

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 01/01/1957
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) COOPER TIRE & RUBBER COMPANY LLC 200 INNOVATION WAY AKRON, OH 44316-0001	2b Employer Identification Number (EIN) 34-4297750 2c Plan Sponsor's telephone number 330-796-2121 2d Business code (see instructions) 326200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2023	MARGARET V SNYDER
	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 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name COOPER TIRE & RUBBER COMPANY c Plan Name COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN		4b EIN 34-4297750 4d PN 003																				
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">3493</td> </tr> </table>	5	3493																		
5	3493																					
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">986</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">923</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">1370</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">784</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">3077</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">341</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">3418</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	986	6a(2)	923	6b	1370	6c	784	6d	3077	6e	341	6f	3418	6g		6h	
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6e	341																					
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a(1) Total number of active participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">986</td> </tr> </table>	6a(1)	986																		
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a(2) Total number of active participants at the end of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a(2)</td> <td style="text-align: right;">923</td> </tr> </table>	6a(2)	923																		
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b Retired or separated participants receiving benefits		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6b</td> <td style="text-align: right;">1370</td> </tr> </table>	6b	1370																		
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c Other retired or separated participants entitled to future benefits.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6c</td> <td style="text-align: right;">784</td> </tr> </table>	6c	784																		
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d Subtotal. Add lines 6a(2) , 6b , and 6c		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6d</td> <td style="text-align: right;">3077</td> </tr> </table>	6d	3077																		
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e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6e</td> <td style="text-align: right;">341</td> </tr> </table>	6e	341																		
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f Total. Add lines 6d and 6e		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6f</td> <td style="text-align: right;">3418</td> </tr> </table>	6f	3418																		
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g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6g</td> <td></td> </tr> </table>	6g																			
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h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6h</td> <td></td> </tr> </table>	6h																			
6h																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																				
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY LLC	D Employer Identification Number (EIN) 34-4297750

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	610685	3418	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	10480048

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS

b Balance at the end of the previous year **7b** 0

c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions..... **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</u>	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 <u>COOPER TIRE & RUBBER COMPANY LLC</u>	D Employer Identification Number (EIN) <u>34-4297750</u>
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>2022</u>	
2 Assets:	
a Market value.....	2a <u>506491015</u>
b Actuarial value	2b <u>505994142</u>
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	<u>1660</u> <u>259618253</u> <u>259618253</u>
b For terminated vested participants.....	<u>863</u> <u>33992000</u> <u>33992000</u>
c For active participants.....	<u>986</u> <u>80228629</u> <u>80228629</u>
d Total	<u>3509</u> <u>373838882</u> <u>373838882</u>
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>5.28 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>1529056</u>
c Total (line 6a + line 6b)	6c <u>1529056</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		<u>06/30/2023</u> Date
Signature of actuary		<u>23-05713</u> Most recent enrollment number
<u>PETER N. DORSEY, ASA, EA</u> Type or print name of actuary		<u>216-937-4000</u> Telephone number (including area code)
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u> 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) 2022
v. 220413

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	14380223
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	14380223
10 Interest on line 9 using prior year's actual return of <u>-0.58</u> %	0	-83405
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>5.45</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	14296818

Part III Funding Percentages		
14 Funding target attainment percentage	14	131.52 %
15 Adjusted funding target attainment percentage	15	135.35 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	125.31 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

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** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

1529056

b Excess assets, if applicable, but not greater than line 31a**31b**

1529056

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years.....**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY LLC	D Employer Identification Number (EIN) 34-4297750	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	812071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENTS USA, INC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	355711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	NONE	265994	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	209122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	73113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
a Name:	GILMORE JASION MAHLER, LTD
b EIN:	34-1827159
c Position:	ACCOUNTANT
d Address:	GILMORE JASION MAHLER, LTD 1785 INDIAN WOOD CIRCLE MAUMEE, OH 43537
e Telephone:	419-794-2000

Explanation: GILMORE JASION MAHLER, LTD MERGED WITH CLIFTONLARSONALLEN LLP AS OF JANUARY 1, 2023.

a Name:	MICHAEL E. CLARK
b EIN:	34-4297750
c Position:	ENROLLED ACTUARY
d Address:	PRINCIPAL FINANCIAL GROUP PO BOX 9394 DES MOINES, IA 50306-9394
e Telephone:	412-394-9383

Explanation: CHANGE OF ACTUARY.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY LLC	D Employer Identification Number (EIN) 34-4297750	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIQUID ASSETS SEP ACCT-Z
--	-------------------------------

b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY
---	----------------------------------

c EIN-PN 42-0127290-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10480048
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	CF EB ISSG REAL ASSET STRATEGY FUND
--	-------------------------------------

b Name of sponsor of entity listed in (a):	THE BANK OF NEW YORK MELLON
---	-----------------------------

c EIN-PN 25-6078093-321	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1914
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	CF AON ENHANCED LIAB DRIVEN INVEST
--	------------------------------------

b Name of sponsor of entity listed in (a):	AON INVESTMENTS USA INC.
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c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52822311
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE SHORT TERM INVESTMENT FD
--	-------------------------------------

b Name of sponsor of entity listed in (a):	NORTHERN TRUST INVESTMENTS, INC.
---	----------------------------------

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98694354
--------------------------------	------------------------	--

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN</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 TIRE & RUBBER COMPANY LLC</u>	D Employer Identification Number (EIN) <u>34-4297750</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	22095942	1329000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	384664
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)	76982160	151518579
(10) Value of interest in pooled separate accounts	1c(10)	4478917	10480048
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	402933996	216042475
(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	506491015	379754766

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	506491015	379754766
---	-----------	-----------	-----------

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)	28417	
(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)		28417
(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)		-10283766
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		172881
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-66846328
c Other income	2c		-3878302
d Total income. Add all income amounts in column (b) and enter total	2d		-80807098
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43905755	
(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)		43905755
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)	885184	
(2) Contract administrator fees	2i(2)	265994	
(3) Investment advisory and management fees	2i(3)	564834	
(4) Other	2i(4)	307384	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2023396
j Total expenses. Add all expense amounts in column (b) and enter total	2j		45929151
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-126736249
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		30000000
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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 0.

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 482579.

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 2022 This Form is Open to Public Inspection.	
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022					
A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN				B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 COOPER TIRE & RUBBER COMPANY LLC				D Employer Identification Number (EIN) 34-4297750	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290					
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	119
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) 2022 v. 220413	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>0.0</u> % Investment-Grade Debt: <u>98.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>2.0</u> % 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 Tire & Rubber Company
Spectrum Retirement Plan

Financial Statements and Supplemental Schedules
With Independent Auditors' Report

December 31, 2022 and 2021



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Cooper Tire & Rubber Company
Spectrum Retirement Plan

Financial Statements

December 31, 2022 and 2021

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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants
Cooper Tire & Rubber Company
Spectrum Retirement Plan

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the accompanying financial statements of Cooper Tire & Rubber Company Spectrum Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements (2022 Financial Statements).

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

Management has obtained certifications from qualified institutions as of December 31, 2022, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- the amounts and disclosures in the 2022 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2022 financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Cooper Tire & Rubber Company Spectrum Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2022 and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Auditors' Report on the 2021 Financial Statements

The 2021 financial statements of Cooper Tire & Rubber Company Spectrum Retirement Plan were audited by Gilmore Jason Mahler, LTD whose members and professional staff joined CliftonLarsonAllen LLP as of January 1, 2023, and has subsequently ceased operations. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by qualified institutions. Their report dated September 16, 2022 indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2021 supplemental schedules, other than the information in the 2021 supplemental schedules that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2021 supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determines meets the requirements of ERISA Section 103(a)(3)(C).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Findlay, Ohio
September 22, 2023

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	December 31,	
	2022	2021
Cash and cash equivalents	\$ 1,329,000	\$ 22,095,942
Investments, at fair value	378,041,102	484,395,073
	<u>379,370,102</u>	<u>506,491,015</u>
Accrued income	384,664	-
Net assets available for benefits	<u>\$ 379,754,766</u>	<u>\$ 506,491,015</u>

See accompanying notes.

Cooper Tire & Rubber Company
Spectrum Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

Additions:	
Interest and dividends	\$ 1,290,117
Total additions	<u>1,290,117</u>
Deductions:	
Benefit and withdrawal payments	43,905,756
Plan administrative expenses	<u>2,023,395</u>
Total deductions	<u>45,929,151</u>
Net depreciation in fair value of investments	<u>(82,097,215)</u>
Net decrease	(126,736,249)
Net assets available for benefits at beginning of year	<u>506,491,015</u>
Net assets available for benefits at end of year	<u><u>\$ 379,754,766</u></u>

See accompanying notes.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements
December 31, 2022 and 2021

Note 1. Description of Plan

The following brief description of the Cooper Tire & Rubber Company Spectrum Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the plan’s provisions.

General

The Plan entered into a trust agreement with Northern Trust Company (the “Trustee”) to act as trustee of the Plan’s assets. The Plan also has an agreement with the Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (the “Custodian”) to act as a custodian for certain plan assets. The Trustee and Custodian administer and invest the Plan’s assets and income for the benefit of the Plan’s participants.

The Plan is a defined benefit pension plan covering substantially all salaried and non-union hourly employees of Cooper Tire & Rubber Company LLC (the “Company” or “Plan Sponsor”) with a hire date prior to July 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective June 7, 2021, the Plan Sponsor was acquired by The Goodyear Tire & Rubber Company (“Goodyear”). Effective January 1, 2023, employees of the Plan Sponsor became employees of Goodyear, Cooper Tire & Rubber Company LLC remained the Plan Sponsor, through the plan termination date (see below).

The Plan’s participants may be eligible for unreduced monthly pension benefits upon attainment of 30 years of continuous credited service. The Plan’s participants may be eligible for unreduced monthly pension benefits at age 55. Participants also may retire earlier than the normal retirement age. Pension benefits for participants with less than 30 years continuous credited service are subject to a reduction based upon the time by which the retirement precedes the participant’s attainment of age 62.

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 1. Description of Plan (continued)

Plan Termination

On December 16, 2021, the Board of Directors of the Company approved the termination of the Plan, with an effective date of April 30, 2022. In February 2022, the Plan Sponsor communicated the termination of the Plan to applicable participants.

In May 2023, all benefits of the Plan were settled through lump sum payments of \$82 million to electing participants and the purchase of a \$268 million group annuity contract from Principal Life Insurance Company. Following the settlement of the Plan, excess plan assets of \$18 million were transferred to The Goodyear Tire & Rubber Company Employees Savings Plan for Salaried Employees (the “Goodyear Salaried Savings Plan”) to fund future company retirement contributions of the Goodyear Salaried Savings Plan.

Funding Policy/Contributions

The Plan is funded entirely through contributions made by the Company. The Company contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to the Plan’s participants. During the 2022 Plan year, no Company contributions were required as determined by the minimum funding requirements specified in ERISA.

Eligibility

All employees, except those covered by any collective bargaining agreement, and employees at the Cedar Rapids Warehouse location, were eligible for participation in the Plan. Effective July 1, 2009, the Plan was frozen to all new participants and future benefit accruals.

Vesting

Participants are vested after five years of continuous credited service. If participants are hired after age 60, they may receive a monthly pension benefit if they later become vested.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 1. Description of Plan (continued)

Pension Benefits

Participants that were participants in the Plan as of December 31, 2001, who were born before 1962 and whose credited service is before 1987 (“grandfathered participants”) are entitled to a monthly “protected benefit” equal to 1.5% of the monthly average of all compensation (as defined in the Plan) during the highest five of the ten calendar years prior to the year of termination or retirement (minimum of \$20), multiplied by the years of continuous credited service.

The sum of the grandfathered participant’s retirement benefit under the plan and his/her primary social security (FICA) benefit may not exceed 90% of the monthly average of all compensation (as defined in the Plan) during the highest five of the last ten calendar years prior to the year of termination or retirement, unless the \$20 minimum would serve to exceed the above amount.

For grandfathered participants with less than 30 years of continuous credited service, the above 90% limitation and the amount of FICA benefit taken into account in computing the Plan benefit will be reduced by 1/30th for each year of continuous credited service less than 30.

Effective January 1, 2002 the Plan established a cash balance feature under which cash balance accounts are maintained for participants that are not grandfathered participants. The cash balance account is the accumulation of interest and pay credits during a participant’s active employment. Pay credits are based upon a participant’s eligible compensation for the year and range from 3% to 10% of eligible compensation, based on the age of the participant and years of credited service. Effective July 1, 2009, benefit accruals were frozen to all participants.

For participants that are not grandfathered participants and who were participants as of December 31, 2001, their cash balance account includes an opening account balance as of January 1, 2002 which represents their accrued benefit under the provisions of the Plan prior to the establishment of the cash balance feature.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Cash and cash equivalents

The Plan considers all highly liquid investments with an initial maturity of three months or less when purchased to be cash equivalents. At December 31, 2022 and 2021, cash and cash equivalents consisted of investment cash and short-term investments.

Investments

The Plan's investments are stated at fair value, which equals the quoted or net asset values thereof on the last business day of the Plan year. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded as of the ex-dividend date.

Derivatives

A futures contract is an agreement to buy or sell a security or other asset for a set price on a future date. These contracts are traded on major exchanges and are marked to market daily, thus minimizing counterparty risk. The Plan enters into futures contracts mainly to manage the duration and refine the curve positioning of the fixed income portfolios, thus, allowing the investment managers to achieve the overall investment portfolios' objectives. These contracts are priced by an exchange and the fair value is the daily mark to market, which is a function of price movements for the contract relative to the level it was originally entered into.

Administrative Expenses

The administrative expenses of the Plan are paid for by the Plan or by the Company.

Use of Estimates

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 3. 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 following is a description of the three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification Topic 820, Fair Value Measurement.

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

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 3. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Collective Trust Funds and Mutual Funds:	The fair value of the investments in these categories have been estimated using the net asset value per share. The net asset value (“NAV”) of these accounts is based on the market value of its underlying investments. The NAV is not a publicly quoted price in an active market.
Pooled Separate Accounts:	Valued using the NAV per unit provided by the administrator of the fund. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is not a publicly quoted price in an active market.
Futures Contracts:	Futures contracts that are exchange listed and actively traded are classified as Level 1 investments.
Cash and Cash Equivalents:	Cash on deposit and investments in money market mutual funds that invest mainly in short-term instruments and cash, both of which are valued using a market approach.

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.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 3. Fair Value Measurements (continued)

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets that are measured at fair value at December 31, 2022:

<u>Description</u>	<u>Total</u>	<u>Level (1)</u>	<u>Level (2)</u>	<u>Level (3)</u>
Cash and cash equivalents	\$ 1,329,000	\$ 1,329,000	\$ -	\$ -
Futures Contracts	(8,891,313)	(8,891,313)	-	-
Futures Contracts - offset	8,891,313	8,891,313	-	-
Total investments in the fair value hierarchy	1,329,000	<u>\$ 1,329,000</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>378,041,102</u>			
Total investment assets at fair value	<u>\$379,370,102</u>			

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets that are measured at fair value at December 31, 2021:

<u>Description</u>	<u>Total</u>	<u>Level (1)</u>	<u>Level (2)</u>	<u>Level (3)</u>
Cash and cash equivalents	\$ 22,095,942	\$ 22,095,942	\$ -	\$ -
Futures Contracts	15,980,281	15,980,281	-	-
Futures Contracts - offset	(15,980,281)	(15,980,281)	-	-
Total investments in the fair value hierarchy	22,095,942	<u>\$ 22,095,942</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>484,395,073</u>			
Total investment assets at fair value	<u>\$506,491,015</u>			

- (a) In accordance with Subtopic 820-10, the collective trust funds, mutual funds and pooled separate accounts that were measured at the NAV per share (or its equivalent) are not classified in the fair value hierarchy. As a result, these investments are not required to be classified in the fair value hierarchy.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 3. Fair Value Measurements (continued)

For investments in certain entities that calculate the NAV per share as the investment's fair value measurement, the following table provides an overview, by major classification, of the nature and risks associated with such investments as well as whether it is probable those investments could be sold at amounts different from their reported net asset value per share based on redemption restrictions, if any. Investments in pooled separate accounts which are not required to be disclosed in the following table have a fair value of \$10,480,048 and \$4,478,917 at December 31, 2022 and 2021, respectively.

Investment Category	2022 Fair Value	2021 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period Notice
Mutual Funds:					
Fixed income ^(b)	\$ 216,042,475	\$ 402,933,996	\$ -	Daily	1 Day
Collective Trust Funds:					
Equity ^(a)	1,914	2,016	-	Daily	1 Day
Fixed income ^(b)	52,822,311	70,149,600	-	Daily	1 Day
Short term securities ^(c)	98,694,354	6,830,544	-	Daily	1 Day

- a) Collective trust funds classified as Equity primarily invest in U.S. and non-U.S. securities in both small and large capitalization markets.
- b) Collective trust funds and mutual funds classified as Fixed income primarily invest in debt securities, U.S. treasury securities, and fixed income securities.
- c) Collective trust funds classified as Short term securities primarily invest in obligations of the U.S. government and related money market instruments.

Presented in the following tables are the fair value of derivatives within the Plan as of December 31, 2022 and 2021.

	2022	
	Derivative	Derivative Offset
Fair value of derivatives:		
Futures contracts	\$ (8,891,313)	\$ 8,891,313
	2021	
	Derivative	Derivative Offset
Fair value of derivatives:		
Futures contracts	\$ 15,980,281	\$ 15,980,281

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 3. Fair Value Measurements (continued)

Total realized loss on derivatives was \$3,878,302 for the year ended December 31, 2022 and is included in net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

Note 4. Investments

Certain investment information disclosed in the accompanying financial statements and supplemental schedules, including certain investments held at December 31, 2022 and 2021, net depreciation in fair value of investments and investment fees and expenses for the year ended December 31, 2022, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee and Custodian. Such information has not been examined by independent auditors.

Note 5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated July 21, 2016, 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. Although amended since receiving the determination letter, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

The Plan subsequently received a determination letter from the IRS dated February 6, 2023 stating that the termination of the Plan does not affect the Plan's qualification for federal tax purposes (see Note 1).

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 6. Related Party Transactions

Certain Plan investments are managed by the Trustee and the Custodian; therefore, these transactions qualify as party-in-interest transactions. There have been no known prohibited transactions with a party-in-interest.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 7. 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' compensation during the highest five years of the last ten years of continuous credited service prior to the valuation date, reduced in certain cases as described under Note 1. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Actuaries from WTW estimate 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 date of payment.

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2022 and 2021 were:

- a) Life Expectancy – Base table: No collar Pri 2012, with Scale MP-2021 modified to use a long-term rate of 0.75% (December 31, 2022) and Scale MP-2020 modified to use a long-term rate of 0.75% (December 31, 2021)
- b) Retirement Age – Schedule of rates dependent on age in 2022 and 2021
- c) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 5.20% (December 31, 2022) and 2.75% (December 31, 2021).

The actuarial present value of accumulated plan benefits as of December 31, 2022 were measured on a plan termination basis (see Note 1). The actuarial assumptions as of December 31, 2021 were based on the presumption that the Plan will continue.

Cooper Tire & Rubber Company
Spectrum Retirement Plan
Notes to Financial Statements (continued)
December 31, 2022 and 2021

Note 7. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuary has determined the present value of the accumulated plan benefits to be as follows:

	December 31,	
	2022	2021
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 256,400,000	\$ 316,678,916
Current employees	78,800,000	95,096,070
Former employees	40,200,000	48,891,578
Total actuarial present value of accumulated plan benefits	<u>\$ 375,400,000</u>	<u>\$ 460,666,564</u>

A reconciliation of the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2022 is summarized as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2022	\$ 460,666,564
Increase (decrease) during year due to:	
Benefits paid	(43,905,756)
Change in discount period	12,064,626
Change in assumptions	(48,582,524)
Actuarial gains	(4,842,910)
Actuarial present value of accumulated plan benefits as of December 31, 2022	<u>\$ 375,400,000</u>

Note 8. Subsequent Events

The Plan has evaluated subsequent events through September 22, 2023, the date the financial statements were available to be issued and has determined there are no subsequent events that require recognition or disclosure, except as described in Note 1.

SUPPLEMENTAL SCHEDULES

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Employer Identification No. 34-4297750 Plan No: 003
December 31, 2022

(a)/(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par and Maturity Value	(d) Cost	(e) Current Value
Collective trust funds:			
Invested in Equities			
EB Investments	CF EB ISSG REAL ASSET STRATEGY FUND	\$ 1,793	\$ 1,914
Invested in Fixed Income			
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND - CL I	64,057,893	52,822,311
Invested in Short Term Securities			
* Northern Trust	NT COLLECTIVE SHORT TERM INVT FD	98,694,354	98,694,354
Mutual Funds:			
Invested in Fixed Income			
Aon Hewitt	MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVERNMENT BOND INDEX	9,744,568	8,824,110
Aon Hewitt	MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD	14,069,108	9,246,431
Aon Group Trust	MFO AGT US INT ACTIVE CREDIT	127,964,029	117,231,158
Aon Group Trust	MFO AGT US LONG FIXED ACTIVE CREDIT	103,262,718	80,740,776
Pooled separate accounts:			
* Principal	Liquid Assets Sep Account-Z	10,381,578	10,480,048
Cash:		1,329,000	1,329,000
Total			<u><u>\$ 379,370,102</u></u>

* Party-in interest

Cooper Tire & Rubber Company
Spectrum Retirement Plan

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

Employer Identification No. 34-4297750 Plan No: 003

December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category i) An individual transaction in excess of 5% of Plan assets:								
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND	\$ 32,600,000				\$ 32,600,000	\$ 32,600,000	
* Northern Trust	NT COLLECTIVE SHORT TERM INVT FD	63,000,000				63,000,000	63,000,000	
Category iii) A series of transactions in excess of 5% of Plan assets:								
* Principal	LIQUID ASSETS SEP ACCOUNT-Z							
	61 Purchases	\$ 50,108,389				\$ 50,108,389	\$ 50,108,389	
	165 Sales		\$ 44,280,138			44,206,421	44,280,138	\$ 73,717
Aon Hewitt	CF AON ENHANCED LIABILITY DRIVEN INVESTING FUND - CL							
	1 Purchases	32,600,000				32,600,000	32,600,000	
	1 Sales		5,000,000			5,942,107	5,000,000	(942,107)
Aon Group Trust	MFO AGT US INT ACTIVE CREDIT							
	2 Sales		28,000,000			30,545,000	28,000,000	(2,545,000)
Aon Group Trust	MFO AGT US LONG FIXED ACTIVE CREDIT							
	1 Purchases	5,000,000				5,000,000	5,000,000	
	5 Sales		47,000,000			62,933,189	47,000,000	(15,933,189)
Aon Hewitt	MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVERNMENT BOND INDEX							
	9 Sales		51,000,000			55,424,181	51,000,000	(4,424,181)
* Northern Trust	NT COLLECTIVE GOVT SHORT TERM INVT FD							
	40 Purchases	37,374,885				37,374,885	37,374,885	
	34 Sales		37,374,885			37,374,885	37,374,885	-
* Northern Trust	NT COLLECTIVE SHORT TERM INVT FD							
	59 Purchases	134,761,363				134,761,363	134,761,363	
	67 Sales		36,067,009			36,067,009	36,067,009	-

There were no reportable transactions under categories (ii) or (iv) during the year ended December 31, 2022.

* Party-in interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

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	3	0	0	0	0	0	0	0	0	3
35-39	1	18	10	0	0	0	0	0	0	0	29
40-44	0	39	32	8	0	0	0	0	0	0	79
45-49	0	32	48	62	12	0	0	0	0	0	154
50-54	0	45	48	64	66	25	0	0	0	0	248
55-59	1	20	42	50	90	80	9	0	0	0	292
60-64	0	12	10	27	38	48	18	7	0	0	160
65-69	0	1	4	0	5	3	2	2	0	0	17
70 & over	0	0	2	1	0	0	0	0	1	0	4
Total	2	170	196	212	211	156	29	9	1	0	986

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

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
 EIN / PN: 34-4297750 / 003
 Plan Sponsor: Cooper Tire & Rubber Company
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	10,078,243	727,470	25,964,304	36,770,017
2023	8,237,451	1,523,365	25,307,949	35,068,765
2024	9,763,544	1,680,272	24,604,741	36,048,557
2025	9,234,749	1,850,745	23,858,770	34,944,264
2026	8,924,822	2,014,752	23,066,732	34,006,306
2027	8,445,044	2,141,365	22,245,996	32,832,405
2028	7,303,797	2,249,098	21,401,470	30,954,365
2029	7,162,392	2,369,526	20,516,060	30,047,978
2030	6,157,842	2,491,161	19,600,283	28,249,286
2031	5,744,117	2,587,035	18,660,211	26,991,363
2032	4,651,660	2,638,545	17,697,170	24,987,375
2033	4,124,780	2,683,020	16,714,683	23,522,483
2034	3,543,534	2,704,265	15,717,889	21,965,688
2035	2,972,968	2,700,471	14,712,672	20,386,111
2036	2,610,540	2,701,441	13,705,554	19,017,535
2037	2,189,295	2,700,593	12,703,416	17,593,304
2038	1,857,271	2,675,043	11,713,255	16,245,569
2039	1,535,240	2,626,100	10,742,014	14,903,354
2040	1,431,139	2,577,856	9,796,394	13,805,389
2041	1,188,961	2,520,832	8,882,528	12,592,321
2042	1,100,412	2,448,379	8,005,758	11,554,549
2043	903,751	2,370,271	7,170,522	10,444,544
2044	757,925	2,287,198	6,380,343	9,425,466
2045	647,774	2,187,518	5,637,950	8,473,242
2046	556,304	2,075,738	4,945,384	7,577,426
2047	494,962	1,960,194	4,304,056	6,759,212
2048	412,300	1,840,859	3,714,742	5,967,901
2049	356,360	1,719,365	3,177,695	5,253,420
2050	295,499	1,597,627	2,692,746	4,585,872
2051	243,236	1,476,341	2,259,259	3,978,836
2052	202,498	1,356,937	1,876,083	3,435,518

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

2053	164,616	1,240,377	1,541,480	2,946,473
2054	132,863	1,127,517	1,253,058	2,513,438
2055	104,770	1,019,117	1,007,796	2,131,683
2056	81,068	916,301	802,128	1,799,497
2057	61,155	819,125	632,100	1,512,380
2058	45,376	727,533	493,524	1,266,433
2059	32,863	642,295	382,171	1,057,329
2060	23,205	563,593	293,930	880,728
2061	15,956	491,488	224,931	732,375
2062	10,674	425,934	171,643	608,251
2063	6,941	366,782	130,935	504,658
2064	4,384	313,788	100,115	418,287
2065	2,690	266,644	76,936	346,270
2066	1,603	224,994	59,572	286,169
2067	928	188,453	46,580	235,961
2068	523	156,621	36,843	193,987
2069	287	129,095	29,516	158,898
2070	153	105,471	23,968	129,592
2071	80	85,358	19,734	105,172

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- | | |
|-----------------------|-----------------|
| ■ Applicable month | September |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates

- | | Reflecting
Stabilization | Not Reflecting
Stabilization |
|---------------------------|-----------------------------|---------------------------------|
| ■ First segment rate | 4.75% | 1.07% |
| ■ Second segment rate | 5.18% | 2.68% |
| ■ Third segment rate | 5.92% | 3.36% |
| ■ Effective interest rate | 5.28% | 2.71% |

Annual rates of increase

- | | |
|-------------------------------------|--|
| ■ Compensation: | N/A |
| ■ Representative rates | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Statutory limits on compensation | N/A |
| ■ Cash balance interest credit rate | 4.50% (5.32% for Opening Balance)
compounded annually |

Plan-related expenses

\$1,529,056; equal to plan-related expenses expected to be paid from the plan's assets in the current plan year.

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

Interest rates with stabilization are used for IRC 417(e) lump sums under the annuity substitution approach.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant

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

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020.)
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
- **Lump sum mortality rates** The mortality table is the unisex static mortality table that applies under § 417(e)(3) for annuity starting dates occurring during stability periods beginning in 2022, as published in the appendix to IRS Notice 2020-85.

Termination The rates at which participants are assumed to terminate employment by age are shown below. These rates are based on the 2003 Society of Actuaries Small Plan Age Table reflecting a multiplier of 0.60.

Representative Termination Rates

Percentage assumed to leave during the year	
Attained Age	
20	14.58%
25	11.7%
30	9.30%
35	7.26%
40	5.64%
45	4.38%
50	3.36%
55	2.52%

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN: 34-4297750 / 003
Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Disability 50% of Pension Disability Table (DP-85) Class 1 Incidence Rates

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below. All inactive participants are assumed to retire at age 62.

Percentage retiring during the year	
Age	
55-57	6%
58	7%
59	8%
60	11%
61	15%
62	30%
63-64	15%
65	50%
66	25%
67	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55 with 15 years of vesting service
- Deferred vested benefit Current active participants: Upon termination for Cash Balance benefits, age 62 for grandfathered benefits
Current inactive participants: Age 62 or current age if later
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment 100% of exiting participants, who are not grandfathered status, will elect a benefit paid in a lump sum.

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN: 34-4297750 / 003
Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Active participants who have grandfathered status who retire prior to normal retirement are assumed to elect benefits in the form of a life annuity for Cooper Tire members and life annuity with period certain of 5 years for Standard Products members.

50% of the grandfathered active participants who retire at age 65 or older are assumed to elect a lump sum. The remaining 50% are assumed to elect an annuity in the form indicated above.

Participants who are already terminated on the valuation date are assumed to receive their benefits in the form of a life annuity for Cooper Tire members and life annuity with period certain of 5 years for Standard Projects members starting at the assumed retirement age.

Percent married

85% married

Spouse age

Wives are assumed to be three years younger than their husbands

Covered pay

Not applicable due to accrual freeze

Timing of benefit payments

Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

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.

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN: 34-4297750 / 003
Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Decrement timing

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

Actuarial value of assets for determining minimum required contributions

Average of the adjusted market value of assets for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC §430.

Benefits not valued

WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data and claims data as of 1/1/2022 via Principal. 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, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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.

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor: Cooper Tire & Rubber Company
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SCHEDULE SB ATTACHMENTS

Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
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). The current year estimate equals prior year non-PBGC expenses plus the estimated current year PBGC premium determined in January.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate, but with a minimum interest credit rate of 4.50% (5.32% for Opening Balance). The plan sponsor has selected the assumption that expected future interest credits will be at the 4.50% and 5.32% minimum rates. We believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used.

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 an experience study conducted by the prior actuary, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions do not significantly conflict with what would be reasonable because they reflect recent broad experience.
Retirement	Retirement rates were based on an experience study conducted by the prior actuary, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. We believe the assumptions selected do not significantly conflict with what would be reasonable because they reflect recent broad experience.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

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Lump sum election rate

The percentage of terminating participants assumed to take lump sums is based on experience observed by the prior actuary. Therefore, we believe the assumptions selected do not significantly conflict with what would be reasonable.

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.

Changes in Assumptions and Methods

Change in assumptions 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 table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430.

The assumed mortality table for 417(e) lump sum purposes was updated to the 2022 “applicable mortality table” under IRC §417(e) provided in IRS Notice 2020-85.

The assumed plan-related expenses added to the target normal cost were changed from \$600,000 for the prior valuation to \$1,529,056 for the current valuation to account for higher expected expenses to be paid from the trust.

Change in methods since prior valuation

None

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN: 34-4297750 / 003
Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cooper Tire & Rubber Company
EIN/PN	34-4297750 / 003
Plan Name	Cooper Tire & Rubber Company Spectrum Retirement Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Peter N. Dorsey, ASA, EA
Enrollment Number	23-05713

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.

COOPER TIRE & RUBBER COMPANY, LLC
SPECTRUM RETIREMENT PLAN

SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2022
Employer Identification No. 34-4297750 Plan No: 003

The required Schedule of Reportable Transactions is included in the Accountant Opinion attachment.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

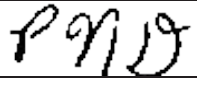
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cooper Tire & Rubber Company LLC	D Employer Identification Number (EIN) 34-4297750
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>2022</u>	
2 Assets:	
a Market value	2a 506,491,015
b Actuarial value	2b 505,994,142
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 1,660 (2) Vested Funding Target 259,618,253 (3) Total Funding Target 259,618,253
b For terminated vested participants	863 33,992,000 33,992,000
c For active participants	986 80,228,629 80,228,629
d Total	3,509 373,838,882 373,838,882
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 5.28%
6 Target normal cost	
a Present value of current plan year accruals	6a 0
b Expected plan-related expenses	6b 1,529,056
c Total (line 6a + line 6b)	6c 1,529,056

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		June 30, 2023
Signature of actuary		Date
Peter N. Dorsey, ASA, EA		2305713
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		216-937-4000
Firm name		Telephone number (including area code)
1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172		
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) 2022
v. 220413

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	14,380,223
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	14,380,223
10	Interest on line 9 using prior year's actual return of <u>-0.58</u> %	0	-83,405
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>5.45</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	14,296,818

Part III	Funding Percentages		
14	Funding target attainment percentage	14	131.52 %
15	Adjusted funding target attainment percentage	15	135.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	125.31 %
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
	Totals ▶	18(b)	18(c)
		0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
	Liquidity shortfall as of end of quarter of this plan year		
	(1) 1st	(2) 2nd	(3) 3rd
			(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1,529,056	
b Excess assets, if applicable, but not greater than line 31a	31b	1,529,056	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2022

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 Tire & Rubber Company Spectrum Retirement Plan
EIN / PN:	34-4297750 / 003
Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan is terminated effective April 30, 2022 under standard plan termination rules.

No employee shall become a participant after June 30, 2009.

All benefit accruals ceased as of June 30, 2009.

Cash Balance Benefits

Covered employees

New employees, except those subject to the jurisdiction of a union, participate after completing one year of service. Participants as of December 31, 2001 in either the Cooper Tire & Rubber Company Salaried Retirement Plan or The Standard Products Company Salaried Employees Retirement Plan (the predecessor plans) who were born before 1962 and whose credited service date (usually the date of hire) is before 1987 will continue to participate in the benefit structures of those plans. These continuing participants are referred to as "grandfathered" employees. The benefit amounts, rights and features of the prior plans continue to apply to these grandfathered employees. All other employees, except those subject to the jurisdiction of a union, of Cooper Tire & Rubber Company are entitled to the benefit amounts, rights and features outlined in this section.

Participation date

Date of hire

Definitions

Vesting service

Participants are vested after three years of service.

Continuous credited service (CCS)

All years of service from the participant's date of employment, to the earlier of termination, or retirement, with fractional years computed to the completed 1/12 of a year. Periods of layoff are included in Benefit Service if recalled before the expiration of two years from layoff.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN:	34-4297750 / 003
Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with three years of Eligibility Service
Age credit	All years from the participant's date of birth, with fractional years of 1/12 of a year credited for each completed month after the last anniversary of the birth date.
Compensation	Compensation is the participant's income subject to federal taxation plus any elective deferrals. Calendar year compensation is limited and future years will be limited as regulated.
Protected accrued benefit	The Protected Benefit is the monthly amount of the Accrued Benefit under the prior plan as if the participant's last day of employment was December 31, 2001. At a participant's option, the Protected Benefit is payable under the terms and conditions of the prior plan. If this prior plan option is chosen, the Annuity Benefit is reduced by the Protected Benefit amount for purposes of the benefits described in this outline.
Cash balance account	The Cash Balance Account is the accumulation of Interest Credit and Pay Credits during the period of active employment as an eligible plan participant. An opening account balance was established for participants (not grandfathered) of the predecessor plans, based on the actuarial equivalent of their Protected Accrued Benefit as of January 1, 2002.
Interest credit	At each plan year-end, each participant's cash balance account as of the prior year-end will be increased by an interest rate for each plan year. The rate is the maximum of 4.50% (5.32% for Opening Balance) or the yield statistic for the U.S. Treasury 30-year bond published by the Internal Revenue Service for the October prior to the start of the plan year.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN:	34-4297750 / 003
Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Pay credit (frozen June 30, 2009)

At each plan year-end, each participant's cash balance account (after adding the Interest Credit) will be also increased by a Pay Credit based on Qualified Compensation for that year multiplied by the applicable percentage from the table below. Points are the sum of the participant's Age Credit and Continuous Credited Service as of the beginning of the plan year. When any fractional points remain after the addition, the next higher integer is used to determine the Pay Credit.

Points	Pay Credit
Up to 35	3.0%
36-50	4.0%
51-65	5.5%
66-80	7.5%
Over 80	10.0%

Actuarial equivalent

When determining the Annuity Benefit from the Cash Balance Account, each plan year is a stability period for setting the assumptions under which actuarial equivalence will be determined. A look back period of three months is used for determining the interest rate assumption. Mandatory interest rates are published by the Internal Revenue Service for three periods. These are (1) the first five years following the valuation date, (2) the next 15 years and (3) all years after the next 20 years. Mortality rates are taken from the table published in Revenue Ruling 2001-62.

Optional annuity forms of payment are determined using the UP-84 mortality table and 8% interest. Some optional forms relating to the Protected Accrued Benefits under the Standard Products Company Plan are determined using the UP-84 mortality table (age setbacks; participant one year, beneficiary two years) and 6.5% interest.

Annuity benefit (see also Protected accrued benefit)

The Annuity Benefit is the monthly payment for life starting at age 65, which is the Actuarial Equivalent at age 65 of the projected Cash Balance Account. The Cash Balance Account is projected for the years and completed months for the period of time from termination to Normal Retirement Date using the Interest Credit rate applicable in the plan year of determination. The annuity amount must be at least equal to the Protected Accrued Benefit.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN:	34-4297750 / 003
Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

The benefit amount is limited to the maximum allowable under section 415 of the Internal Revenue Code.

Eligibility for Benefits

Normal retirement	Retirement on NRD and completion of three years of Eligibility Service by the participant
Early retirement	Retirement before NRD and on or after (a) attaining age 62 and completing ten years of Eligibility Service or (b) attaining age 55 and completing 15 years of Eligibility Service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability, or retirement after completing three years of Eligibility Service and not yet eligible for Early Retirement Benefit
Disability	Permanent and total disability prior to NRD with completion of ten years of Eligibility Service
Pre-retirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits

Benefits Paid Upon the Following Events

Normal retirement	The Annuity Benefit is payable monthly commencing at the NRD.
Early retirement	An eligible participant may elect either the Annuity Benefit reduced for each month prior to 65 that payments commence, or the unreduced Annuity Benefit payable at 65. The reduction formula is 6/10 of 1% (0.006) for each of the first 36 months (to age 62) and then 4/10 of 1% (0.004) for each of the next 84 months early.
Postponed retirement	The monthly annuity for life starting immediately following retirement which is the Actuarial Equivalent of the Cash Balance Account as of the date of termination.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN:	34-4297750 / 003
Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Deferred vested termination

The Annuity Benefit is payable at age 65. Participants with 10 years of Eligibility Service at termination who later attain age 62 may elect a monthly annuity based on the Annuity Benefit amount and reduced as described at Early Retirement to commence the first of any month after age 62.

Participants with 15 years of Eligibility Service at termination who later attain age 55 may elect a monthly annuity based on the Annuity Benefit amount and reduced as described at Early Retirement to commence the first of any month after age 55.

Cash out option: the Cash Balance Account is payable at the direction of the participant; (1) in cash, (2) to his/her Individual Retirement Account/Annuity or (3) to a successor employer tax qualified retirement plan that accepts such transfers. The cash out option must be chosen and disbursement made within one year of employment termination. If the participant has an opening account balance as of January 1, 2002 and cumulative Interest Credits from then until separation of employment are less than at a 5.32% per annum compound rate, a protection against wear away amount is added to the Cash Balance Account.

Disablement

The Annuity Benefit monthly amount (determined as of age 65) is payable monthly for life commencing the first of the month following five months of disablement. The benefit amount is offset by any State or Federal Disability or Unemployment Compensation benefits, except Social Security or military disability payments. Payments continue as long as the Disability continues prior to age 65 and for life following attainment of age 65.

Pre-retirement death

The spouse, or alternate beneficiary, is entitled to the Cash Balance Account of the participant as of the date of death. When a spouse exists, the designation of an alternate beneficiary by the participant must be ratified by the spouse. The beneficiary may defer benefit commencement to any month up to and including the month when the participant would have attained Normal Retirement.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
EIN / PN:	34-4297750 / 003
Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment Normal, early, and late retirement benefits are payable as a monthly annuity. A one-time payment equal to the Cash Balance Account may be elected in lieu of the monthly annuity.

Pre-retirement death benefits may be received by the beneficiary in the form of an annuity.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Grandfathered Benefits

Covered employees Participants of the Cooper Tire/Standard Products plans prior to January 1, 2002 who had attained age 40 and had at least 15 years of Accrual Service.

Participation date Date of hire

Definitions

Vesting service Participants are vested after five years of service.

Continuous credited service (CCS) All years of service from the participant's date of employment, to the earlier of termination, or retirement, with fractional years computed to the completed 1/12 of a year credited for each completed month after the last anniversary of the service date. The CCS of participants who were not participants in a predecessor plan begins with the later of the date of hire, or the acquisition date by the Company. The acquisition date for The Standard Products Company is October 27, 1999 and for Siebe Automotive is January 28, 2000.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of Eligibility Service

Plan Name: Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor: Cooper Tire & Rubber Company
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Monthly pension amount The Accrued Benefit for any employee

Actuarial equivalent Actuarial equivalent of Normal Form of Payment available as:

Cooper Tire: Life Annuity with period certain of five years; Joint and Survivor Annuity with 50% or 75% continuing to surviving spouse, or 50% survivorship with five years certain and life; Lump Sum on or after NRD. Optional annuity forms of payment are determined using the UP-84 mortality table and 8% interest.

Standard Products: Life Annuity with period certain of ten years; Joint and Survivor Annuity with 75% or 100% continuing to surviving spouse, or 55% survivorship with five years certain and life with Pop-Up option; Lump Sum on or after NRD. Optional annuity forms of payment are determined using the UP-84 mortality table (age setbacks; participant one year, beneficiary two years) and 6.5% interest.

Eligibility for Benefits

Normal retirement Retirement on NRD and five years of Eligibility Service by the participant

Early retirement **Cooper Tire:** Attainment of age 55 and 15 years of Vesting Service

Standard Products: Attainment of age 55 and 10 years of Vesting Service

Special early retirement **Cooper Tire:** Requirements (a), (b), or (c) below:

- (a) Attainment of age 62 and completed 10 years of Vesting Service
- (b) Attainment of age 55 and completed 30 years of Vesting Service
- (c) Pilot employment terminated as of result of attainment of age 60 but after the earlier of (i) 5 years of plan participation and (ii) complete 5 years of Vesting Service

Standard Products: N/A

Postponed retirement Retirement after NRD

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Deferred vested termination	Termination for reasons other than death, disability, or retirement after completing five years of Eligibility Service and not yet eligible for Early Retirement Benefit
Disability	Cooper Tire: Disablement after completing ten years of Eligibility Service, which is determined to be total and permanent. Standard Products: Disablement after completing ten years of Accrual Service, eligible for Social Security benefits, and temporary disability benefits have expired.
Pre-retirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Cooper Tire: The greater of (a) or (b) below: (a) 1.50% of Average Monthly Compensation multiplied by Accrual Service (b) \$20 multiplied by Accrual Service Standard Products: For participants who were employees on June 30, 1976, the greater of (a), (b) or (c) below. For participants who became employees after June 30, 1976, the greater of (b) or (c) below: (a) A percentage of Average Compensation multiplied by Accrued Benefit Adjustment. The percentage is determined by Accrual Service at the time of retirement starting at 40% with 25 or more years of Accrual Service then reduced 0.75% for each year below 25 years. Lowest percentage is 22%. (b) $1\frac{1}{15}\%$ of Average Compensation not in excess of his Integration Level plus $1\frac{2}{3}\%$ of Average Compensation in excess of his Integration Level multiplied by Accrual Service (maximum is 30 years). The Integration Level is Covered Compensation for the Plan Year. (c) \$13 multiplied by his full years of Accrual Service
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Early retirement

Cooper Tire: An eligible participant may elect either the Annuity Benefit reduced for each month prior to 65 that payments commence, or the unreduced Annuity Benefit payable at 65. The reduction formula is 0.4% for each month Early Retirement Date precedes age 62.

Standard Products: Actuarial equivalent of age 65 benefit. Minimum benefit is \$10 multiplied by full years of Accrual Service for members on or after age 62 on Early Retirement Date.

Special early retirement

Cooper Tire: Unreduced benefit

Standard Products: N/A

Postponed retirement

Greater of (a) or (b) below:

- (a) Accrued benefit to late retirement
- (b) Later of (i) Normal Retirement Date benefit or
(ii) January 1, 2007 benefit multiplied by the late retirement factor

Deferred vested termination

The Annuity Benefit is payable at age 65. Accrued Benefit at date of termination multiplied by the vested percentage.

Disablement

Cooper Tire: The Annuity Benefit monthly amount (determined as of age 65) is payable monthly for life commencing the first of the month following five months of disablement. The benefit amount is offset by any State of Federal Disability or Unemployment Compensation benefits, except Social Security or military disability payments. Payments continue as long as the Disability continues prior to age 65 and for life following attainment of age 65.

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Standard Products: Benefit as of the date of disability reduced by (i) amount of state disability payment or (ii) amount of any company disability payments. Payments continue until the earlier of (i) Normal Retirement Date, (ii) death, (iii) refuses medical exam by employer, (iv) able to return to work and refuses an offer of employment by employer, or (v) able to engage in regular employment. If disability payments continue to NRD, subsequent retirement payments equal the accrued benefit reduced by 1%. If disability ends prior to NRD and the participant does not return to work, future benefits are determined under provisions for vested termination.

Pre-retirement death

Cooper Tire: For death on or after reaching early retirement eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 50% Survivor Annuity. For death prior to reaching early retirement eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had separated from service on date of death, survived to the earliest retirement date, elected the Qualified Joint and 50% Survivor Annuity, and died the following day.

Standard Products: For death on or after reaching early retirement eligibility, the surviving spouse is entitled to 55% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 55% Survivor Annuity with 5 year certain and life. For death prior to reaching early retirement eligibility, the surviving spouse is entitled to 55% of a benefit determined as if the participant had separated from service on date of death, survived to the earliest retirement date, elected Qualified Joint and 55% Survivor Annuity with 5 year certain and life, and died the following day.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Plan Provisions Since Prior Year

The plan is terminated effective April 30, 2022 under standard plan termination rules.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
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Plan Sponsor:	Cooper Tire & Rubber Company
Valuation Date:	January 1, 2022

COOPER TIRE & RUBBER COMPANY, LLC
SPECTRUM RETIREMENT PLAN

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

Employer Identification Number 34-4297750 Plan No: 003

The required Schedule of Assets is included in the Accountant Opinion attachment.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
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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 \$600,000 for the prior valuation to \$1,529,056 for the current valuation to account for higher expected expenses to be paid from the trust.

Plan Name:	Cooper Tire & Rubber Company Spectrum Retirement Plan
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