

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ 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 ☐ special extension (enter description) ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BRIDGESTONE AMERICAS, INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 019
1c	Effective date of plan 11/01/2008
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 3606
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) 1753 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 1I 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
---	---

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
--	---	--

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. RETIREMENT PLAN	B Three-digit plan number (PN) 019
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	136829634	
b	Actuarial value	2b	136829634	
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	143	20608831	20608831
b	For terminated vested participants	1714	36172217	36172217
c	For active participants	1753	64137053	65183167
d	Total	3610	120918101	121964215
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	5.35 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	768123	
c	Target normal cost	6c	768123	

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)
--------------------------	---	--

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of <u>18.28</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		739
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>5.21</u> %		39
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		778
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	112.18 %
15	Adjusted funding target attainment percentage	15	112.18 %
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	97.94 %
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
0	0	0	0

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 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	768123	
b Excess assets, if applicable, but not greater than line 31a	31b	768123	
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. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 019
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)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON

53-0181291

(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	274442	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	7671	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:

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. RETIREMENT PLAN	B Three-digit plan number (PN) 019
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)	1623000	0
(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)	135263542	0
(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	136886542	0
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	136886542	0

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)		9299518
(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		9299518

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11769780	
(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)		11769780
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)	885	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	7671	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	274442	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	367568	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		650566
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12420346

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3120828
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		133765714

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)
BRIDGESTONE AMERICAS, INC. SALARIED EMPLOYEES RETIREMENT PLAN	88-0335067	010

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 579594.

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. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 019
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		3 160
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. Retirement Plan

October 31, 2025 and 2024

Contents

Page

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

GRANT THORNTON LLP

27777 Franklin Road, Suite 800
Southfield, MI 48034

D +1 248 262 1950

F +1 248 350 3581

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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. 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. Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

October 31,

	2025	2024
ASSETS		
Investments, at fair value		
Plan interest in Master Trust	\$ -	\$ 135,263,542
Company contribution receivable	-	1,623,000
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 136,886,542

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

Bridgestone Americas, Inc. Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended October 31,

	2025	2024
Additions		
Net investment income from allocable share of Master Trust	9,299,518	\$ 21,576,032
Company contributions	<u>-</u>	<u>1,623,000</u>
Total net additions	<u>9,299,518</u>	<u>23,199,032</u>
Deductions		
Benefit payments	(11,769,780)	(7,868,861)
Administrative expenses	<u>(650,566)</u>	<u>(768,123)</u>
Total net deductions	<u>(12,420,346)</u>	<u>(8,636,984)</u>
NET (DECREASE) INCREASE PRIOR TO TRANSFER	(3,120,828)	14,562,048
Transfer out due to merger (Note A)	<u>(133,765,714)</u>	<u>-</u>
NET (DECREASE) INCREASE AFTER TRANSFER	(136,886,542)	14,562,048
Net assets available for benefits		
Beginning of year	<u>136,886,542</u>	<u>122,324,494</u>
End of year	<u><u>\$ -</u></u>	<u><u>\$ 136,886,542</u></u>

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

Bridgestone Americas, Inc. 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. 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 substantially all employees of Bridgestone Americas, Inc. (the “Company” or “Plan Sponsor”). The Plan provides retirement and death benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective October 31, 2025, the Plan merged into the Bridgestone Americas, Inc. Salaried Employees Retirement Plan (the “Salaried Plan”). As a result of the merger, assets of \$133,765,714 were transferred.

The following provisions were in place prior to the merger into the Salaried Plan.

Transfers of assets between the Plan and affiliated Bridgestone Americas, Inc. plans occur as participants change job classifications.

Supplement 1 of the Plan, offering a cash balance benefit, covers employees who had an employment date or reemployment date on or after July 1, 2003 and before January 1, 2013 and only includes those employees who are: (i) not represented by a designated collective bargaining agent (including non-exempt production employees employed by Bridgestone Americas Tire Operations, LLC at its Wilson, North Carolina facility); or (ii) the Company has a contract with a designated bargaining agent providing coverage under Supplement 1; or (iii) an employee of Bridgestone Brands, LLC who is a U.S. citizen; or (iv) an employee of Bridgestone Golf, Inc.; or (v) a U.S. citizen who (A) is employed by a foreign subsidiary, (B) is covered by an agreement with such subsidiary under the Social Security Act, and (C) is not a participant in a plan of a foreign subsidiary; or (vi) an employee classified by Bridgestone Bandag, LLC or Kendon Corporation as a U.S. hourly employee who is not represented by a collective bargaining agent and who has an employment date or a reemployment date on or after January 1, 2009.

Supplement 2 of the Plan, previously known as the Bandag Pension Plan, covers employees hired before June 15, 2006 with Bridgestone Bandag, LLC and its predecessor companies except for: (a) employees represented by a collective bargaining agent, unless the Company and the agent have agreed to participation under Supplement 2; and (b) leased employees; and (c) students who work either under a formal accredited part of the regular curriculum or solely during vacation and between school terms. On July 15, 2006, the Plan was closed to new entrants or re-entrants. No employees hired on or after this date were eligible to participate in the Plan, and effective December 31, 2006, all benefit accruals were frozen for the pension benefit. Effective January 1, 2009, those still employed and with a frozen pension benefit became eligible for a cash balance benefit.

All cash balance benefit accruals in Supplement 1 and Supplement 2 were frozen effective December 31, 2017.

Certain full-time salaried and hourly non-bargaining employees hired or rehired on or after January 1, 2014 who are eligible to participate in the Bridgestone Americas, Inc. Tax-Efficient Savings Plan (“TESP”), receive a Company-paid capital accumulation contribution to their TESP account in lieu of a cash balance contribution in the Plan.

Bridgestone Americas, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
October 31, 2025 and 2024

Pension Benefits

Employees who are eligible for the pension benefit and have five years of service when they separate from the Company are eligible for pension benefits at normal retirement age (65). Such benefits are based on a flat dollar amount or five-year average salary formula times years of service. Salary and years of service were frozen as of December 31, 2006. The Plan permits early retirement, generally, at ages 55 to 64 with at least 10 years of service, with a reduced benefit. Employees will receive pension benefits in the form of a qualified joint survivor annuity, unless both the employee and spouse agree to waive such survivor coverage at retirement. Certain other optional forms of benefit payments are also available, including a lump-sum if the lump-sum value is less than \$30,000. On and after July 1, 2020, the Company added a lump sum option for participants to allow immediate benefit commencement dates for all Plan benefit payments payable in a lump sum, regardless of amount. If employees terminate before rendering five years of service, they forfeit the right to receive Plan benefits.

Cash Balance Benefits, Supplement 1

For periods beginning on January 1, 2016 and ending on October 31, 2016, to be credited on October 31, 2016, and for each plan year beginning on or after November 1, 2016, to be credited at the end of each plan year, the cash balance benefit for participants is equal to the product of the participant's earnings, while a covered employee for such period, multiplied by a percentage factor, based on age plus years of service as indicated below:

<u>Age Plus Years of Benefit Service</u>	<u>Percentage of Earnings</u>
Less than 30	2.50%
At least 30 but less than 40	3.00%
At least 40 but less than 50	3.50%
At least 50 but less than 60	4.00%
At least 60 but less than 70	4.50%
70 or more	5.00%

For each plan year or period with which cash balance credits are credited with Age Plus Years of Benefit Service, it is the sum of (a) the participant's age as of the end of the plan year or period, as applicable, in full years and full months, and (b) the participant's years of benefit service as of the end of the plan year or period, as applicable.

Effective October 31, 2010, under *Supplement 1*, through December 31, 2015, former participants in the Bridgestone Cash Balance Plan were transferred into the Plan. The cash balance benefit for the transferred participants, effective for periods commencing after November 1, 2002 but prior to November 1, 2015, is equal to the participant's earnings, while a covered employee for such plan year, multiplied by a percentage factor, based on years of service as indicated below:

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

Bridgestone Americas, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
October 31, 2025 and 2024

Each participant's account will receive an interest credit equal to the greater of 4.70% or the rate associated with the 30-year U.S. Treasury securities quotes for the September immediately preceding the Plan year. Benefits provided by this feature shall be equal to the greater of the participant's cash balance benefit or an amount equal to the actuarial equivalent present value of the participant's accrued benefit payable in the form of an immediate lump sum payment.

Cash Balance Benefits, Supplement 2

For periods beginning on January 1, 2016 and ending on October 31, 2016, to be credited on October 31, 2016, and for each plan year beginning on or after November 1, 2016, to be credited at the end of each plan year, the cash balance benefit for participants is equal to the product of the participant's earnings, while a covered employee for such period, multiplied by a percentage factor, based on age plus years of service as indicated below:

<u>Age Plus Years of Benefit Service</u>	<u>Percentage of Earnings</u>
Less than 30	2.50%
At least 30 but less than 40	3.00%
At least 40 but less than 50	3.50%
At least 50 but less than 60	4.00%
At least 60 but less than 70	4.50%
70 or more	5.00%

For each plan year or period with which cash balance credits are credited with Age Plus Years of Benefit Service, it is the sum of (a) the participant's age as of the end of the plan year or period, as applicable, in full years and full months, and (b) the participant's years of benefit service as of the end of the plan year or period, as applicable.

Effective January 1, 2009, under *Supplement 2*, through December 31, 2015, a cash balance component was added. Eligible employees were United States salaried full-time employees hired prior to July 1, 2008 and United States hourly full-time employees hired prior to January 1, 2009. This supplement to the Plan uses total years of service with the Company to determine vesting, with benefits beginning to accrue on January 1, 2009. The cash balance credit, which is to be credited to participant accounts on October 31 of each plan year prior to November 1, 2015, is calculated by multiplying a participant's eligible annual earnings, beginning on or after January 1, 2009 by a percentage factor as indicated below:

<u>Years of Credited Service</u>	<u>Percentage of Earnings</u>
First 10 years	3.00%
10 years but less than 15 years	3.25%
15 years but less than 20 years	4.25%
20 years or more	5.50%

As of the last day of each plan year commencing on or after November 1, 2009, 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 U.S. Treasury securities for the September immediately preceding the plan year for which the interest is being credited.

Bridgestone Americas, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
October 31, 2025 and 2024

Death and Disability Benefits

If a participant has reached age 40 and has completed at least 15 years of service and whose employment severance occurs due to a disability, they shall be entitled to a disability pension beginning on the first day of the month following their normal retirement date. The benefit calculation will not include average monthly compensation nor credited service after December 31, 2006, except for those whose disability commenced prior to that date.

If the participant's death is post-retirement, benefits will only be paid to a surviving spouse, if the participant selected the joint and survivor annuity option or the period certain annuity form of payment. If the participant's death is pre-retirement, benefits will be paid only to an eligible spouse, if any, and only if the participant completed five or more years of service, or under certain limited circumstances, three or more years of service.

With respect to former Bridgestone Cash Balance participants, if an active employee dies at or after eligibility for a vested benefit, but before retirement, a preretirement survivor benefit is payable to the qualified spouse.

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.

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.

Bridgestone Americas, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
October 31, 2025 and 2024

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.

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	\$ 21,339,667
Other participants	<u>100,411,865</u>
Total vested benefits	121,751,532
Non-vested benefits	<u>1,022,461</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 122,773,993</u>

Bridgestone Americas, Inc. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
October 31, 2025 and 2024

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:	\$ 118,100,127
Increase (decrease) during the year attributable to:	
Actuarial loss	527,915
Decrease in the discount period	6,853,380
Benefits paid to participants and beneficiaries	(7,868,861)
Change in assumptions	<u>5,161,432</u>
Net increase during the year	<u>4,673,866</u>
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 122,773,993</u>

The change in assumptions is primarily the result in the decrease in the discount rate from 6.00% as 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 the Plan Sponsor's 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.

Effective October 31, 2025, as a result of the merger of the Plan into the Salaried Plan, approximately \$119,000,000 of accumulated benefits were transferred to the Salaried Plan. This amount was the remaining accumulated benefits as of the date of the merger.

NOTE D - FUNDING POLICY

The Company's funding policy is to make contributions to the Bridgestone Americas, Inc. Master Pension Trust ("Master Trust"). Contributions under the funding policy is for the benefit of the Plan on the basis of an annual actuarial determination of the Plan's liabilities in accordance with ERISA. The amounts of contributions are intended to maintain funding levels in the Plan that will meet current obligations to participants of the Plan and amortize unfunded liabilities. Additionally, the Company may elect to make discretionary contributions for strategic funding purposes. The Company met or exceeded the minimum funding requirements of ERISA for the years ended October 31, 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 Bridgestone Americas Inc. Hourly Employees Retirement Plan, the Bridgestone Americas, Inc. Non-Contributory Plan, and the Bridgestone Americas, Inc. Salaried Plan as of October 31, 2025 ("Affiliated Plans"). As of October 31, 2024, the Master Trust included the 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 Trustee. At October 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust

Bridgestone Americas, Inc. Retirement Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

October 31, 2025 and 2024

was approximately 0% and 6.84%, 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.

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 stock	\$ 77,033,636	\$ -	\$ 95,879,465	\$ 6,555,624
Corporate bonds	1,010,413,939	-	963,875,474	65,903,636
Collective investment funds	456,066,588	-	501,160,230	34,266,129
Real estate partnerships	15,144,168	-	14,701,831	1,005,217
Government securities	107,927,694	-	101,616,213	6,947,867
Cash and short-term investments	30,103,239	-	39,727,318	2,716,300
Securities lending collateral	226,090,830	-	251,736,597	17,212,138
	<u>1,922,780,094</u>	<u>-</u>	<u>1,968,697,128</u>	<u>134,606,911</u>
Securities loaned:				
Common stock	9,931,694	-	7,343,558	502,105
Corporate bonds	166,868,905	-	209,583,095	14,329,951
Government securities	43,881,284	-	29,017,103	1,984,004
	<u>220,681,883</u>	<u>-</u>	<u>245,943,756</u>	<u>16,816,060</u>
Total investments at fair value	2,143,461,977	-	2,214,640,884	151,422,971
Plus: accrued interest and dividends	15,706,325	-	15,396,417	1,052,709
Minus: obligation to return securities lending collateral	<u>(226,090,830)</u>	<u>-</u>	<u>(251,736,597)</u>	<u>(17,212,138)</u>
Total	<u>\$ 1,933,077,472</u>	<u>\$ -</u>	<u>\$ 1,978,300,704</u>	<u>\$ 135,263,542</u>

For the years ended October 31, 2025 and 2024, the following are the net 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	\$ 4,640,704	\$ 245,571,755	\$ 16,741,048
Investment income	67,714,131	4,658,814	68,458,782	4,834,984
Total	<u>\$ 135,346,212</u>	<u>\$ 9,299,518</u>	<u>\$ 314,030,537</u>	<u>\$ 21,576,032</u>

Bridgestone Americas, Inc. 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. 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 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. 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 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. Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
October 31, 2025 and 2024

The table below sets 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. 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. 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. 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 during the plan year 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 sections 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	
	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.	No.	Avg. Bft.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		18		23	3,759	0		0		0		0		0		0		0	
35 - 39	0		37	3,442	134	5,148	37	7,244	0		0		0		0		0		0	
40 - 44	0		30	3,012	141	5,182	136	8,131	0		0		0		0		0		0	
45 - 49	0		21	3,211	132	4,660	141	7,374	0		0		0		0		0		0	
50 - 54	0		23	2,399	149	6,233	156	6,554	0		0		0		0		0		0	
55 - 59	0		22	1,720	144	5,973	139	5,861	0		0		0		0		0		0	
60 - 64	0		9		122	7,443	75	4,976	0		0		0		0		0		0	
65 - 69	0		4		30	10,020	18		0		0		0		0		0		0	
70 & Over	0		0		9		3		0		0		0		0		0		0	

Note: The plan is "hard frozen" and the average accrued benefits are in lieu of compensation

Plan Name: Bridgestone Americas, Inc. Retirement Plan
 EIN / PN: 88-0335067/019
 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	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		18		23	11,008	0		0		0		0		0		0		0	
35 - 39	0		37	11,832	134	18,182	37	26,434	0		0		0		0		0		0	
40 - 44	0		30	13,236	141	22,010	136	35,301	0		0		0		0		0		0	
45 - 49	0		21	17,597	132	24,068	141	38,347	0		0		0		0		0		0	
50 - 54	0		23	16,068	149	32,545	156	40,274	0		0		0		0		0		0	
55 - 59	0		22	14,768	144	31,676	139	42,679	0		0		0		0		0		0	
60 - 64	0		9		122	36,541	75	46,635	0		0		0		0		0		0	
65 - 69	0		4		30	43,012	18		0		0		0		0		0		0	
70 & Over	0		0		9		3		0		0		0		0		0		0	

Plan Name: Bridgestone Americas, Inc. Retirement Plan
 EIN / PN: 88-0335067/019
 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: 5.00%
	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:		5.35%

Annual rates of increase:

- 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.

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

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, service and location

Representative Termination Rates					
Wilson Teammates		Non-Wilson Teammates		Non-Wilson Teammates	
Representative rates:		Representative rates: for <10 years of service:		Representative rates: for ≥10 years of service:	
Age	Rate	Age	Rate	Age	Rate
35	6.00%	35	15.00%	35	8.00%
40	4.00%	40	15.00%	40	8.00%
45	4.00%	45	15.00%	45	8.00%
50	4.00%	50	15.00%	50	8.00%

Disability

Representative Disability Rates			
Bandag Teammates		Non-Bandag Teammates	
Age	Rate	Age	Rate
25	0.04%	25	0.05%
40	0.12%	40	0.15%
55	0.72%	55	0.48%

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Retirement Rates			
Hourly/Production		Salaried	
Age	Rate	Age	Rate
55-61	5.00%	55-61	10.00%
62-69	20.00%	62-69	20.00%
70+	100.00%	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 (Bandag teammates):
- 50% of teammates are assumed to elect a single lump sum, 50% elect in proportion the assumptions described below:
 - Single: 100% elect a single life annuity.
 - Married: 36% elect 50% joint and survivor, 36% elect 100% joint and survivor and 28% elect a single life annuity.
- Cash balance: single lump sum.

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.

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

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 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	Plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
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.

Plan Name:	Bridgestone Americas, Inc. Retirement Plan
EIN / PN:	88-0335067/019
Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

WTW used audited assets provided by BSAM and participant data extracted from BenefitConnect, a system supported by WTW. BSAM furnished the date and amount of the 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.

Plan Name:	Bridgestone Americas, Inc. Retirement Plan
EIN / PN:	88-0335067/019
Plan Sponsor:	Bridgestone Americas, Inc.
Valuation Date:	November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Bridgestone Americas, Inc.
EIN/PN	88-0335067/019
Plan Name	Bridgestone Americas, Inc. 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
--	--	---

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. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 019
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	136,829,634	
b Actuarial value	2b	136,829,634	
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	143	20,608,831	20,608,831
b For terminated vested participants	1,714	36,172,217	36,172,217
c For active participants	1,753	64,137,053	65,183,167
d Total	3,610	120,918,101	121,964,215
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	5.35%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	768,123	
c Target normal cost	6c	768,123	

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	AMH	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)	0	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)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.28</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		739
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>5.21</u> %		39
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		778
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	112.18 %
15 Adjusted funding target attainment percentage	15	112.18 %
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	97.94 %
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 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	768,123
b Excess assets, if applicable, but not greater than line 31a		31b	768,123
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 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)
Hourly				
55	0.050	1,000.00	50.00	2,750.00
56	0.050	950.00	47.50	2,660.00
57	0.050	902.50	45.13	2,572.13
58	0.050	857.38	42.87	2,486.39
59	0.050	814.51	40.73	2,402.79
60	0.050	773.78	38.69	2,321.34
61	0.050	735.09	36.75	2,242.03
62	0.200	698.34	139.67	8,659.38
63	0.200	558.67	111.73	7,039.24
64	0.200	446.94	89.39	5,720.78
65	0.200	357.55	71.51	4,648.13
66	0.200	286.04	57.21	3,775.71
67	0.200	228.83	45.77	3,066.34
68	0.200	183.06	36.61	2,489.68
69	0.200	146.45	29.29	2,021.04
70	1.000	117.16	117.16	8,201.31
			1,000.00	63,056.29

Weighted Average Retirement Age: 63,056.29 / 1,000.00 = 63.06

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Salaried

55	0.100	1,000.00	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	0.100	590.49	59.05	3,542.94
61	0.100	531.44	53.14	3,241.79
62	0.200	478.30	95.66	5,930.88
63	0.200	382.64	76.53	4,821.23
64	0.200	306.11	61.22	3,918.21
65	0.200	244.89	48.98	3,183.54
66	0.200	195.91	39.18	2,586.02
67	0.200	156.73	31.35	2,100.16
68	0.200	125.38	25.08	1,705.20
69	0.200	100.31	20.06	1,384.22
70	1.000	80.24	80.24	5,617.14
			1,000.00	61,287.54

Weighted Average Retirement Age: 61,287.54 / 1,000.00 = 61.29

Employee Average

		# of employees			
Hourly	Total	232	*	63.06	= 14,629.06
Salaried	Total	1,521	*	61.29	= 93,222.09
Total		1,753			107,851.15
Average					61.52

Plan Name: Bridgestone Americas, Inc. Retirement Plan
 EIN / PN: 88-0335067/019
 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	7,115,257	2,507,732	2,452,272	12,075,261
2025	6,591,840	1,055,613	2,154,736	9,802,189
2026	6,357,639	1,301,302	2,091,326	9,750,267
2027	6,034,851	1,692,557	2,020,686	9,748,094
2028	5,799,912	2,087,272	1,943,229	9,830,413
2029	5,520,898	1,757,274	1,857,015	9,135,187
2030	5,118,186	1,828,891	1,764,414	8,711,491
2031	5,025,400	2,231,808	1,669,129	8,926,337
2032	4,663,270	2,407,246	1,570,135	8,640,651
2033	4,346,197	2,218,931	1,468,765	8,033,893
2034	4,014,690	2,566,499	1,366,127	7,947,316
2035	3,839,993	3,072,559	1,263,403	8,175,955
2036	3,601,836	2,543,018	1,161,749	7,306,603
2037	3,453,092	2,839,892	1,062,246	7,355,230
2038	3,240,302	2,561,086	962,846	6,764,234
2039	3,038,235	3,314,297	866,803	7,219,335
2040	2,841,831	2,621,428	778,136	6,241,395
2041	2,532,651	3,251,773	694,527	6,478,951
2042	2,477,339	3,111,803	616,327	6,205,469
2043	2,408,301	3,120,992	543,739	6,073,032
2044	2,185,416	4,190,696	476,840	6,852,952
2045	2,123,913	3,528,396	415,601	6,067,910
2046	1,906,323	3,721,184	359,897	5,987,404
2047	1,659,147	2,656,710	309,541	4,625,398
2048	1,588,086	2,905,511	264,299	4,757,896
2049	1,507,948	2,795,802	223,912	4,527,662
2050	1,365,880	2,652,432	188,114	4,206,426
2051	1,098,143	1,708,086	156,628	2,962,857
2052	902,982	1,381,232	129,175	2,413,389
2053	814,089	1,290,770	105,478	2,210,337
2054	705,073	739,738	85,245	1,530,056
2055	570,208	693,935	68,170	1,332,313
2056	461,974	399,917	53,939	915,830
2057	402,472	423,446	42,229	868,147
2058	330,059	295,843	32,721	658,623
2059	286,806	229,541	25,103	541,450
2060	241,931	202,459	19,078	463,468
2061	206,294	177,548	14,374	398,216
2062	185,298	154,849	10,744	350,891
2063	153,081	134,356	7,974	295,411
2064	131,866	116,022	5,881	253,769
2065	112,598	99,762	4,314	216,674
2066	95,283	85,460	3,148	183,891
2067	79,889	72,976	2,286	155,151

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

2068	66,344	62,150	1,653	130,147
2069	54,557	52,820	1,189	108,566
2070	44,408	44,820	851	90,079
2071	35,766	37,987	607	74,360
2072	28,492	32,167	430	61,089
2073	22,438	27,220	303	49,961

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions – BAI Retirement Plan

Plan effective	November 1, 2008
Last change effective	November 1, 2023
Covered employees	BSAM salaried teammates hired on or after July 1, 2003 and prior to January 1, 2014, and all Bandag teammates hired prior to January 1, 2014.
Type of plan	Frozen cash balance (plus potential frozen annuity benefit for Bandag teammates hired prior to January 1, 2007).
Plan status for PBGC reporting	Benefits frozen.
Normal form	Single life annuity for single participants (except frozen benefit for Muscatine participants which is payable as a five-year certain and life annuity); 50% joint and survivor annuity for married participants.
Membership service	From date of hire.
Credited service	From date of hire (January 1, 2006, if later, for Morgan Tire and January 1, 2009, if later, for cash balance accruals for Bandag). Credited service ceased on December 31, 2017 (i.e., pay credits ceased and benefit was “frozen”).
Pension earnings	Regular basic salary or wages plus overtime, bonuses, commissions and certain payments received under BSAM’s incentive payment plans.

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Accumulated benefit

Cash balance formula with annual cash balance credits based on attained credited service, as summarized below:

- Prior to January 1, 2016

Years of Credited Service	Annual Company Credit (BSAM)	Annual Company Credit (Bandag)*
<5	2.00%	3.00%
5 – 9	2.50%	3.00%
10 – 14	3.25%	3.25%
15 – 19	4.25%	4.25%
>19	5.50%	5.50%

- January 1, 2016 to December 31, 2017

Points (Age plus Years of Credited Service)	Annual Company Credit (BSAM)	Annual Company Credit (Bandag)*
<30	2.50%	2.50%
30 – 39	3.00%	3.00%
40 – 49	3.50%	3.50%
50 – 59	4.00%	4.00%
60 – 69	4.50%	4.50%
>69	5.00%	5.00%

*Salaried teammates hired prior to June 1, 2008, and hourly teammates hired prior to January 1, 2009.

Annual interest credits are also applied which are equal to the greater of 4.70% or the 30-year Treasury Rate for September immediately preceding the plan year.

Bandag teammates also have a frozen benefit as of December 31, 2006.

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits – BAI Retirement Plan

Benefit	Age	Service	Description
Normal retirement	65	3	Cash balance benefit payable immediately, determined as of retirement date.
Early retirement		3	Cash balance benefit payable immediately, determined as of retirement date.
Postponed retirement	>65	3	Cash balance benefit payable no later than age 70½, determined as of retirement date.
Vested termination		3	Cash balance benefit with interest credited to the participant's deferred date of commencement.
Disablement		3	Cash balance determined as of date of disablement plus an extra two years of credited service (including cash balance and interest credits for those years), but not beyond December 31, 2019.
Preretirement death		3	50% of the actuarial equivalent 50% joint & survivor annuity immediately before death.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There were no changes to the benefits valued.

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
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.

Plan Name: Bridgestone Americas, Inc. Retirement Plan
EIN / PN: 88-0335067/019
Plan Sponsor: Bridgestone Americas, Inc.
Valuation Date: November 1, 2024