\$ -	\$ -	\$ 30,103,239
Common stock	86,965,330	-	-	86,965,330
Corporate bonds	-	1,177,282,844	-	1,177,282,844
Government securities	-	151,808,978	-	151,808,978
Real estate partnerships	-	-	15,144,168	15,144,168
	<u>117,068,569</u>	<u>1,329,091,822</u>	<u>15,144,168</u>	<u>1,461,304,559</u>
Securities lending collateral				
Common stocks	10,032,600	-	-	10,032,600
Corporate bonds	-	171,098,567	-	171,098,567
Government securities	-	44,959,663	-	44,959,663
	<u>10,032,600</u>	<u>216,058,230</u>	<u>-</u>	<u>226,090,830</u>
Total assets in fair value hierarchy	<u>\$ 127,101,169</u>	<u>\$ 1,545,150,052</u>	<u>\$ 15,144,168</u>	<u>1,687,395,389</u>
Investments measured at NAV				<u>456,066,588</u>
Investments at fair value				<u>\$ 2,143,461,977</u>

Category	Fair Value Measurement at October 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and short-term investments	\$ 39,727,318	\$ -	\$ -	\$ 39,727,318
Common stock	103,223,023	-	-	103,223,023
Corporate bonds	-	1,173,458,569	-	1,173,458,569
Government securities	-	130,633,316	-	130,633,316
Real estate partnerships	-	-	14,701,831	14,701,831
	<u>142,950,341</u>	<u>1,304,091,885</u>	<u>14,701,831</u>	<u>1,461,744,057</u>
Securities lending collateral				
Common stocks	7,701,845	-	-	7,701,845
Corporate bonds	-	214,465,040	-	214,465,040
Government securities	-	29,569,712	-	29,569,712
	<u>7,701,845</u>	<u>244,034,752</u>	<u>-</u>	<u>251,736,597</u>
Total assets in the fair value hierarchy	<u>\$ 150,652,186</u>	<u>\$ 1,548,126,637</u>	<u>\$ 14,701,831</u>	<u>1,713,480,654</u>
Investments measured at NAV				<u>501,160,230</u>
Investments at fair value				<u>\$ 2,214,640,884</u>

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

The tables below set forth a summary of changes in fair value of the Master Trust Level 3 investments for the year ending October 31, 2025 and 2024:

	October 31, 2025
	<u>Real Estate Partnerships</u>
Fair value, beginning of year	\$ 14,701,831
Total unrealized gain ^(a)	230,584
Purchases	(186,241)
Sales	<u>397,994</u>
Fair value, end of year	<u>\$ 15,144,168</u>
	October 31, 2024
	<u>Real Estate Partnerships</u>
Fair value, beginning of year	\$ 14,529,151
Total unrealized gain ^(a)	<u>172,680</u>
Fair value, end of year	<u>\$ 14,701,831</u>

^(a) The total unrealized gain (loss) relates to investments still held by the Master Trust at both October 31, 2025 and 2024.

According to ASC 820-10-50-2C, a reporting entity shall disclose and consistently follow its policy for determining when transfers between levels of the fair value hierarchy are deemed to have occurred in accordance with paragraph 820-10-50(bb) and (c)(3). The policy about the timing of recognizing transfers shall be the same for transfers into the levels as that for transfers out of the levels. The Plan has adopted the policy of using the beginning of the reporting period for such transfers. No such transfers occurred in the year ending October 31, 2025 and 2024.

The tables below present quantitative information regarding unobservable inputs that were significant to the fair value of Master Trust Level 3 investments for the period ending October 31, 2025 and 2024:

Quantification Information about Level 3 Fair Value Measurements				
October 31, 2025				
Asset Category	Fair Value	Valuation Technique	Unobservable Inputs	Range
Real estate partnerships	\$ 15,144,168	Income approach - discounted cash flow	Discount rate capitalization rate	15.00% - 18.00% 5.00% - 9.00%
		Market approach - comparable sales	Price per finished lot capitalization rate	\$8,000- \$1,100,000 20.00% - 25.00%
	<u>\$ 15,144,168</u>			

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

Quantification Information about Level 3 Fair Value Measurements				
October 31, 2024				
Asset Category	Fair Value	Valuation Technique	Unobservable Inputs	Range
Real estate partnerships	\$ 14,701,831	Income approach - discounted cash flow	Discount rate	20.00% - 25.00%
		Market approach - comparable sales	Price per finished lot capitalization rate	\$22,000 - \$112,500 6.00% - 7.00%
		Market approach - market multiple	EBITDA multiples Price per key	12.50x - 14.00x \$400,000 - \$450,000
	<u>\$ 14,701,831</u>			

The tables below present additional information for investments, held in the Master Trust, whose fair value was estimated using NAV per share as of October 31, 2025 and 2024.

Fair Value Estimate Using NAV Per Share					
October 31, 2025					
Investment Category	Fair Value	Unfunded Commitment	Redemption Frequency (range)	Redemption Notice Period (range)	Other Redemption Restrictions
Collective investment funds	\$ 330,888,038	\$ -	Daily	None	None
	59,573,316	-	Monthly	Monthly	None
	46,145,672	-	Quarterly	30 days before end of quarter	Can request redemption but not required to redeem
	<u>19,459,562</u>	<u>-</u>	None	None	None
Total	<u>\$ 456,066,588</u>	<u>\$ -</u>			

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

NOTE G - PLAN TERMINATION

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025 and 2024, that ceiling, which is adjusted periodically, was \$7,432 and \$7,108 per month, respectively.

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

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

NOTE H - RISKS AND UNCERTAINTIES

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

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

Bridgestone Americas, Inc. Hourly Employees Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

NOTE I - INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected to have the audits performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan administrator determined that the certifications received from The Northern Trust Company meets the requirements of ERISA Section 103(a)(3)(C). The Trustee certified that the following data included in the accompanying financial statements are complete and accurate:

- Investments, at fair value, included in the statements of net assets available for benefits as of October 31, 2025 and 2024.
- Net investment income as shown in the statements of changes in net assets available for benefits for the years ended October 31, 2025 and 2024.
- Investment information included in Note E, as of and for the years ended October 31, 2025 and 2024.

NOTE J - PARTY-IN-INTEREST TRANSACTIONS

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

NOTE K - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated June 1, 2021, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since the letter was received, the Plan administrator believes that the Plan is designed and is currently being operated in compliance, in all material respects, with the applicable requirements of the IRC and that the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

NOTE L - SUBSEQUENT EVENTS

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

Subsequent events have been evaluated through August 17, 2026, which is the date the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of November 1, 2024

Attained Age	Attained Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Over
Under 25	1	10	0	0	0	0	0	0	0	0
25 - 29	2	17	3	0	0	0	0	0	0	0
30 - 34	5	8	6	0	0	0	0	0	0	0
35 - 39	2	8	7	2	2	1	0	0	0	0
40 - 44	4	5	5	3	10	37	11	0	0	0
45 - 49	1	2	7	6	7	36	61	6	0	0
50 - 54	1	6	3	3	6	36	77	40	2	0
55 - 59	0	3	2	4	6	43	38	48	31	0
60 - 64	0	1	4	3	8	33	33	37	22	19
65 - 69	0	0	1	1	1	11	17	6	3	9
70 & Over	0	0	0	0	0	2	0	1	1	2

Plan Name: Bridgestone Americas, Inc. Hourly Employees Retirement Plan
 EIN / PN: 88-0335067/005
 Plan Sponsor: Bridgestone Americas, Inc.
 Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of November 1, 2024

Attained Age	Attained Years of Credited Service																			
	Under 1		1 - 4		5 - 9		10 - 14		15 – 19		20 - 24		25 - 29		30 - 34		35 – 39		40 & Over	
	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.	No.	Avg Bal.
Under 25	1		10		0		0		0		0		0		0		0		0	
25 - 29	2		17		3		0		0		0		0		0		0		0	
30 - 34	5		8		6		0		0		0		0		0		0		0	
35 - 39	2		8		7		2		1		0		0		0		0		0	
40 - 44	4		5		5		3		3		0		0		0		0		0	
45 - 49	1		2		7		5		2		4		0		0		0		0	
50 - 54	1		6		3		3		0		4		1		3		0		0	
55 - 59	0		3		1		3		1		10		3		6		2		0	
60 - 64	0		1		4		1		1		3		4		6		0		0	
65 - 69	0		0		1		1		0		1		1		2		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Bridgestone Americas, Inc. Hourly Employees Retirement Plan
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 Plan Sponsor: Bridgestone Americas, Inc.
 Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Expected return on assets (PPA purposes)	Plan Year 2022:	5.50%
	Plan Year 2023:	6.00%
	Plan Year 2024:	5.50%

Interest rates basis:

- Applicable month July 2024
- Yield curve basis Segment rates

Interest rates:

	Not Reflecting Stabilization	Reflecting Stabilization
• First segment rate	4.99%	4.99%
• Second segment rate	5.29%	5.29%
• Third segment rate	5.29%	5.59%
• Effective interest rate		5.41%

Annual rates of increase:

- Pensionable earnings 3.00%
- Cash balance crediting rate 4.75%

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

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SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Mortality

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

Lump sum mortality

- PPA Applicable IRC §417(e)(3) mortality table for plan year beginning November 1, 2024.

Termination

Rates varying by age.

Representative Termination Rates	
Age	Rate
35	10.00%
40	10.00%
45	8.00%
50	8.00%

Disability

Representative Disability Rates	
Age	Rate
25	0.05%
40	0.14%
55	0.41%

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SCHEDULE SB ATTACHMENTS

Retirement	Retirement Rates	
	Age	Rate
	≤54	5.00%
	55-59	10.00%
	60-61	15.00%
	62-63	20.00%
	64	15.00%
	65-69	30.00%
	70+	100.00%

Benefit commencement date

- Non-cash balance
 - Preretirement death benefit The later of the death of the active participant or the date the participant would have been eligible for early retirement.
 - Deferred vested benefit The later of age 65 or attained age.
 - Disability benefit Upon disablement.
 - Retirement benefit Upon termination of employment.
- Cash balance 90% of active teammates with cash balance benefits commence immediately upon death, disability, termination or retirement. 10% of active teammates with cash balance benefits defer commencement to later of age 65 or attained age.

Form of payment (retirees)

- Non-cash balance:
- Single: Five-year certain and life
 - Married: 36% elect 50% joint and survivor with five-years certain, 36% elect 100% joint and survivor with five-years certain and 28% elect a five-year certain and life annuity.
 - Lump Sum: 50% elect a single lump sum, 50% elect in proportion to the assumptions described above.
- Cash balance: single lump sum.

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SCHEDULE SB ATTACHMENTS

Percent married	70%.
Spouse age	Wife assumed to be three years younger than husband.
Covered pay	Pensionable earnings for the preceding plan year (regular basic salary or wages plus other compensation amounts excluding vacation pay and long-term bonus pay) increased by the assumed rate of pensionable earnings increases for the year.
Administrative expenses	Non-investment expenses paid from the plan's trust are included in the funding target normal cost.
Loadings	None.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Benefit changes that were adopted after the valuation date were not reflected. WTW has reviewed the plan provisions with BSAM and is not aware of any significant benefits required to be valued that were not.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	November 1, 2024.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year discounted using the effective interest rate for the prior plan year.

Sources of Data and Other Information

WTW used audited assets provided by BSAM and participant data extracted from BenefitConnect, a system supported by WTW. BSAM furnished the date and amount of the 2023 plan year contributions and the 2024 plan year contributions made during the 2024 plan year. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with BSAM, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Plan Sponsor: Bridgestone Americas, Inc.
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SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Bridgestone Americas, Inc.
EIN/PN	88-0335067/005
Plan Name	Bridgestone Americas, Inc. Hourly Employees Retirement Plan
Valuation Date	November 1, 2024
Enrolled Actuary	David Hauer
Enrollment Number	26-06576

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

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

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
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

▶ **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 BRIDGESTONE AMERICAS, INC. HOURLY EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BRIDGESTONE AMERICAS, INC.	D Employer Identification Number (EIN) 88-0335067
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 11 Day 01 Year 2024			
2 Assets:			
a Market value		2a	122,486,666
b Actuarial value		2b	122,486,666
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	616	24,897,367	24,897,367
b For terminated vested participants	2,243	42,985,341	42,985,341
c For active participants	839	40,146,329	41,067,146
d Total	3,698	108,029,037	108,949,854
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	5.41%
6 Target normal cost			
a Present value of current plan year accruals		6a	1,661,435
b Expected plan-related expenses		6b	884,534
c Target normal cost		6c	2,545,969

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	DAVID M. HAUER	DMH	AUGUST 3, 2026
Signature of actuary		Date	
DAVID M HAUER		2606576	
Type or print name of actuary		Most recent enrollment number	
WILLIS TOWERS WATSON US LLC		216-937-4000	
Firm name		Telephone number (including area code)	
PO BOX 674401 HOUSTON TX 77267 Address of the firm			

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

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

Schedule SB (Form 5500) 2024
v. 240311

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)	4,802,669	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	4,802,669	0
10 Interest on line 9 using prior year's actual return of <u>18.29%</u>	878,408	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	5,681,077	0

Part III Funding Percentages

14 Funding target attainment percentage	14	107.21%
15 Adjusted funding target attainment percentage	15	106.73%
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	105.61%
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:

18 Contributions made to the plan for its plan year by employer(s) _____,					
(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

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

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

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
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	2,545,969	
b Excess assets, if applicable, but not greater than line 31a	31b	2,545,969	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15

Reconciliation of differences between valuation results and amounts used to calculate AFTAP as of November 1, 2024

The AFTAP indicated on line 15 was certified on July 31, 2025. The AFTAP implied by the results on this Schedule SB does not equal the AFTAP indicated on line 15 because:

- (i) Subsequent to the certification, the plan assets were audited by Grant Thornton. The plan audit resulted in a revision to the value of plan assets.
- (ii) In addition, the asset method was changed to the market value of assets. The corresponding change in the AFTAP, however, would have been deemed immaterial because it would not have affected the administration of any benefit restrictions.

Plan Name:	Bridgestone Americas, Inc. Hourly Employees Retirement Plan
EIN / PN:	88-0335067/005
Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of November 1, 2024

Retirement Age (1)	Assumed Retirement Rate (2)	Number of Participants at Beginning (3)	Number of Participants Retiring (2) * (3) (4)	Product for Weighting (1) * (4) (5)
55	0.100	1000.00	100.00	5,500.00
56	0.100	900.00	90.00	5,040.00
57	0.100	810.00	81.00	4,617.00
58	0.100	729.00	72.90	4,228.20
59	0.100	656.10	65.61	3,870.99
60	0.150	590.49	88.57	5,314.41
61	0.150	501.92	75.29	4,592.54
62	0.200	426.63	85.33	5,290.20
63	0.200	341.30	68.26	4,300.42
64	0.150	273.04	40.96	2,621.21
65	0.300	232.09	69.63	4,525.68
66	0.300	162.46	48.74	3,216.71
67	0.300	113.72	34.12	2,285.82
68	0.300	79.61	23.88	1,623.95
69	0.300	55.72	16.72	1,153.48
70	1.000	39.01	39.01	2,730.47
			1,000.00	60,911.09

Weighted Average Retirement Age: 60,911.09 / 1,000.00 = 60.91

Plan Name: Bridgestone Americas, Inc. Hourly Employees Retirement Plan
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Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of November 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,189,366	599,927	3,019,951	4,809,244
2025	1,498,118	1,242,378	2,712,414	5,452,910
2026	1,769,910	1,308,883	2,528,450	5,607,243
2027	2,135,260	1,490,122	2,340,945	5,966,327
2028	2,188,772	1,645,375	2,214,024	6,048,171
2029	2,417,502	1,935,304	2,088,133	6,440,939
2030	2,585,994	2,151,912	1,975,916	6,713,822
2031	2,720,306	2,567,895	1,861,455	7,149,656
2032	2,838,265	2,675,912	1,747,928	7,262,105
2033	2,937,597	2,915,473	1,636,093	7,489,163
2034	3,019,345	3,087,407	1,525,226	7,631,978
2035	3,080,131	3,271,928	1,427,873	7,779,932
2036	3,085,299	3,406,286	1,335,340	7,826,925
2037	3,153,601	3,729,536	1,246,014	8,129,151
2038	3,155,095	3,646,939	1,162,707	7,964,741
2039	3,155,023	3,985,574	1,083,700	8,224,297
2040	3,179,780	3,856,859	1,008,265	8,044,904
2041	3,137,854	3,837,927	935,796	7,911,577
2042	3,142,235	3,905,576	866,280	7,914,091
2043	3,118,073	3,827,908	798,958	7,744,939
2044	3,062,214	3,818,399	733,980	7,614,593
2045	2,996,344	3,787,906	672,280	7,456,530
2046	2,901,765	3,768,091	612,842	7,282,698
2047	2,826,893	3,662,587	555,607	7,045,087
2048	2,735,936	3,655,694	500,596	6,892,226
2049	2,633,434	3,403,748	446,289	6,483,471
2050	2,491,524	3,245,292	394,511	6,131,327
2051	2,370,717	3,121,665	347,146	5,839,528
2052	2,248,993	2,900,573	301,465	5,451,031
2053	2,160,584	2,743,027	258,880	5,162,491
2054	1,990,052	2,509,686	221,074	4,720,812
2055	1,874,290	2,329,457	186,890	4,390,637
2056	1,725,413	2,345,157	156,382	4,226,952
2057	1,594,500	1,973,961	129,516	3,697,977
2058	1,458,431	1,885,000	106,176	3,449,607
2059	1,337,431	1,685,078	86,165	3,108,674
2060	1,223,398	1,472,508	69,237	2,765,143
2061	1,104,889	1,318,722	55,106	2,478,717
2062	988,864	1,173,283	43,462	2,205,609
2063	873,148	1,036,874	33,984	1,944,006
2064	780,825	909,976	26,363	1,717,164
2065	688,627	792,868	20,303	1,501,798
2066	598,598	685,637	15,538	1,299,773
2067	512,766	588,220	11,830	1,112,816

Plan Name: Bridgestone Americas, Inc. Hourly Employees Retirement Plan
 EIN / PN: 88-0335067/005
 Plan Sponsor: Bridgestone Americas, Inc.
 Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

2068	440,620	500,417	8,971	950,008
2069	375,812	421,924	6,784	804,520
2070	317,603	352,361	5,123	675,087
2071	265,842	291,287	3,868	560,997
2072	220,308	238,209	2,923	461,440
2073	180,754	192,588	2,214	375,556

Plan Name: Bridgestone Americas, Inc. Hourly Employees Retirement Plan
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Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions – Hourly Retirement Plan

Plan effective	November 1, 1976
Last change effective	November 1, 2024
Covered employees	BSAM hourly non-collectively bargained teammates hired prior to January 1, 2003 (BFRC and GCR) or hired prior to January 1, 2010 (all other Field teammates); and collectively bargained teammates at the Lake Charles facility.
Type of plan	Frozen benefit plus cash balance for Lake Charles; dollar per month for all others.
Plan status for PBGC reporting	Ongoing for Lake Charles teammates, eligibility is frozen for hourly non-collectively bargained teammates.
Normal form	Single participants: five year certain and life annuity for non-cash balance benefits and single life annuity for cash balance benefits. Married participants: 50% joint and survivor annuity (with five years certain) for non-cash balance benefits and 50% joint and survivor annuity for cash balance benefits.
Membership service	From date of hire.
Credited service	From date of hire.
Pension earnings	Regular basic salary or wages plus overtime, bonuses, commissions and certain payments received under BSAM's incentive payment plans.
Accumulated benefit	For Lake Charles, \$38 (ultimate) x credited service as of November 1, 2004 and a cash balance formula for service after November 1, 2004, with annual additions based on attained credited service; for all others per month, \$16 x credited service limited to 10 years + \$20 x credited service in excess of 10 years.

Plan Name:	Bridgestone Americas, Inc. Hourly Employees Retirement Plan
EIN / PN:	88-0335067/005
Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits – Hourly Retirement Plan

Benefit	Age	Vested Service	Description
Normal retirement	65		Accrued benefit payable immediately.
Early retirement	55	10	Lake Charles: accrued benefit reduced 4.8% for each year ages 50 to 62. Teammates must satisfy 55 + 10 eligibility (no 25 and out retirement).
	Any	25	Others: if age and vested service is less than 85, accrued benefit reduced 4.8% for each year ages 50 to 62 and reduced 2.4% for each year prior to age 50 (or 4.8% for each year of credited service less than 37 years, whichever reduction is less). Accrued benefit is unreduced with 37 years of credited service if age and vested service is greater than or equal to 92. If age and vested service is greater than or equal to 85 and less than 92, accrued benefit reduced 2.4% for each year prior to age 62 (or 4.8% for each year of credited service less than 37 years, whichever reduction is less).
Postponed retirement	>65		Accrued benefit payable no later than age 70½.
Vested termination		5	Accrued benefit payable unreduced at 65, reduced to age 55. Three years vested service for Lake Charles.
Disablement		10	Determined as of the date of disablement, payable immediately without reduction for early commencement.
Preretirement death		5	If married, reduced 50% joint and survivor early retirement benefit; if married with no cash balance, either 50% joint and survivor early retirement benefit or if eligible for early retirement, 100% of the 50% joint and survivor amount for five-years and 50% of the 50% joint and survivor amount for the rest of life. Three years vested service for Lake Charles.

Plan Name: Bridgestone Americas, Inc. Hourly Employees Retirement Plan
 EIN / PN: 88-0335067/005
 Plan Sponsor: Bridgestone Americas, Inc.
 Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

An unlimited lump sum is now available for Lake Charles and Orange participants with frozen benefits (except Lake Charles Machinists). Previously there was a limit of \$30,000 for Orange participants' frozen benefit and no lump sum available for the frozen benefit for Lake Charles participants.

There was a change made to the provisions which changed the IRC §417(e)(3) lookback month for administrative purposes from September to June. This does not affect the benefits valued.

Plan Name:	Bridgestone Americas, Inc. Hourly Employees Retirement Plan
EIN / PN:	88-0335067/005
Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The asset method was changed to the market value of assets effective with the 2024 plan year.

Plan Name:	Bridgestone Americas, Inc. Hourly Employees Retirement Plan
EIN / PN:	88-0335067/005
Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumptions used to determine actuarial equivalence for lump sum payments were updated to reflect applicable IRC §417(e)(3) mortality assumption for the plan year beginning November 1, 2024.

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Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024