Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

D Check box if filing under:
- [ ] Form 5558
- [X] 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 TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 12/01/1965

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.	09/25/2024	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1806
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	709
a(2) Total number of active participants at the end of the plan year	**6a(2)**	658
b Retired or separated participants receiving benefits	**6b**	819
c Other retired or separated participants entitled to future benefits	**6c**	101
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	222
f Total. Add lines **6d** and **6e**.	**6f**	1800
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H 3F

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 007

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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2023

2 Assets:

a Market value	**2a**	260234212
b Actuarial value	**2b**	286257633

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	982	155384756	155384756
b For terminated vested participants	152	6986268	6986268
c For active participants	709	85545045	92958809
d Total	1843	247916069	255329833

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**	5.06 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3712370
b Expected plan-related expenses	**6b**	173376
c Target normal cost	**6c**	3885746

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	08/03/2024 Date
KEITH OKRESS, ASA, EA Type or print name of actuary	23-06965 Most recent enrollment number
WILLIS TOWERS WATSON US LLC Firm name	216-937-4000 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 [ ]

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	38981990
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	38981990
10	Interest on line 9 using prior year's actual return of -23.14 %	0	-9020432
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.45 %		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	29961558

Part III Funding Percentages

14	Funding target attainment percentage	14	100.37 %
15	Adjusted funding target attainment percentage	15	114.70 %
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	117.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [ ] Prescribed - separate [X] 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. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] 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. ..... [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [X] 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**	3885746
b Excess assets, if applicable, but not greater than line 31a	**31b**	966242

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** 2919504

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2919504	2919504

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 [X] 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
COOPER TIRE & RUBBER COMPANY TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 007

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

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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)

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

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

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

(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: CLIFTONLARSONALLEN LLP		**b** EIN: 41-0746749
c Position: ACCOUNTANT		
d Address: 1785 INDIAN WOOD CIRCLE MAUMEE, OH 43537		**e** Telephone: 419-794-2000

Explanation: ACCOUNTANT SERVICES WERE TERMINATED AS FUTURE ACCOUNTANT SERVICES WILL BE PERFORMED BY THE ACCOUNTANT WHICH THE PARENT COMPANY ENGAGES FOR AUDITS OF THE OTHER PARENT COMPANY PLANS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
COOPER TIRE & RUBBER COMPANY TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 007

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: MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): COOPER TIRE & RUBBER COMPANY LLC

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)
34-4297750-020	M	268290184

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
COOPER TIRE & RUBBER COMPANY TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 007

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	260234212	268290184
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	260234212	268290184
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	260234212	268290184

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		24706502
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		24706502
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15299642	
(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)		15299642
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1350888	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1350888
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16650530
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8055972
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BOBER MARKEY FEDOROVICH AND COMPANY **(2)** EIN: 34-1523030

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544717.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
COOPER TIRE & RUBBER COMPANY TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 007

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): 20-2387942 _____

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** 12

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 0.7 %

High-Yield Debt: 62.6 % Real Assets: _____% Cash or Cash Equivalents: 36.7 % Other: _____%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

COOPER TIRE & RUBBER COMPANY
TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

FINANCIAL STATEMENTS

December 31, 2023 and 2022

COOPER TIRE & RUBBER COMPANY
TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

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Note: Certain schedules normally required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because of the absence of the conditions under which they are required.

BOBER MARKEY FEDOROVICH
CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of
Cooper Tire & Rubber Company
Texarkana Represented Employee Retirement Plan
Akron, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements

We have performed an audit of the accompanying financial statements of Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 a qualified institution as of December 31, 2023, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2023 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 Financial Statements section—

- the amounts and disclosures in the 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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 2023 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, we:

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

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

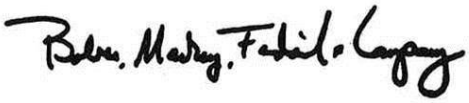
Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Auditors' Report on the 2022 Financial Statements

The 2022 financial statements of Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan were audited by other auditors. 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 a qualified institution. Their report dated September 22, 2023 indicated that (a) the amounts and disclosures in the 2022 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 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Their report also indicated that the form and content of the 2022 supplemental schedule, other than the information in the 2022 supplemental schedule 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 2022 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio

September 25, 2024

COOPER TIRE & RUBBER COMPANY
TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN
December 31, 2023 and 2022

Statements of Net Assets Available for Benefits

(Dollars in Thousands)	December 31, 2023	December 31, 2022
Plan's Interest in Master Trust	$ 268,290	$ 260,234
Net Assets Available for Benefits	$ 268,290	$ 260,234

Statement of Changes in Net Assets Available for Benefits

(Dollars in Thousands)	Year Ended December 31, 2023
Net Investment Gain from Plan's Interest in Master Trust	$ 24,707
Benefits Paid to Participants or Their Beneficiaries	(15,300)
Administrative Expenses	(1,351)
Net Increase	8,056
Net Assets Available for Benefits at Beginning of Year	260,234
Net Assets Available for Benefits at End of Year	$ 268,290

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

Statements of Accumulated Plan Benefits

(Dollars in Thousands)	December 31, 2023	December 31, 2022
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits for:		
Current Employees	$ 77,488	$ 69,645
Retirees	157,658	136,427
Former Employees	6,828	5,334
	241,974	211,406
Nonvested Benefits for Current Employees	6,445	4,328
	$ 248,419	$ 215,734

Statement of Changes in Accumulated Plan Benefits

(Dollars in Thousands)	Year Ended December 31, 2023
Actuarial Present Value of Accumulated Plan Benefits, December 31, 2022	$ 215,734
(Decrease)/Increase During the Year Attributable to:	
Change in Actuarial Assumptions	28,655
Benefits Accumulated	2,872
Benefit Payments	(15,300)
Change in Discount Period	14,240
Experience	2,218
Net Increase	32,685
Actuarial Present Value of Accumulated Plan Benefits, December 31, 2023	$ 248,419

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

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Trust Assets

The Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan (the "Plan"), along with several other plans (the "Plans") (see below), is included in the Cooper Tire & Rubber Company Master Retirement Trust (the "Master Trust"). The Master Trust funding the Plans includes the assets of Cooper Tire & Rubber Company LLC's (the "Company" or "Plan Sponsor") hourly defined benefit plans as follows: Clarksdale Represented Employee Retirement Plan (prior to its transfer to the Goodyear Tire &

Rubber Company Common Trust for the Collective Investment of Retirement Plan Funds ("Common Trust") during 2023), Findlay Represented Employee Retirement Plan and the Plan.

The Plan has entered a trust agreement with Northern Trust Company (the "Trustee") to act as trustee of the Plan's assets. The Trustee administers and invests the Plan's assets and income for the benefit of the Plan's participants.

Effective January 1, 2023, the Master Trust became a sub-trust of the Common Trust.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits include benefits expected to be paid to:

a) Retired or terminated employees or their beneficiaries.
b) Beneficiaries of employees who died while in active service.
c) Present employees and their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by WTW, consulting actuaries, using actuarial assumptions to reflect the time value of money and the probability that a benefit payment will be made between the valuation date and the expected payment date.

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2023 and 2022 were:

a) Life Expectancy – Base table: Blue-collar Pri-2012 adjusted for actual Goodyear hourly experience with Scale MP-2021, adjusted to reflect a 0.75% long-term rate.
b) Retirement Age - Schedule of rates dependent on age in 2023 and 2022.
c) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 5.50% (December 31, 2023) and 6.75% (December 31, 2022)

Contributions and Funding

During the 2023 Plan year, no Company contributions were required under the minimum funding requirements specified in the Employee Retirement Income Security Act of 1974 ("ERISA"). Company contributions are recognized as they accrue.

Expenses

Certain administrative expenses of the Plan are paid by the Company and are excluded from these financial statements.

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

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.

Benefit Payments
Benefit payments to participants are recorded upon distribution.

Subsequent Events
The Plan has evaluated subsequent events through September 25, 2024, the date the financial statements were available to be issued. There were no subsequent events which required recognition or disclosure in the financial statements, other than the event disclosed in Note 6.

NOTE 2 – GENERAL DESCRIPTION AND OPERATION OF THE PLAN

The following brief description of the Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of ERISA.

Effective June 7, 2021, the Plan Sponsor was acquired by The Goodyear Tire & Rubber Company ("Goodyear"), and effective January 1, 2023, active Plan participants became employees of Goodyear. As of the date the financial statements were available to be issued, Cooper Tire & Rubber Company LLC remains the Plan Sponsor.

Participation and Benefits
The Plan is a defined benefit pension plan covering substantially all hourly employees subject to the collective bargaining agreement between the Company and Local Union #752 of the United Steelworkers of America, who were hired prior to February 1, 2012.

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

The Plan's participants may be eligible for unreduced monthly pension benefits upon attainment of 30 years of continuous credited service. 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). The Plan provides certain survivor and disability benefits, and various optional forms of payment, some actuarially reduced.

Vesting
Participants are vested after five years of continuous credited service.

Termination Provisions
The Company anticipates and believes that the Plan will continue without interruption but reserves the right to discontinue the Plan. As stated in the Plan, in the event that such discontinuance results in the termination of the Plan:

a) The Plan's interest in the Master Trust shall serve to discharge any liability presently incurred and the net assets shall be applied for the exclusive benefit of the participants and beneficiaries of the Plan, provided that after satisfaction of all liabilities, residual assets of the Plan are distributable to the Company, or to other plans within the Master Trust.

b) To the extent unfunded vested benefits exist, benefits up to specified limitations are insured by the Pension Benefit Guaranty Corporation.

NOTE 3 - TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated May 8, 2017 that the Plan is qualified and the Trust established for the Plan is exempt from Federal Income Tax under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Company and Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4 - FINANCIAL DATA CERTIFIED BY THE NORTHERN TRUST COMPANY AND PRINCIPAL TRUST COMPANY

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information applicable to the Master Trust and at the Plan level is certified complete and accurate or derived from information certified complete and accurate by the Trustee (and Principal Trust Company, which served as Custodian for certain plan assets for the year ended December 31, 2022), with the exception of certain collective trust funds within the Master Trust as of December 31, 2023 and 2022. As of December 31, 2023, and 2022, the fair value of these investments within the Master Trust was $9,780,000 and $41,767,000, respectively. Net appreciation in fair value of investments of the Master Trust for the year ended December 31, 2023 includes an increase of $526,000 to the fair value of that collective trust fund.

NOTE 5 - PARTY-IN-INTEREST

Certain Plan investments are managed by Northern Trust Asset Management, an affiliate of the Trustee and, therefore, these transactions are party-in-interest transactions. Fees are paid by the Master Trust for asset custody and management to parties-in-interest. These fees are pursuant to arrangements exempted from the prohibited transaction rules.

NOTE 6 – SUBSEQUENT EVENTS

Effective May 1, 2024, the assets of the Plan were transferred from the Master Trust to the Common Trust.

Effective June 22, 2024, a new collective bargaining agreement was ratified covering the participants of the Plan. The new collective bargaining agreement includes provisions which increase the monthly pension multiplier amount by $1, effective June 30, 2024, and allows participants who terminate with immediate pension benefit eligibility to elect to receive a lump sum distribution, effective January 1, 2025.

NOTE 7 - MASTER TRUST

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value in the Master Trust plus actual contributions and allocated investment income (loss) less actual distributions and allocated administrative expenses. The fair value of investments held by the Master Trust is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the Plan based on the Plan's divided interest in the Master Trust.

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

Master Trust Net Assets

The following provides a summary of the Master Trust net assets at December 31, 2023 and 2022 and changes in net assets for the year ended December 31, 2023:

Statements of Net Assets Available for Benefits
(Dollars in Thousands)

	December 31, 2023		December 31, 2022	
	Master Trust	Plan's Interest in Master Trust	Master Trust	Plan's Interest in Master Trust
Assets				
Investments:				
Cash and Short Term Securities	$ 3,274	$ 1,944	$ 4,441	$ 2,420
Common/Collective Trusts	165,985	98,559	92,126	44,753
Mutual Funds	281,858	167,363	366,953	209,848
	451,117	267,866	463,520	257,021
Receivables:				
Pending Trades	-	-	3,109	3,171
Accrued Income	715	424	92	42
	715	424	3,201	3,213
Net Assets Available for Benefits	$ 451,832	$ 268,290	$ 466,721	$ 260,234

Statement of Changes in Net Assets Available for Benefits

(Dollars in Thousands)	Year Ended December 31, 2023
Net Investment Gain:	
Interest and Dividend Income	$ 4,377
Net Appreciation in Fair Value of Investments	37,554
	41,931
Benefits Paid to Participants or Their Beneficiaries	(29,447)
Trust Expenses	(714)
Administrative Expenses	(2,315)
Transfer to Common Trust	(24,344)
Net Decrease	(14,889)
Net Assets Available for Benefits at Beginning of Year	466,721
Net Assets Available for Benefits at End of Year	$ 451,832

Fair Value Measurements

Assets and liabilities measured at fair value are classified using the following hierarchy, which is based upon the transparency of inputs to the valuation as of the measurement date.

- Level 1 – Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Valuation is based upon quoted prices for similar assets and liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Valuation is based upon other unobservable inputs that are significant to the fair value measurement.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2023, and 2022:

December 31, 2023
(Dollars in Thousands)

	Level 1	Level 2	Level 3	Total
Cash and Short Term Securities	$ 3,274	$ -	$ -	$ 3,274
Total Assets in the Fair Value Hierarchy	$ 3,274	$ -	$ -	3,274
Investments Measured at Net Asset Value:				
Mutual Funds				
Debt Securities				281,858
Common/Collective Trusts				
Equity Securities				3
Short Term Securities				156,202
Debt Securities				9,780
Total Investments at Fair Value				$ 451,117

December 31, 2022
(Dollars in Thousands)

	Level 1	Level 2	Level 3	Total
Cash and Short Term Securities	$ 4,441	$ -	$ -	$ 4,441
Total Assets in the Fair Value Hierarchy	$ 4,441	$ -	$ -	4,441
Investments Measured at Net Asset Value:				
Mutual Funds				
Equity Securities				111,241
Debt Securities				255,712
Common/Collective Trusts				
Equity Securities				3
Short Term Securities				26,317
Debt Securities				24,039
Real Estate				41,767
Total Investments at Fair Value				$ 463,520

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Investments that were measured at net asset value (NAV) per share are not classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to total investments at fair value of the Master Trust. Valuation methodologies used for assets and liabilities measured at fair value are as follows:

Cash and Short-Term Securities: Cash and cash equivalents consist of U.S. currency.

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 or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Changes in Fair Value Levels

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

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total Master Trust net assets available for benefits. For the year ended December 31, 2023, there were no significant transfers in or out of levels 1, 2 or 3.

Investments Valued at Net Asset Value

Assets valued at NAV are as follows:

Common/Collective Trusts: Valued at the NAV of units held at year end, as determined by a pricing vendor or the fund family. The NAV, as provided by the Trustee of each common collective Trust fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. If the plan were to initiate a full redemption of any common collective Trust, each investment manager reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner. The investments in common collective Trust funds had a fair value of approximately $165,985,000 and $92,126,000 as of December 31, 2023 and 2022, respectively, with no unfunded commitments, daily pricing frequency, and full redemption notice periods that extend no greater than 30 days. Common/collective Trusts invested in equity securities are invested to earn returns that match or exceed U.S. equity indexes. Common/collective Trust funds invested in debt securities are invested to earn returns that match or exceed U.S. fixed income indexes. Common/collective Trust funds invested in real estate funds are invested in global real estate securities. Common/collective Trust funds invested in short term securities are invested in obligation of the U.S. government and related money market instruments.

Mutual Funds: Valued at the NAV of shares held at year end, as determined by the pricing vendor or the fund family. The NAV, as provided by the Trustee of each mutual fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. If the plan were to initiate a full redemption of any mutual fund, each investment manager reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner. The investments in mutual funds had a fair value of $281,858,000 and $366,953,000 as of December 31, 2023 and 2022, respectively, with no unfunded commitments, daily pricing frequency, and full redemption notice periods that extend no greater than 30 days. Mutual funds invested in equity securities are invested to earn returns that match or exceed U.S. equity indexes. Mutual funds invested in debt securities are invested to earn returns that match or exceed U.S. fixed income indexes.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2023

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	0	1	22	0	0	0	0	0	0	23
35-39	0	0	0	24	16	0	0	0	0	0	40
40-44	0	0	0	23	40	18	0	0	0	0	81
45-49	0	0	0	27	36	53	12	0	0	0	128
50-54	0	0	0	22	27	66	38	5	0	0	158
55-59	0	0	0	27	20	36	35	30	16	1	165
60-64	0	0	0	14	8	21	11	18	12	19	103
65-69	0	0	0	1	0	2	1	1	0	5	10
70 & over	0	0	0	0	0	0	1	0	0	0	1
Total	0	0	1	160	147	196	98	54	28	25	709

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

Plan Name: Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN: 34-4297750 / 007
Plan Sponsor: Cooper Tire & Rubber Company LLC
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

• Applicable month	December
• Interest rate basis	Full Yield Curve

Interest rates

• 10-year rate	5.17%
• 20-year rate	5.13%
• 30-year rate	4.92%
• Effective interest rate	5.06%

Annual rates of increase

• Compensation:	N/A
• Representative rates	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A

Plan-related expenses	$173,376; equal to the PBGC premium for the current plan year.

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	January 1, 2023

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 and disabled

Mortality is assumed to occur according to a plan-specific substitute mortality table with separate male and female rates, as approved by the IRS in 2022 for valuations starting with the 2023 plan year. The substitute mortality table is constructed from standard tables, adjusted based on the mortality experience of an aggregation of plans and the credibility of that experience. The base tables are the IRS optional combined tables for males and females for 2020 adjusted by a 1.436540 mortality ratio. The mortality experience is fully credible. The mortality rates are applied to all non-disabled participants and to participants who became disabled after 1995. The tables were developed based on the mortality experience of the corresponding populations of the Goodyear 1950 Plan (excluding participants disabled after 2009) plus the Cooper Findlay, Texarkana and Clarksdale Plans for the period 2019-2021. The tables are generational, based on the IRS-prescribed projection scale for the valuation year, with a base year of 2020. For male and female participants who became disabled before 1995, the tables prescribed in IRS Revenue Ruling 96-7 are used. The table below presents illustrative rates for the base year.

	Percentage of Participants Expected to Die Within One Year	
Age	Males	Females
25	0.0882	0.0325
30	0.0929	0.0417
35	0.1115	0.0571
40	0.1236	0.0727
45	0.1633	0.1005
50	0.2682	0.1669
55	0.5000	0.3117
60	0.9904	0.6235
65	1.6660	1.1426
70	2.4917	1.8333
75	3.9617	3.0389
80	6.7216	5.2930
85	11.8269	9.5219
90	20.8954	17.0482

- 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 2023, as published in the appendix to IRS Notice 2022-22.

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%

Disability

100% 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%

SCHEDULE SB ATTACHMENTS

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 10 years of vesting service
• Deferred vested benefit	Current active participants: Lump sum is paid upon termination; annuity is deferred to age 62 Current inactive participants: Age 62 or current age if later
• Disability benefit	Upon disablement
• Retirement benefit	Upon termination of employment
Form of payment	50% of active participants who terminate before the earliest assumed retirement age are assumed to receive a single sum immediately. The remaining active participants are assumed to elect benefits in the form of a life annuity with period certain of 5 years. Participants who are already terminated on the valuation date are assumed to receive their benefit in the normal form at the assumed retirement date.
Percent married	85% married
Spouse age	Wives are assumed to be three years younger than their husbands
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement.
Unpredictable Contingent Event Benefit (UCEB) assumptions	No prospective events are considered to have more than a de minimis likelihood of occurring.

Methods

Valuation date	First day of plan year

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

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.
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	The pay-related benefit for deferred vested participants is not valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2023 via Principal and Alight. 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.

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

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.
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 the current year PBGC premium.

Assumptions Rationale - Significant Demographic Assumptions

Healthy and disabled mortality	Mortality rates for healthy and disabled lives were developed through an analysis of plan experience. The tables have been approved as plan-specific substitute mortality tables under Treas. Reg. § 1.430(h)(3)-2. The rates reflect actual mortality experience during the period of the study. Adjustments of the rates for future periods are prescribed by law and regulations. Other disabled lives are valued using disabled methods and assumptions 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.

SCHEDULE SB ATTACHMENTS

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 assumption selected does not significantly conflict with what would be reasonable.
Unpredictable Contingent Event Benefits (UCEBs)	The assumption that UCEBs will not have a material effect has been selected by the plan sponsor. WTW is unable to assess this assumption due to lack of information about the Company's business plans.

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 mortality table used to calculate the funding target and target normal cost was updated to reflect a plan-specific substitute mortality table as described in this Appendix A. The assumed mortality table for 417(e) lump sum purposes was updated to the 2023 "applicable mortality table" under IRC §417(e) provided in IRS Notice 2022-22. The assumed plan-related expenses added to the target normal cost were changed from $296,352 for the prior valuation to $173,376 for the current valuation. The plan sponsor indicated that beginning in 2023 the PBGC premium would be the only expense paid from the trust. Therefore, the assumption for plan-related expenses to be added to the target normal cost was changed to equal the PBGC premium for the current plan year.
Change in methods since prior valuation	The interest rate changed from the PPA election of September segment rates to the full yield curve. This change qualifies for automatic approval. The effective interest rate has changed from 5.45% for 2022 to 5.06% for 2023.

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cooper Tire & Rubber Company LLC
EIN/PN	34-4297750 / 007
Plan Name	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
Valuation Date	January 1, 2023
Enrolled Actuary	Keith Okress, ASA, EA
Enrollment Number	23-06965

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.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

D Check box if filing under:
- [ ] Form 5558
- [x] 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 TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 12/01/1965

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	Margaret V. Snyder	9/25/24	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.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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 TEXARKANA REPRESENTED EMPLOYEE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 007

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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2023

2 Assets:

a Market value	**2a**	260,234,212
b Actuarial value	**2b**	286,257,633

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	982	155,384,756	155,384,756
b For terminated vested participants	152	6,986,268	6,986,268
c For active participants	709	85,545,045	92,958,809
d Total	1,843	247,916,069	255,329,833

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**	5.06%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,712,370
b Expected plan-related expenses	**6b**	173,376
c Target normal cost	**6c**	3,885,746

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 Keith J Okress KJO

Signature of actuary

August 23, 2024

Date

Keith Okress, ASA, EA

Type or print name of actuary

2306965

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

216-937-4000

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 [ ]

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	38,981,990
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	38,981,990
10	Interest on line 9 using prior year's actual return of -23.14 %	0	-9,020,432
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.45 %		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	29,961,558

Part III Funding Percentages

14	Funding target attainment percentage	14	100.37 %
15	Adjusted funding target attainment percentage	15	114.70 %
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	117.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [ ] Prescribed - separate [X] 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. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] 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. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	
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**	3,885,746
b Excess assets, if applicable, but not greater than line 31a	**31b**	966,242

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**	2,919,504

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,919,504	2,919,504

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 [X] 2021

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
2023	1,090,579	66,976	14,274,625	15,432,180
2024	1,992,935	143,150	14,008,387	16,144,472
2025	2,731,840	164,583	13,679,396	16,575,819
2026	3,485,380	208,665	13,308,970	17,003,015
2027	4,187,164	252,474	12,909,326	17,348,964
2028	4,776,180	267,779	12,513,443	17,557,402
2029	5,247,197	292,272	12,118,004	17,657,473
2030	5,673,050	342,189	11,713,334	17,728,573
2031	6,062,846	376,694	11,299,164	17,738,704
2032	6,396,641	396,378	10,869,917	17,662,936
2033	6,667,829	421,397	10,427,371	17,516,597
2034	6,907,106	428,189	9,972,085	17,307,380
2035	7,115,419	446,547	9,505,166	17,067,132
2036	7,290,860	481,159	9,029,061	16,801,080
2037	7,438,844	502,855	8,545,181	16,486,880
2038	7,527,546	523,644	8,055,990	16,107,180
2039	7,570,108	546,633	7,564,041	15,680,782
2040	7,566,944	564,027	7,071,328	15,202,299
2041	7,534,110	574,831	6,580,160	14,689,101
2042	7,469,084	588,312	6,092,937	14,150,333
2043	7,354,196	599,380	5,612,048	13,565,624
2044	7,199,497	605,533	5,139,850	12,944,880
2045	7,023,113	606,799	4,678,674	12,308,586
2046	6,819,985	601,222	4,231,002	11,652,209
2047	6,581,585	595,267	3,799,376	10,976,228
2048	6,317,595	584,113	3,386,367	10,288,075
2049	6,031,531	567,996	2,994,380	9,593,907
2050	5,733,674	549,861	2,625,766	8,909,301

Plan Name: Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN: 34-4297750 / 007
Plan Sponsor: Cooper Tire & Rubber Company LLC
Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	5,425,776	532,411	2,282,583	8,240,770
2052	5,107,690	514,855	1,966,486	7,589,031
2053	4,783,207	496,191	1,678,637	6,958,035
2054	4,454,282	476,953	1,419,579	6,350,814
2055	4,123,057	455,163	1,189,349	5,767,569
2056	3,795,041	429,210	987,411	5,211,662
2057	3,475,776	403,298	812,686	4,691,760
2058	3,167,333	377,587	663,537	4,208,457
2059	2,871,861	352,214	537,929	3,762,004
2060	2,590,963	327,369	433,413	3,351,745
2061	2,325,721	303,289	347,397	2,976,407
2062	2,076,743	279,861	277,255	2,633,859
2063	1,844,312	257,149	220,495	2,321,956
2064	1,628,646	235,221	174,871	2,038,738
2065	1,429,798	214,134	138,407	1,782,339
2066	1,247,691	193,925	109,431	1,551,047
2067	1,082,090	174,632	86,521	1,343,243
2068	932,683	156,296	68,502	1,157,481
2069	798,962	138,970	54,389	992,321
2070	680,164	122,718	43,393	846,275
2071	575,391	107,590	34,874	717,855
2072	483,659	93,619	28,305	605,583

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of 1/1/2023

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on 09/29/2023 and does not reflect the interest rate changed from the PPA election of September segment rates to the full yield curve. In addition, the certified AFTAP was completed without the reflection of the full yield curve as the plan sponsor did not elect to recertify the AFTAP reflecting those provisions since the change was not a material change.

Date of AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
September 29, 2023	114.70%	The AFTAP changed from 114.70% to 112.11%. The funding target changed from $249,570,486 to $255,329,833. The AVA, carryover balance, and prefunding balance did not change.

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	1/1/2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2023

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. The resulting weighted average retirement age is 62.

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

After January 31, 2012, no employee shall become an active participant and no inactive participant or former participant shall again become an active participant. There are certain situations that would allow an inactive participant or former participant to become an active participant again that are disclosed in the plan document.

Under the current agreement, no benefit will accrue for the period of April 6, 2009 to April 5, 2010.

Covered employees	All employees subject to the collective bargaining agreements between Cooper Tire & Rubber Company and local union #752 of the United Steelworkers of America.
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. Periods of layoff are included in Benefit Service if recalled before the expiration of two years from layoff. Under the current agreement, CCS will not accrue for purposes of increasing the Accrued Benefit for the Period from April 6, 2009 to April 5, 2010.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of service
Monthly Pension Amount	The Accrued Benefit for any employee

Plan Name:	Cooper Tire & Rubber Company Texarkana Represented Employee Retirement Plan
EIN / PN:	34-4297750 / 007
Plan Sponsor:	Cooper Tire & Rubber Company LLC
Valuation Date:	January 1, 2023

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after (a) attaining age 55 and completing ten years of service or (b) completing 30 years of service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability, or retirement after completing five years of vesting service and not yet eligible for Early Retirement Benefit
Disability	Permanent and total disability prior to NRD with completion of ten years of service
Pre-retirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse
Post-retirement death benefit	Death while receiving retirement benefits, with a surviving spouse
Plant closure (special vesting)	Termination due to a Plant Closure (defined in the labor agreement) with completion of 30 years of service

Benefits Paid Upon the Following Events

Normal retirement

The respective monthly Pension Amount in effect at retirement multiplied by the CCS at retirement. The increase effective on June 7, 2022 is due to the change-in-control agreement.

Pension amount	Effective date
$51.50	3/4/2002
$54.50	4/10/2005
$55.50	3/1/2007
$56.50	3/1/2008
$57.50	3/1/2009
$59.00	2/1/2019
$60.00	6/7/2022

Early retirement

Those eligible as in (a) in the description of Early Retirement eligibility above may elect either the Accrued Benefit reduced by four-tenths of 1% (0.004) for each month prior to age 62 that

	payments commence or the unreduced Accrued Benefit beginning at age 62. To those eligible under (b) the Accrued Benefit commencing at retirement is payable. To those eligible under (b) and retiring over age 55, the Accrued Benefit is payable, with an added supplement equal to $340 plus $9 per year of service over 30 plus $10 per year of age over 55 for all months prior to age 62, or earlier commencement of Social Security benefits. The amount of the supplement is reduced if the retired participant has annual earned income in excess of the limitations in the labor agreements.
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The Accrued Benefit is payable for life commencing at age 65. The participant may elect early commencement of an actuarially reduced benefit after attaining age 55. A lump sum option is also available equal to the greater of: (1) the actuarial equivalent of the Accrued Benefit as defined in the plan document, or (2) an amount equal to an average week's pay times CCS at the time of termination. The product in (2) is increased by a factor of 1.25 if CCS is 10 to 15 years; 1.5 if CCS is 15 to 20 years and 2.0 if CCS exceeds 20 years.
Disablement	The Accrued Benefit commencing the first of the month following five months of disablement. The benefits are guaranteed for 60 months following the Disability Retirement of a participant over age 55 or the 60 months following the attainment of age 55 by a disability retiree under age 55.
Pre-retirement death	If the participant is eligible for Early Retirement at death, the monthly benefit is 50% of the Accrued Benefit as payable in a Qualified Joint and 50% Survivor form (with the spouse as survivor) on the day of the participant's death. If the participant is not eligible for Early Retirement at date of death, the monthly benefit is based on the Accrued Benefit monthly amount at the participant's date of death and is reduced by the Qualified Joint and 50% Survivor option factor for the ages of the participant and

	spouse as of the earliest date the participant could have elected to retire. 50% of the optional benefit is payable to the spouse for life commencing at the date of presumed Early Retirement eligibility.
Post-retirement death	The spouse of a retired participant receives $5,000 at the death of the participant. The benefit is not paid to those receiving benefits due to a deferred vested termination.
Plant closure (special vesting)	The monthly benefit at termination is determined by multiplying $16.50 by the CCS.

Other Plan Provisions

Forms of payment	Normal retirement benefits are payable as a 5 year Certain and Continuous Life annuity. Early retirement benefits are payable as a 5 year Certain and Continuous Life annuity. Disability benefits are payable for life as a monthly annuity, with 60 months guaranteed as described above. Pre-retirement death benefits are payable to the spouse as a monthly annuity for life, deferred to the participant's earliest retirement date if later than the date of death. Plant closure benefits are payable for life as a monthly annuity. Optional forms of payment include: Life annuity with 5 years certain, 50% Joint and Survivor with 5 years certain, 100% Joint and Survivor with 5 years certain, Life annuity with extended certain period of 5, 10 or 15 years after original 5-year period, 75% Joint and Survivor and 50% Joint & Survivor with 5 years certain and Pop up.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

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

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The interest rate changed from the PPA election of September segment rates to the full yield curve. This change qualifies for automatic approval. The effective interest rate has changed from 5.45% for 2022 to 5.06% for 2023.

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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 $296,352 for the prior valuation to $173,376 for the current valuation.

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Schedule SB, Line 23
Information on Use of Substitute Mortality Tables

Mortality is assumed to occur according to a plan-specific substitute mortality table with separate male and female rates, as approved by the IRS in 2022 for valuations starting with the 2023 plan year. The substitute mortality table is constructed from standard tables, adjusted based on the mortality experience of the plan and other aggregated plans and the credibility of that experience. The underlying standard tables are the IRS optional combined tables for males and females for 2020, which are then adjusted by a 1.436540 mortality ratio. The mortality experience is fully credible. The substitute mortality rates are applied to all non-disabled participants and to participants who became disabled after 1994 and before 2010. The tables were developed based on the mortality experience of the corresponding populations of the Goodyear 1950 Plan plus the Cooper Findlay, Texarkana and Clarksdale Plans for the period 2019-2021. The tables are generational, based on the IRS-prescribed projection scale for the valuation year, with a base year of 2020. For male and female participants who became disabled before 1995 or after 2009, the tables prescribed in IRS Revenue Ruling 96-7 are used. The following rates are illustrative for the base year:

	Percentage of Participants Expected to Die Within One Year	
Age	Males	Females
25	0.0882	0.0325
30	0.0929	0.0417
35	0.1115	0.0571
40	0.1236	0.0727
45	0.1633	0.1005
50	0.2682	0.1669
55	0.5000	0.3117
60	0.9904	0.6235
65	1.6660	1.1426
70	2.4917	1.8333
75	3.9617	3.0389
80	6.7216	5.2930
85	11.8269	9.5219
90	20.8954	17.0482

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