

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>COOPER-STANDARD AUTOMOTIVE INC. COLLECTIVELY BARGAINED RETIREMENT PLAN GAYLORD UAW LOCAL 388</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1954</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0549970</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>248-596-5900</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>336300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1954</u>		2b Employer Identification Number (EIN) <u>34-0549970</u>		2c Plan Sponsor's telephone number <u>248-596-5900</u>		2d Business code (see instructions) <u>336300</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>01/01/1954</u>											
2b Employer Identification Number (EIN) <u>34-0549970</u>											
2c Plan Sponsor's telephone number <u>248-596-5900</u>											
2d Business code (see instructions) <u>336300</u>											
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) <u>COOPER-STANDARD AUTOMOTIVE INC.</u> <u>40300 TRADITIONS DR.</u> <u>NORTHVILLE, MI 48168</u>											

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.	10/05/2021	AARON PRINCE
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 261
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 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) 53 6a(2) 43 6b 147 6c 30 6d 220 6e 35 6f 255 6g 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:

1B 1I

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ 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 COOPER-STANDARD AUTOMOTIVE INC. COLLECTIVELY BARGAINED RETIREMENT PLAN GAYLORD UAW LOCAL 388	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COOPER-STANDARD AUTOMOTIVE INC.	D Employer Identification Number (EIN) 34-0549970
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 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	12091004	
b	Actuarial value	2b	11494672	
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.....	178	6242716	6242716
b	For terminated vested participants.....	30	590273	590273
c	For active participants	53	2476729	2549216
d	Total.....	261	9309718	9382205
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	5.26 %	
6	Target normal cost.....	6	61000	

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.

<div>SIGN HERE</div>	<div>09/21/2021</div> <div>Signature of actuary</div> <div>MELISSA MAYEA</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>TRAVELERS TOWER 26555 EVERGREEN ROAD SUITE 1600 SOUTHFIELD, MI 48076</div> <div>Address of the firm</div>	<div>Date</div> <div>20-07650</div> <div>Most recent enrollment number</div> <div>248-936-7700</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2179543
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	124503
9 Amount remaining (line 7 minus line 8)	0	2055040
10 Interest on line 9 using prior year's actual return of <u>21.12</u> %	0	434024
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2489064

Part III Funding Percentages

14 Funding target attainment percentage	14	95.98 %
15 Adjusted funding target attainment percentage	15	122.51 %
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	95.82 %
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:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

63

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** Is the plan required to provide a Schedule of Active Participants? 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 6) **31a** 61000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment 376597 68701**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** 129701**35** Balances elected for use to offset funding requirement Carryover balance Prefunding balance Total balance 0 129701 129701**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 Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<p>A Name of plan <u>COOPER-STANDARD AUTOMOTIVE INC. COLLECTIVELY BARGAINED RETIREMENT PLAN GAYLORD UAW LOCAL 388</u></p>	<p>B Three-digit plan number (PN) ▶ <u>003</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COOPER-STANDARD AUTOMOTIVE INC.</u></p>	<p>D Employer Identification Number (EIN) <u>34-0549970</u></p>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COOPER STANDARD MASTER TRUST</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>COOPER STANDARD AUTOMOTIVE INC</u></p>		
<p>c EIN-PN <u>26-6611154-001</u></p>	<p>d Entity code <u>M</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13062443</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
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<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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
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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)

(Complete as many entries as needed to report all participating plans)

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
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plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>COOPER-STANDARD AUTOMOTIVE INC. COLLECTIVELY BARGAINED RETIREMENT PLAN GAYLORD UAW LOCAL 388</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COOPER-STANDARD AUTOMOTIVE INC.</u>	D Employer Identification Number (EIN) <u>34-0549970</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	12091004
(12) Value of interest in 103-12 investment entities		1c(12)	13062443
(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	12091004	13062443

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	12091004	13062443
---	-----------	----------	----------

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)		0
(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)		0

		(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)		1693026
(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		1693026

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	721587	
(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)		721587
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		721587

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		971439
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GILMORE, JASION MAHLER LTD

(2) EIN: 34-1827159

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4298854.

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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>COOPER-STANDARD AUTOMOTIVE INC. COLLECTIVELY BARGAINED RETIREMENT PLAN</u> <u>GAYLORD UAW LOCAL 388</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COOPER-STANDARD AUTOMOTIVE INC.</u>	D Employer Identification Number (EIN) <u>34-0549970</u>

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	<u>0</u>
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): <u>36-3046063</u>		
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	<u>1</u>

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) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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:	14a	
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).....	14b	
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).....	14c	
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).....		
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:	15a	
a The corresponding number for the plan year immediately preceding the current plan year.....	15b	
b The corresponding number for the second preceding plan year		
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a	
a Enter the number of employers who withdrew during the preceding plan year	16b	
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.....		
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) through (c)
- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
- 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 _____

**COOPER-STANDARD AUTOMOTIVE INC.
COLLECTIVELY BARGAINED RETIREMENT PLAN –
GAYLORD UAW LOCAL 388
FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2020 AND 2019**

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INDEPENDENT AUDITOR'S REPORT

Benefits Plan Committee and Plan Participants

Cooper-Standard Automotive Inc.

Collectively Bargained Retirement Plan – Gaylord UAW Local 388
Northville, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan – Gaylord UAW Local 388 (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by The Northern Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gilmore Jason Mahler, LTD

Maumee, Ohio
September 29, 2021

COOPER-STANDARD AUTOMOTIVE INC.
COLLECTIVELY BARGAINED RETIREMENT PLAN – GAYLORD UAW LOCAL 388
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Investments, at fair value:		
Interest in Master Trust	<u>\$ 13,062,443</u>	<u>\$ 12,091,004</u>
Net assets available for benefits	<u><u>\$ 13,062,443</u></u>	<u><u>\$ 12,091,004</u></u>

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

COOPER-STANDARD AUTOMOTIVE INC.
COLLECTIVELY BARGAINED RETIREMENT PLAN – GAYLORD UAW LOCAL 388
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Net investment income from Master Trust	\$ 1,765,057	\$ 2,180,023
Benefit and withdrawal payments	(721,587)	(723,510)
Administrative expenses	<u>(72,031)</u>	<u>(71,623)</u>
Net increase	971,439	1,384,890
Net assets available for benefits:		
Net assets available for benefits at beginning of year	<u>12,091,004</u>	<u>10,706,114</u>
Net assets available for benefits at end of year	<u><u>\$ 13,062,443</u></u>	<u><u>\$ 12,091,004</u></u>

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

COOPER-STANDARD AUTOMOTIVE INC.
COLLECTIVELY BARGAINED RETIREMENT PLAN – GAYLORD UAW LOCAL 388
NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

Note 1—Description of the Plan

The following brief description of the Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan – Gaylord UAW Local 388 (the Plan) provides only general information. Participants should refer to their specific Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering all employees of Cooper-Standard Automotive Inc. (the Plan Sponsor) who are covered by the collectively bargained agreement between International Union, United Automobile, Aerospace and Agricultural Implement Workers of America Local 388 (the Union) at the Plan Sponsor's Gaylord facility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan has an agreement with The Northern Trust Company (the Trustee) to act as trustee of the Plan's assets. A master trust was formed with other plans administered by the Plan Sponsor to hold and administer all of the Plan's assets. See Note 5 for master trust disclosures.

The amount of any pension benefit otherwise available may be reduced by certain disability payments (but not payments under the Federal Insurance Contribution Act). The Plan provides certain survivor and disability benefits, and various optional forms of payment, some actuarially reduced.

Effective July 1, 2012, the Plan was frozen and no participants will be eligible to accrue additional service in the Plan. Additionally, no new participants may enter the Plan.

Eligibility

All employees subject to the collective bargaining agreement between the Plan Sponsor and International Union, United Automobile, Aerospace and Agricultural Implement Workers of America Local 388 are eligible for participation in the Plan. The current bargaining agreement is effective through March 12, 2022.

Funding policy/contributions

The Plan is funded entirely through contributions made by the Plan Sponsor. The Plan Sponsor contributes such amounts as are deemed necessary on an actuarial basis to provide the master trust with assets sufficient to meet the benefits to be paid to the Plan's participants. The contributions are designed to fund current service costs and to fund prior service costs over a period of ten to twenty years. The Plan Sponsor's contributions for 2020 and 2019 exceeded the minimum funding requirements of ERISA.

Vesting

Participants were vested after five years of continuous credited service.

COOPER-STANDARD AUTOMOTIVE INC.
COLLECTIVELY BARGAINED RETIREMENT PLAN – GAYLORD UAW LOCAL 388
NOTES TO FINANCIAL STATEMENTS – CONTINUED
December 31, 2020 and 2019

Note 1—Description of the Plan—continued

Pension benefits

Participants are entitled to monthly pension benefits equal to the amount specified in the plan agreement, which was increased effective March 18, 2008, multiplied by the years of continuous credited service at the time of termination or retirement. If termination occurs prior to eligibility for an immediate pension benefit, vested participants may elect to receive a lump sum distribution in lieu of a deferred pension benefit.

Termination of the Plan

While the Plan Sponsor has not expressed any intent to terminate the Plan or its contributions thereto, it has the right to do so at any time, subject to the provisions of ERISA. In the event of partial or total termination of the Plan, participants' benefits become nonforfeitable.

In the event the Plan terminates, its available net assets will be allocated to benefits as prescribed by ERISA, generally in the following order:

- a. Certain annuity benefits that former employees or their beneficiaries are receiving or that employees eligible for retirement would have been receiving had they retired.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) as discussed below.
- c. All other vested benefits.
- d. All non-vested benefits.

The PBGC guarantees most, but not all, vested retirement benefits and certain disability and survivor's pensions. However, there is a statutory ceiling on the amount of any individual's monthly benefit that PBGC guarantees. That 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 other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

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

COOPER-STANDARD AUTOMOTIVE INC.
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December 31, 2020 and 2019

Note 2—Summary of significant accounting policies

Basis of accounting

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

Investments

The fair value of the Plan's interest in the Master Trust is based on the beginning of the year's value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. 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 4 for a discussion of fair value measurements for the underlying assets of the Master Trust.

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

Administrative expenses

The administrative expenses of the Plan are paid by either the Plan Sponsor or the Plan.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Estimates are most significantly utilized in determining the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Subsequent events

The Plan has evaluated subsequent events through September 29, 2021, the date the financial statements were available to be issued and has determined there are no subsequent events that require disclosure.

Note 3—Investments

All investment information for the years ending December 31, 2020 and 2019 disclosed in the accompanying financial statements, including investments held at December 31, 2020 and 2019, interest and dividends and net appreciation (depreciation) in fair value of investments and investment fees and expenses for the years ended December 31, 2020 and 2019, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee, as of and for the years ended December 31, 2020 and 2019. Such information has not been examined by independent auditors.

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Note 4—Fair value measurements

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

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

Level 2. Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used by the Master Trust for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual Funds and Money Market Fund – These are valued at quoted market prices based on daily closing price on the exchange or system in which the funds are principally traded.

Real estate funds – These are valued on the relevant business day with an evaluation price based on the total value of the security for a client's share of the holdings.

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

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December 31, 2020 and 2019

Note 4– Fair value measurements—continued

The following tables set forth, by level, within the fair value hierarchy, the Master Trust’s assets carried at fair value:

Description	Total	Fair Value Measurements at December 31, 2020		
		Using		
		Level (1)	Level (2)	Level (3)
Mutual funds	\$ 240,726,131	\$ 240,726,131	\$ 0	\$ 0
Money market fund	1,865,696		1,865,696	
Total investments in the fair value hierarchy	242,591,827	\$ 240,726,131	\$ 1,865,696	\$ 0
Investments measured at net asset value ^(a)	25,069,935			
Total investment assets at fair value	\$ 267,661,762			

Description	Total	Fair Value Measurements at December 31, 2019		
		Using		
		Level (1)	Level (2)	Level (3)
Mutual funds	\$ 216,823,525	\$ 216,823,525	\$ 0	\$ 0
Money market fund	2,555,494		2,555,494	
Total investments in the fair value hierarchy	219,379,019	\$ 216,823,525	\$ 2,555,494	\$ 0
Investments measured at net asset value ^(a)	25,569,782			
Total investment assets at fair value	\$ 244,948,801			

(a) In accordance with Subtopic 820-10, certain investments that were measured at the net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The table below represents two real estate funds measured at fair value using net asset value per share as a practical expedient as of December 31, 2020 and 2019:

	Unfunded commitments	Redemption frequency	Redemption notice period
Principal US Property	None	Daily	24 hours
Trumbull Property Fund LP	None	Quarterly	60 days

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Note 5—Master Trust

Investments within the Master Trust are valued at their fair value as determined by the Trustee. The Plan's interest in the Master Trust is determined by the Plan's relative asset value to the Master Trust's total asset value at the end of the year. Although assets of participating plans are commingled, supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans are maintained. The net investment income (loss) and administrative expenses of the investment assets are allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. The following has been derived from information certified as complete and accurate by the Trustee, as of and for the years ended December 31, 2020 and 2019.

The following presents the values of investments in the Master Trust as of December 31:

	<u>2020</u>	<u>2019</u>
Mutual funds	\$ 240,726,131	\$ 216,823,525
Real estate funds	25,069,935	25,569,782
Money market funds	1,865,696	2,555,494
Total investments of the Master Trust	<u>\$ 267,661,762</u>	<u>\$ 244,948,801</u>

The following presents the values of investments in the Plan as of December 31:

	<u>2020</u>	<u>2019</u>
Mutual funds	\$ 11,747,929	\$ 10,702,702
Real estate funds	1,223,464	1,262,159
Money market funds	91,050	126,143
Plan's investment in the Master Trust	<u>\$ 13,062,443</u>	<u>\$ 12,091,004</u>

Plan's percentage investment in the Master Trust	4.88%	4.94%
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Investment income for the Master Trust for the years ended December 31:

	<u>2020</u>	<u>2019</u>
Total net realized and unrealized gain on investments	\$ 35,403,393	\$ 51,720,170
Dividends	630,377	826,164
Net investment gain	<u>\$ 36,033,770</u>	<u>\$ 52,546,334</u>

Note 6—Federal income tax status

The Plan has received a determination letter from the Internal Revenue Service dated February 23, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code), and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes that the Plan is qualified and the related trust is tax exempt.

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Note 6—Federal income tax status - continued

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that 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 taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7—Party-in-interest transactions

Certain Plan investments are shares of mutual funds managed by the Trustee, and therefore, these transactions qualify as party-in-interest transactions. There are no known prohibited transactions with a party-in-interest.

Note 8—Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired employees or their beneficiaries, (b) terminated employees with vested benefits, (c) beneficiaries of employees who have died, and (d) present employees or their beneficiaries. Benefits for active employees under the Plan are based on the employees' years of credited service computed to the nearest completed 1/12 of a year, multiplied by the pension amount in effect on the valuation date. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 dates of payment.

Significant actuarial assumptions used in performing the valuations include: (1) interest rate of 5.75 percent in 2020 and 6.50 percent in 2019; (2) mortality based on the Pri-2012 Employees table with blue collar adjustments for non-annuitants, Pri-2012 Healthy Retirees table with blue collar adjustments, and Pri-2012 Contingent Survivors with blue collar adjustments projected generationally using Scale MP-2019 for 2020 and the RP-2018 Employees table with blue collar adjustments for non-annuitants and RP-2018 Healthy Annuitants table with blue collar adjustments projected generationally using Scale MP-2018 for 2019 (3) probability table of retirement with ages ranging from 55 to 65 with ten years of service; and (4) disability mortality table is the Pri-2012 Disabled Retiree table projected generationally using Scale MP-2019 for males and females for 2020 and RP-2018 Disabled Retiree table projected generationally using Scale MP-2018 for males and females for 2019.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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December 31, 2020 and 2019

Note 8—Actuarial present value of accumulated plan benefits—continued

The actuary has determined the present value of the accumulated plan benefits as of January 1, 2020 and 2019, to be as follows:

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving benefits	\$ 5,793,539	\$ 5,806,653
Other participants	2,881,714	2,554,994
Total vested benefits	<u>8,675,253</u>	<u>8,361,647</u>
Non-vested benefits:	<u>66,442</u>	<u>66,084</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,737,695</u>	<u>\$ 8,427,731</u>

A reconciliation of the changes in the actuarial present value of accumulated plan benefits is summarized as follows:

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits as of January 1, 2019 and 2018	\$ 8,427,731	\$ 8,460,735
Increase (decrease) during year due to:		
Change in assumptions	437,308	(22,813)
Benefits paid	(723,510)	(694,686)
Change in discount period	524,186	527,370
Benefits accumulated and net actuarial losses	<u>71,980</u>	<u>157,125</u>
Actuarial present value of accumulated plan benefits as of January 1, 2020 and 2019	<u>\$ 8,737,695</u>	<u>\$ 8,427,731</u>

Note 9—Risks and uncertainties

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of January 1, 2020

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	1	8	0	2	0	0	0	0	0	0	11
35-39	3	20	26	2	0	0	0	0	0	0	51
40-44	2	35	47	20	0	11	1	0	0	0	116
45-49	2	37	98	42	21	22	11	1	0	0	234
50-54	4	43	104	42	27	34	13	2	2	0	271
55-59	3	42	120	33	19	33	45	10	15	0	320
60-64	1	31	75	21	8	24	19	17	16	9	221
65-69	0	8	17	4	2	2	2	1	2	0	38
70 & over	1	0	2	0	0	0	1	0	0	0	4
Total	17	224	489	166	77	126	92	31	35	9	1,266

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

Plan Name: Cooper-Standard Automotive Inc. Salaried Retirement Plan

EIN / PN: 34-0549970 / 025

Plan Sponsor: Cooper-Standard Automotive Inc.

Valuation Date: January 1, 2020

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Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2020

Number and average cash balance account limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	2	0	0	0	0	0	0	0	0	2
30-34	4	13	3	0	0	0	0	0	0	0	20
35-39	1	18	34	2	0	0	0	0	0	0	55
40-44	2	41	76	15	0	0	0	0	0	0	134
45-49	3	31	81	41	6	1	0	0	0	0	163
50-54	3	42	115	24	5	7	8	0	0	0	204
55-59	2	40	113	18	11	2	0	0	0	0	186
60-64	1	18	39	11	0	3	0	0	0	0	72
65-69	1	5	10	1	0	0	0	0	0	0	17
70 & over	0	0	1	0	0	0	0	0	0	0	1
Total	17	210	472	112	22	13	8	0	0	0	854
		10,154	16,972	53,328	114,827	169,894					25,946

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cooper-Standard Automotive Inc. Salaried Retirement Plan
 EIN / PN: 34-0549970 / 025
 Plan Sponsor: Cooper-Standard Automotive Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant for Non Cash Balance Data as of January 1, 2020

Number and average frozen benefit limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ³										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	4	0	0	0	0	0	0	0	0	4
35-39	1	4	4	5	0	0	0	0	0	0	14
40-44	0	7	16	8	2	2	0	0	0	0	35
45-49	0	3	22	11	22	11	0	0	0	0	69
50-54	0	5	1,549	10	8,192	19	15	1	0	0	5,168
55-59	0	4	1,335	8	7	3	0	0	0	0	6,194
60-64	0	4	1,243	2	4	8	13	11	9	1	7,425
65-69	0	0	14	0	0	0	0	0	0	0	11,539
70 & over	0	0	2	0	0	0	1	0	0	0	2
Total	1	31	131	44	53	50	53	19	12	1	395
		666	1,381	5,953	8,225	9,205	15,130				6,778

³ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cooper-Standard Automotive Inc. Salaried Retirement Plan

EIN / PN: 34-0549970 / 025

Plan Sponsor: Cooper-Standard Automotive Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	3.64%	2.77%
■ Second segment rate	5.21%	3.83%
■ Third segment rate	5.94%	4.28%
■ Effective interest rate	5.26%	3.89%

Plan related expenses \$61,000 of administrative expenses including estimated flat and variable PBGC premiums.

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Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired. Effective July 1, 2012, there are no new participants to the plan as the plan will be frozen.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality for funding

■ Healthy Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backwards to 2006 with MP-2014, and then projected forwards with a static projection as specified in the regulations §430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backwards to 2006 with MP-2014, and then projected forwards with a static projection as specified in the regulations §430(h)(3)-1 using Scale MP-2018).

■ Disabled IRS-prescribed tables for disabled lives.

Termination Rates varying by age and gender

Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Male %	Female %
25	6.80	6.80
30	5.05	5.05
35	3.95	3.95
40	3.25	3.25
45	2.75	2.75
50	2.25	2.25
55	0.00	0.00

Disability 100% of Pension Disability Table (DP-85) class 1 Incidence Rates.

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Retirement

Rates varying by age and gender, average age 62.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage assumed to retire during the year		
Attained Age	Male %	Female %
55	10	10
56-59	5	5
60-61	15	15
62-63	30	30
64	40	40
65	100	100

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained the earliest retirement age.
- Deferred vested benefit Generally, the later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect the normal pension payment option.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit and the assumed form of payment, 80% of eligible male and female participants are assumed to be married.

Spouse age

Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.

Timing of benefit payments

Benefit payments are assumed to be made uniformly throughout the year.

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.11% for 2019 and 6.29% for 2018 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
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.

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Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Cooper Standard and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, 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. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. The valuation interest rate used in ASC 960 determinations was selected by the plan sponsor as a reasonable estimate of net long-term expected return on invested plan assets.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population, adjusted for observed plan experience.

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Disability

Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions, adjusted for observed plan experience.

Retirement

Retirement rates are based on plan sponsor expectations for the future and current economic conditions with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Benefit commencement date for deferred benefits:

- Preretirement death benefit
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.
- Deferred vested benefit
Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
UAW Local 388
EIN / PN: 34-0549970 / 003
Plan Sponsor: Cooper-Standard Automotive Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from, Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$60,000 for the prior valuation to \$61,000 for the current valuation.

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
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SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2020 This Form is Open to Public Inspection															
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>																	
▶ 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 Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord UAW Local 388		B Three-digit plan number (PN) ▶ <u>003</u>															
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COOPER-STANDARD AUTOMOTIVE INC.		D Employer Identification Number (EIN) 34-0549970															
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 <u>01</u> Day <u>01</u> Year <u>2020</u>																	
2 Assets:																	
a Market value		2a <u>12,091,004</u>															
b Actuarial value		2b <u>11,494,672</u>															
3 Funding target/participant count breakdown		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">(1) Number of participants</th> <th style="width: 25%;">(2) Vested Funding Target</th> <th style="width: 25%;">(3) Total Funding Target</th> </tr> </thead> <tbody> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: right;">178</td> <td style="text-align: right;">6,242,716</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: right;">30</td> <td style="text-align: right;">590,273</td> </tr> <tr> <td>c For active participants.....</td> <td style="text-align: right;">53</td> <td style="text-align: right;">2,476,729</td> </tr> <tr> <td>d Total</td> <td style="text-align: right;">261</td> <td style="text-align: right;">9,309,718</td> </tr> </tbody> </table>	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	178	6,242,716	b For terminated vested participants	30	590,273	c For active participants.....	53	2,476,729	d Total	261	9,309,718
(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target															
a For retired participants and beneficiaries receiving payment.....	178	6,242,716															
b For terminated vested participants	30	590,273															
c For active participants.....	53	2,476,729															
d Total	261	9,309,718															
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 <u>5.26%</u>															
6 Target normal cost.....		6 <u>61,000</u>															
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.																	
SIGN HERE	Melissa Mayea	9/21/2021															
Signature of actuary		Date															
Melissa Mayea		2007650															
Type or print name of actuary		Most recent enrollment number															
Willis Towers Watson US LLC		248-936-7700															
Firm name		Telephone number (including area code)															
Travelers Tower 26555 Evergreen Road Suite 1600 Southfield MI 48076																	
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) 2020 v. 200204															

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	2,179,543
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	124,503
9	Amount remaining (line 7 minus line 8)	0	2,055,040
10	Interest on line 9 using prior year's actual return of <u>21.12</u> %	0	434,024
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,489,064

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	95 . 98%
15	Adjusted funding target attainment percentage.....	15	122 . 51%
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	95 . 82%
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:

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:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 3.64 %</div> <div>2nd segment: 5.21 %</div> <div>3rd segment: 5.94 %</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	63
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	Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	61,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	376,597	68,701
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).....		34 129,701
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	129,701
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 Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years		
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cooper-Standard Automotive Inc.
EIN/PN	34-0549970 / 003
Plan Name	Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord UAW Local 388
Valuation Date	January 1, 2020
Enrolled Actuary	Melissa Mayea
Enrollment Number	20-07650

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

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

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

Plan Name:	Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord UAW Local 388
EIN / PN:	34-0549970 / 003
Plan Sponsor:	Cooper-Standard Automotive Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	3.64%	2.77%
■ Second segment rate	5.21%	3.83%
■ Third segment rate	5.94%	4.28%
■ Effective interest rate	5.26%	3.89%

Plan related expenses \$61,000 of administrative expenses including estimated flat and variable PBGC premiums.

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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee is hired. Effective July 1, 2012, there are no new participants to the plan as the plan will be frozen.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality for funding

■ **Healthy** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backwards to 2006 with MP-2014, and then projected forwards with a static projection as specified in the regulations §430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backwards to 2006 with MP-2014, and then projected forwards with a static projection as specified in the regulations §430(h)(3)-1 using Scale MP-2018).

■ **Disabled** IRS-prescribed tables for disabled lives.

Termination Rates varying by age and gender

Representative Termination Rates

Percentage assumed to leave during the year		
Attained Age	Male %	Female %
25	6.80	6.80
30	5.05	5.05
35	3.95	3.95
40	3.25	3.25
45	2.75	2.75
50	2.25	2.25
55	0.00	0.00

Disability 100% of Pension Disability Table (DP-85) class 1 Incidence Rates.

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Retirement

Rates varying by age and gender, average age 62.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage assumed to retire during the year		
Attained Age	Male %	Female %
55	10	10
56-59	5	5
60-61	15	15
62-63	30	30
64	40	40
65	100	100

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained the earliest retirement age.
- Deferred vested benefit Generally, the later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

Participants are assumed to elect the normal pension payment option.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit and the assumed form of payment, 80% of eligible male and female participants are assumed to be married.

Spouse age

Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.

Timing of benefit payments

Benefit payments are assumed to be made uniformly throughout the year.

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SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.11% for 2019 and 6.29% for 2018 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
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.

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SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Cooper Standard and based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, 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. No data adjustments were made and we are unaware of any data adjustment made by the data provider.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time. The valuation interest rate used in ASC 960 determinations was selected by the plan sponsor as a reasonable estimate of net long-term expected return on invested plan assets.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population, adjusted for observed plan experience.

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Disability

Disability rates were based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions, adjusted for observed plan experience.

Retirement

Retirement rates are based on plan sponsor expectations for the future and current economic conditions with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Benefit commencement date for deferred benefits:

- Preretirement death benefit
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value.
- Deferred vested benefit
Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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Plan Sponsor: Cooper-Standard Automotive Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from, Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$60,000 for the prior valuation to \$61,000 for the current valuation.

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Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$60,000 for the prior valuation to \$61,000 for the current valuation.

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1954 and was last amended and restated effective January 1, 2016.

Plan Year The twelve month period ending December 31.

Coverage and Participation An employee meeting the following requirements is an active participant on the first day of employment:

- Represented by the International Union, United Automobile, Aerospace and Agricultural Implement Worker of America, (UAW) and its Local No. 388 affiliate.
- Not a leased employee

Effective July 1, 2012, there are no new participants, as the plan was frozen.

Definitions

Normal Retirement Date (NRD) End of the month in which the participant attains age 65.

Vesting service The participant earns one full year of vesting service if compensated for working at least 870 hours in the year, and earns 1/12th of a year of service for each 142 hours worked if total hours worked in the year was less than 870.

Service prior to January 1, 1954 is based on total seniority with the company at that date.

Accrual service The participant earns one full year of accrual service if compensated for working at least 1,700 hours in the year, and earns 1/12th of a year of service for each 142 hours worked if total hours worked in the year was less than 1,700. Service prior to January 1, 1954 is based on total seniority with the company at that date. Benefit accruals were frozen for the period May 1, 2009 to April 30, 2010.

All benefit accruals were frozen permanently as of July 1, 2012.

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Accrued normal retirement benefit \$21 multiplied by Accrual Service

Eligibility for Benefits

Normal retirement	The attainment of age 65.
Early retirement	Age 55 and 10 Years of Vesting Service.
Vesting termination	5 Years of Vesting Service.
Disability	10 years of vesting service, totally and permanently disabled, and no longer entitled to temporary disability benefits.
Pre-retirement death benefit	Married for at least one year, is vested and dies before retiring.
Special Age 65 Benefit	For participants at least age 65 who retired from active service, became disabled, or whose spouse is receiving a death benefit.

Benefits Paid Upon the Following Events

Normal retirement	Accrued normal retirement benefit.
Early retirement	Accrued benefit reduced by 0.6% for each complete month by which the date of commencement of the benefit precedes age 62.
Vested termination	Accrued benefit reduced by 0.6% for each complete month by which the date of commencement of the benefit precedes age 65.
Disablement	<p>Pre-Retirement Benefit: A monthly accrued benefit equal to benefit multiplier at the date of disability (see Normal Retirement Benefit) times 30 plus \$7.20.</p> <p>Post-Retirement Benefit: If disabled after normal retirement age the benefit is computed in the same manner as normal retirement benefit.</p>
Preretirement death	Upon the death of a participant after 5 years of Vesting Service, the surviving spouse shall receive a 50% survivor benefit computed as if the participant had terminated employment at date of death, survived to earliest retirement age and elected commencement of benefits under the Normal Form of Payment and at that time died.

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Special Age 65 Benefit

The lesser of normal retirement benefit by \$7.20 per month which is the cost of the Medicare supplement.

Other Plan Provisions

Forms of payment

Normal Form: If single, a monthly life annuity. If married a 50% joint and survivor monthly annuity.

Optional forms

- A lump sum if the value of the benefit is no more than \$5,000.
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity

Plan participants' contributions

Not applicable.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

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Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2020

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	1	0	0	1	0	0	0	0	0	2
45-49	0	0	0	0	1	0	0	0	0	0	1
50-54	0	2	0	1	2	1	0	0	0	0	6
55-59	2	2	0	2	9	1	0	0	0	0	16
60-64	0	0	0	5	4	3	4	3	0	0	19
65-69	0	0	0	0	2	0	3	1	0	0	6
70 & over	0	0	0	0	1	0	0	0	0	0	1
Total	2	7	0	8	20	5	7	4	0	0	53

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

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord UAW Local 388

EIN / PN: 34-0549970 / 003

Plan Sponsor: Cooper-Standard Automotive Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	25,917	7.00000	25,917	4,198
2. Shortfall	01/01/2019	396,971	6.00000	350,680	64,503
Total				376,597	68,701

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord UAW Local 388
EIN / PN: 34-0549970 / 003
Plan Sponsor: Cooper-Standard Automotive Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

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

Plan Name:	Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
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Plan Sponsor:	Cooper-Standard Automotive Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cooper-Standard Automotive Inc.
EIN/PN	34-0549970 / 025
Plan Name	Cooper-Standard Automotive Inc. Salaried Retirement Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Melissa Mayea
Enrollment Number	20-07650

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

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1954 and was last amended and restated effective January 1, 2016.

Plan Year The twelve month period ending December 31.

Coverage and Participation An employee meeting the following requirements is an active participant on the first day of employment:

- Represented by the International Union, United Automobile, Aerospace and Agricultural Implement Worker of America, (UAW) and its Local No. 388 affiliate.
- Not a leased employee

Effective July 1, 2012, there are no new participants, as the plan was frozen.

Definitions

Normal Retirement Date (NRD) End of the month in which the participant attains age 65.

Vesting service The participant earns one full year of vesting service if compensated for working at least 870 hours in the year, and earns 1/12th of a year of service for each 142 hours worked if total hours worked in the year was less than 870.

Service prior to January 1, 1954 is based on total seniority with the company at that date.

Accrual service The participant earns one full year of accrual service if compensated for working at least 1,700 hours in the year, and earns 1/12th of a year of service for each 142 hours worked if total hours worked in the year was less than 1,700. Service prior to January 1, 1954 is based on total seniority with the company at that date. Benefit accruals were frozen for the period May 1, 2009 to April 30, 2010.

All benefit accruals were frozen permanently as of July 1, 2012.

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
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SCHEDULE SB ATTACHMENTS

Accrued normal retirement benefit \$21 multiplied by Accrual Service

Eligibility for Benefits

Normal retirement	The attainment of age 65.
Early retirement	Age 55 and 10 Years of Vesting Service.
Vesting termination	5 Years of Vesting Service.
Disability	10 years of vesting service, totally and permanently disabled, and no longer entitled to temporary disability benefits.
Pre-retirement death benefit	Married for at least one year, is vested and dies before retiring.
Special Age 65 Benefit	For participants at least age 65 who retired from active service, became disabled, or whose spouse is receiving a death benefit.

Benefits Paid Upon the Following Events

Normal retirement	Accrued normal retirement benefit.
Early retirement	Accrued benefit reduced by 0.6% for each complete month by which the date of commencement of the benefit precedes age 62.
Vested termination	Accrued benefit reduced by 0.6% for each complete month by which the date of commencement of the benefit precedes age 65.
Disablement	<p>Pre-Retirement Benefit: A monthly accrued benefit equal to benefit multiplier at the date of disability (see Normal Retirement Benefit) times 30 plus \$7.20.</p> <p>Post-Retirement Benefit: If disabled after normal retirement age the benefit is computed in the same manner as normal retirement benefit.</p>
Preretirement death	Upon the death of a participant after 5 years of Vesting Service, the surviving spouse shall receive a 50% survivor benefit computed as if the participant had terminated employment at date of death, survived to earliest retirement age and elected commencement of benefits under the Normal Form of Payment and at that time died.

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
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SCHEDULE SB ATTACHMENTS

Special Age 65 Benefit

The lesser of normal retirement benefit by \$7.20 per month which is the cost of the Medicare supplement.

Other Plan Provisions

Forms of payment

Normal Form: If single, a monthly life annuity. If married a 50% joint and survivor monthly annuity.

Optional forms

- A lump sum if the value of the benefit is no more than \$5,000.
- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity

Plan participants' contributions

Not applicable.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
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Plan Sponsor: Cooper-Standard Automotive Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	7,318,994	7.00000	7,318,994	1,185,460
2. Shortfall	01/01/2019	7,265,247	6.00000	6,418,030	1,180,514
Total				13,737,024	2,365,974

Plan Name: Cooper-Standard Automotive Inc. Salaried Retirement Plan
EIN / PN: 34-0549970 / 025
Plan Sponsor: Cooper-Standard Automotive Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$60,000 for the prior valuation to \$61,000 for the current valuation.

Plan Name: Cooper-Standard Automotive Inc. Collectively Bargained Retirement Plan Gaylord
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Plan Sponsor: Cooper-Standard Automotive Inc.
Valuation Date: January 1, 2020