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| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form 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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                             |
| For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u> |                                                                                                                                                                                                                             |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan                                                  |
| <b>B</b> This return/report is for:                                                                      | <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months) |
| <b>C</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                          |

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| <b>Part II</b>                                                                                                                                                                                                         | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                 |                                                                  |                                                                |                                                          |  |
| <b>1a</b> Name of plan<br><u>TIRE CURING BLADDERS, LLC RETIREMENT PENSION PLAN</u>                                                                                                                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>04/30/2005</u></td> </tr> </table>                                                          | <b>1b</b> Three-digit plan number (PN) ►                         | <u>002</u>                                                     | <b>1c</b> Effective date of plan<br><u>04/30/2005</u>    |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                               | <u>002</u>                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                |                                                          |  |
| <b>1c</b> Effective date of plan<br><u>04/30/2005</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan)<br><u>TIRE CURING BLADDERS, LLC</u><br><br><u>5701 MURRAY STREET</u><br><u>LITTLE ROCK, AR 72209</u>                                 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>20-2336833</u></td> </tr> <tr> <td><b>2c</b> Plan sponsor's telephone number <u>501-562-5410</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>326200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) <u>20-2336833</u> | <b>2c</b> Plan sponsor's telephone number <u>501-562-5410</u>  | <b>2d</b> Business code (see instructions) <u>326200</u> |  |
| <b>2b</b> Employer Identification Number (EIN) <u>20-2336833</u>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>2c</b> Plan sponsor's telephone number <u>501-562-5410</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>2d</b> Business code (see instructions) <u>326200</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br><u>TIRE CURING BLADDERS, LLC</u> <u>5701 MURRAY STREET</u><br><u>TIRE CURING BLADDERS, LLC</u> <u>LITTLE ROCK, AR 72209</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>3b</b> Administrator's EIN <u>20-2336833</u></td> </tr> <tr> <td><b>3c</b> Administrator's telephone number <u>501-562-5410</u></td> </tr> </table>                                                                                              | <b>3b</b> Administrator's EIN <u>20-2336833</u>                  | <b>3c</b> Administrator's telephone number <u>501-562-5410</u> |                                                          |  |
| <b>3b</b> Administrator's EIN <u>20-2336833</u>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>3c</b> Administrator's telephone number <u>501-562-5410</u>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name                 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>4b</b> EIN</td> </tr> <tr> <td><b>4c</b> PN</td> </tr> </table>                                                                                                                                                                                  | <b>4b</b> EIN                                                    | <b>4c</b> PN                                                   |                                                          |  |
| <b>4b</b> EIN                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>4c</b> PN                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                         | <b>5a</b> <u>38</u>                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                |                                                          |  |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                                | <b>5b</b> <u>36</u>                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                |                                                          |  |
| <b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....                                                                      | <b>5c</b>                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                |                                                          |  |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                                                                  |                                                                |                                                          |  |
| <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                            |                                                                  |                                                                |                                                          |  |
| <b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>                                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                |                                                          |  |

| <b>Part III</b>                                                                                     | <b>Financial Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
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| <b>7</b> Plan Assets and Liabilities                                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Beginning of Year</th> <th style="text-align: center;">(b) End of Year</th> </tr> <tr> <td><b>a</b> Total plan assets .....</td> <td><b>7a</b> <u>2139541</u></td> <td><u>1979545</u></td> </tr> <tr> <td><b>b</b> Total plan liabilities .....</td> <td><b>7b</b></td> <td></td> </tr> <tr> <td><b>c</b> Net plan assets (subtract line 7b from line 7a).....</td> <td><b>7c</b> <u>2139541</u></td> <td><u>1979545</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | (a) Beginning of Year | (b) End of Year | <b>a</b> Total plan assets .....                    | <b>7a</b> <u>2139541</u> | <u>1979545</u> | <b>b</b> Total plan liabilities ..... | <b>7b</b>                  |  | <b>c</b> Net plan assets (subtract line 7b from line 7a)..... | <b>7c</b> <u>2139541</u> | <u>1979545</u> |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
|                                                                                                     | (a) Beginning of Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) End of Year |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>a</b> Total plan assets .....                                                                    | <b>7a</b> <u>2139541</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>1979545</u>  |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>b</b> Total plan liabilities .....                                                               | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b> <u>2139541</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>1979545</u>  |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                         | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">(a) Amount</th> <th style="text-align: center;">(b) Total</th> </tr> <tr> <td><b>a</b> Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td>  <b>(1)</b> Employers .....</td> <td><b>8a(1)</b> <u>159435</u></td> <td></td> </tr> <tr> <td>  <b>(2)</b> Participants .....</td> <td><b>8a(2)</b></td> <td></td> </tr> <tr> <td>  <b>(3)</b> Others (including rollovers).....</td> <td><b>8a(3)</b></td> <td></td> </tr> <tr> <td><b>b</b> Other income (loss).....</td> <td><b>8b</b> <u>-102534</u></td> <td></td> </tr> <tr> <td><b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....</td> <td><b>8c</b></td> <td><u>56901</u></td> </tr> <tr> <td><b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td><b>8d</b> <u>186946</u></td> <td></td> </tr> <tr> <td><b>e</b> Certain deemed and/or corrective distributions (see instructions)....</td> <td><b>8e</b></td> <td></td> </tr> <tr> <td><b>f</b> Administrative service providers (salaries, fees, commissions).....</td> <td><b>8f</b> <u>29951</u></td> <td></td> </tr> <tr> <td><b>g</b> Other expenses.....</td> <td><b>8g</b></td> <td></td> </tr> <tr> <td><b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td><b>8h</b></td> <td><u>216897</u></td> </tr> <tr> <td><b>i</b> Net income (loss) (subtract line 8h from line 8c).....</td> <td><b>8i</b></td> <td><u>-159996</u></td> </tr> <tr> <td><b>j</b> Transfers to (from) the plan (see instructions) .....</td> <td><b>8j</b></td> <td></td> </tr> </table> |                 | (a) Amount            | (b) Total       | <b>a</b> Contributions received or receivable from: |                          |                | <b>(1)</b> Employers .....            | <b>8a(1)</b> <u>159435</u> |  | <b>(2)</b> Participants .....                                 | <b>8a(2)</b>             |                | <b>(3)</b> Others (including rollovers)..... | <b>8a(3)</b> |  | <b>b</b> Other income (loss)..... | <b>8b</b> <u>-102534</u> |  | <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... | <b>8c</b> | <u>56901</u> | <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b> <u>186946</u> |  | <b>e</b> Certain deemed and/or corrective distributions (see instructions).... | <b>8e</b> |  | <b>f</b> Administrative service providers (salaries, fees, commissions)..... | <b>8f</b> <u>29951</u> |  | <b>g</b> Other expenses..... | <b>8g</b> |  | <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)..... | <b>8h</b> | <u>216897</u> | <b>i</b> Net income (loss) (subtract line 8h from line 8c)..... | <b>8i</b> | <u>-159996</u> | <b>j</b> Transfers to (from) the plan (see instructions) ..... | <b>8j</b> |  |
|                                                                                                     | (a) Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b) Total       |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>a</b> Contributions received or receivable from:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>(1)</b> Employers .....                                                                          | <b>8a(1)</b> <u>159435</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>(2)</b> Participants .....                                                                       | <b>8a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>(3)</b> Others (including rollovers).....                                                        | <b>8a(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b> <u>-102534</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                 | <b>8c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>56901</u>    |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b> <u>186946</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)....                      | <b>8e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b> <u>29951</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>216897</u>   |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>-159996</u>  |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                      | <b>8j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                       |                 |                                                     |                          |                |                                       |                            |  |                                                               |                          |                |                                              |              |  |                                   |                          |  |                                                                     |           |              |                                                                                                     |                         |  |                                                                                |           |  |                                                                              |                        |  |                              |           |  |                                                             |           |               |                                                                 |           |                |                                                                |           |  |

**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

|                                                                                                                                                                                                                                          |            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|--------|
| <b>10</b> During the plan year:                                                                                                                                                                                                          |            |     |    |        |
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      | <b>10a</b> |     | X  |        |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     | <b>10b</b> |     | X  |        |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | <b>10c</b> | X   |    | 350000 |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                  | <b>10d</b> |     | X  |        |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | <b>10e</b> |     | X  |        |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       | <b>10f</b> |     | X  |        |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         | <b>10g</b> |     | X  |        |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             | <b>10h</b> |     |    |        |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      | <b>10i</b> |     |    |        |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|                                                                                                                                                    |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year.....                                                                           | <b>12b</b> |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                          | <b>12c</b> |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>12d</b> |  |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** \_\_\_\_\_

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☐ Yes ☒ No

**c** 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
|                         |               |              |
|                         |               |              |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/13/2012 | WES MORRISON                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TIRE CURING BLADDERS, LLC RETIREMENT PENSION PLAN</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TIRE CURING BLADDERS, LLC</u>                              | <b>D</b> Employer Identification Number (EIN)<br><u>20-2336833</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2010</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>2135475</u>                                                                                                                                                            |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>2305387</u>                                                                                                                                                         |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>14</u> <u>2276073</u>                                                                                                  |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>9</u> <u>145880</u>                                                                                                                              |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>0</u>                                                                                                                                                        |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>1264162</u>                                                                                                                                                      |
| (3)           | Total active ..... <b>3c(3)</b> <u>15</u> <u>1264162</u>                                                                                                                                               |
| <b>d</b>      | Total ..... <b>3d</b> <u>38</u> <u>3686115</u>                                                                                                                                                         |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>6.62</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>0</u>                                                                                                                                                             |

**Statement by Enrolled Actuary**

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

|                                                                    |                                        |
|--------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                   | <u>07/10/2012</u>                      |
| Signature of actuary                                               | Date                                   |
| <u>DAVID F. KAYS</u>                                               | <u>11-03111</u>                        |
| Type or print name of actuary                                      | Most recent enrollment number          |
| <u>ACUFF &amp; ASSOCIATES, INC.</u>                                | <u>615-726-2410</u>                    |
| Firm name                                                          | Telephone number (including area code) |
| <u>210 WESTWOOD PLACE, SUITE 100</u><br><u>BRENTWOOD, TN 37027</u> |                                        |
| Address of the firm                                                |                                        |

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

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2010**  
**v.092308.1**

| 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 (Item 13 from prior year) ..... | 108776                | 0                      |
| 8       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 108776                | 0                      |
| 9       | Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| 10      | Interest on item 9 using prior year's actual return of <u>7.23</u> % .....                      |                       |                        |
| 11      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a       | Excess contributions (Item 38 from prior year) .....                                            |                       | 297                    |
| b       | Interest on (a) using prior year's effective rate of <u>6.70</u> % .....                        |                       | 20                     |
| c       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 317                    |
| d       | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12      | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13      | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 0                     | 0                      |

| Part III | Funding percentages                                                                                                                                             |           |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14       | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 62.54 % |
| 15       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 62.54 % |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 61.64 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | 62.54 % |

| Part IV                                                                           | Contributions and liquidity shortfalls |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|----------------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                        |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s)      | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/27/2012                                                                        | 46007                                  |                                 |                          |                                   |                                 |
| 04/18/2012                                                                        | 113428                                 |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                   |                                        |                                 | <b>18(b)</b>             | 159435                            | <b>18(c)</b>                    |
|                                                                                   |                                        |                                 |                          |                                   | 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 contribution from prior years.....                                                                                     | <b>19a</b> 0      |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> 0      |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....                                                                 | <b>19c</b> 138367 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                                                                            |                   |
| a Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |                   |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |                   |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>6.52 % | 3rd segment:<br>6.68 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1233284             | 226857             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 226857             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 226857             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 138367             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 88490              |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 88490              |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2010****This Form is Open to Public  
Inspection**For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011▶ **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.

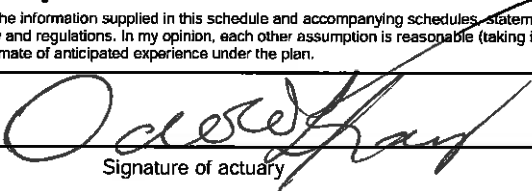
|                                                                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Tire Curing Bladders, LLC Retirement Pension Plan                                                                                           | <b>B</b> Three-digit plan number (PN) ▶<br><br>002              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Tire Curing Bladders, LLC                                                                | <b>D</b> Employer Identification Number (EIN)<br><br>20-2336833 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                 |
| <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500                  |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                      |                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2010</u>                                                                                                                     |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                     |                            |                    |
| <b>a</b> Market value.....                                                                                                                                                                           | <b>2a</b>                  | 2,135,475          |
| <b>b</b> Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 2,305,387          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                  | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b> 14               | 2,276,073          |
| <b>b</b> For terminated vested participants.....                                                                                                                                                     | <b>3b</b> 9                | 145,880            |
| <b>c</b> For active participants:                                                                                                                                                                    |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                         | <b>3c(1)</b>               | 0                  |
| (2) Vested benefits.....                                                                                                                                                                             | <b>3c(2)</b>               | 1,264,162          |
| (3) Total active.....                                                                                                                                                                                | <b>3c(3)</b> 15            | 1,264,162          |
| <b>d</b> Total.....                                                                                                                                                                                  | <b>3d</b> 38               | 3,686,115          |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                               |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                                | <b>5</b>                   | 6.62 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                                     | <b>6</b>                   | 0                  |

**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.

|                               |                                                                                     |                                                                                       |
|-------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b>          |  |  |
|                               | Signature of actuary                                                                | Date                                                                                  |
| David F. Kays                 | Type or print name of actuary                                                       | 11-03111                                                                              |
| Acuff & Associates, Inc.      | Firm name                                                                           | Most recent enrollment number                                                         |
| 210 Westwood Place, Suite 100 |                                                                                     | (615) 726-2410                                                                        |
| Brentwood                     | Address of the firm                                                                 | Telephone number (including area code)                                                |
|                               | TN 37027                                                                            |                                                                                       |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2010  
v.092308.1**



**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>6.52 % | 3rd segment:<br>6.68 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1,233,284           | 226,857            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....                                                   | <b>34</b>           | 226,857            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 226,857            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 138,367            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 88,490             |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 88,490             |

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan

Plan Sponsor: Tire Curing Bladders, LLC

Plan Number: 002

EIN: 20-2336833

Plan Year: October 1, 2010 – September 30, 2011

**2010 Form 5500 Schedule SB, Part V -  
Statement of Actuarial Assumptions/Methods**

**Economic Actuarial Assumptions**

**Interest**

|                                             |                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------|
| Funding Target and Target Normal Cost Rates | June 2010 Segment Rates:<br>4.16% (years 0-5), 6.52% (years 5-20), 6.68% (years 20+) |
|                                             |                                                                                      |

**Demographic Actuarial Assumptions**

**Mortality**

|                                                     |                                    |
|-----------------------------------------------------|------------------------------------|
| Mortality for PPA Minimum and Maximum Contributions | IRS 2010 Combined Mortality Tables |
|-----------------------------------------------------|------------------------------------|

**Termination or Withdrawal from Service**

Pirelli rates, 10 year select no withdrawal after 10 years of service

|      |     |     |    |    |    |    |    |    |    |    |
|------|-----|-----|----|----|----|----|----|----|----|----|
| Year | 0   | 1   | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  |
| Rate | 10% | 10% | 8% | 8% | 6% | 6% | 4% | 4% | 2% | 2% |

## Rates of Disability

100% Male UAW Rates Sample Rates

| Age | Rates |
|-----|-------|
| 25  | .03%  |
| 30  | .04%  |
| 35  | .05%  |
| 40  | .07%  |
| 45  | .10%  |
| 50  | .18%  |
| 55  | .36%  |

## Assumed Retirement Age

Age 60 and 30 years or age 62 whichever is earlier

## Marital Status at Benefit Eligibility

### **Percentage Married**

- Males 80%
- Females 80%
- **Age Difference** - Male Spouses are assumed to be 4 years older.

## Other Assumptions

### **Expenses**

Funding is for net cost.

### **Compensation Used in Valuation**

W-2 pay for 2004 and 2005

### **Year of Service Subsequent to the Valuation Date**

Each participant is assumed to accrue one year of vesting service for each future year unless information provided by the plan sponsor indicates otherwise.

## **Actuarial Asset Valuation Method**

Actuarial Asset Valuation Method is equal to the 24-Month Average Asset Valuing Method.

## **Retirement Benefits**

If a retiree is older than his spouse and elects to commence a Pop-Up benefit, it is assumed that the participant will die before his spouse.

**Plan Name:** Tire Curing Bladders, LLC Retirement Pension Plan

**Plan Sponsor:** Tire Curing Bladders, LLC

**Plan Number:** 002

**EIN:** 20-2336833

**Plan Year:** October 1, 2010 – September 30, 2011

## 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions

### **Name of the Plan**

Tire Curing Bladders, LLC Retirement Pension Plan

### **Effective Date**

The plan was originally established effective April 30, 2005.

### **Plan Year**

October 1 through September 30. The first plan year was a short plan year beginning April 30, 2005 ending September 30, 2005.

### **Primary Employer Name**

Tire Curing Bladders, LLC

### **Plan Name**

Tire Curing Bladders, LLC Retirement Pension Plan

### **Original Plan Effective Date**

April 30, 2005

### **Company's Fiscal Year**

January 1 – December 31

### **Predecessor Employer**

The Employer entered into an asset purchase agreement with Pirelli Tire, LLC effective April 30, 2005. Under such agreement the Employer has established this plan solely for the participants of the Pirelli Tire Retirement Pension Plan (the "Pirelli Tire Plan") as of August 15, 2004 that were subject to the Little Rock collective bargaining agreement of which such employees continue to remain employed with the Employer on or after April 30, 2005.

## Eligible Employee

- Any person employed by the Employer who is in a collective bargaining unit covered by the Union Little Rock Agreement
- Not a leased employee
- Not an independent contractor or a contract employee

## Eligibility Requirements

A participant is an Eligible Employee who was a participant in the Pirelli Tire Plan as of 8/15/2004 and continues to be employed with the Employer on or after 4/30/2005.

No further employees who are initially employed with the Employer on or after 4/30/2005 shall be eligible to participate in the Plan.

A participant's entry date is his entry date under the Pirelli Tire Plan.

## Benefit Formula – Traditional

Benefit formula – annual benefit equal to the sum of:

- A. .5% of Compensation prior to the Participant's 5<sup>th</sup> Anniversary Date, multiplied by his full years of past service with the Employer to said Anniversary Date; and
- B. .5% of Compensation up to \$3,000 plus 1% of Compensation over \$3,000, multiplied by the number of years from such Anniversary Date to his Normal Retirement Date.

Anniversary Date is the date when an Employee was hired.

The Minimum Benefit is \$41.00 multiplied by the Participant's Credited Service for benefit accrual purposes.

## Credited Service (for Benefit Accrual Purposes)

Credited Service is elapsed time in completed months from the Seniority Date as defined in the Union Little Rock Agreement.

- Includes lay-off (maximum 48 months)
- Includes service while on leave of absence as an officer of the local division credit union.

### **Credited Service exclusions -**

- Before 10/1/1976 which was not included in Credited Service under the Pirelli Tire Plan on 9/30/1976
- Before 10/1/1988 if hired after age 60 and first became a participant on 10/1/1988
- While not an eligible employee
- Rule of parity (applies after 1985)
- Service for which the Participant received a single sum payment in lieu of any pension he could have received under the plan
- Service after 8/15/2004

### **Vesting**

The right acquired by a participant to his accrued benefit.

### **Vesting Schedule -**

- 100% after 5 years of Credited Service (for vesting purposes)

### **Vesting Credited Service**

Credited Service is elapsed time in completed months from the Seniority Date as defined in the Union Little Rock Agreement.

- Includes lay-off (maximum 48 months)
- Includes service while on leave of absence as an officer of the local division credit union.

### **Vesting Credited Service exclusions -**

- Before 10/1/1976 which was not included in Credited Service under the Pirelli Tire Plan on 9/30/1976
- Rule of parity (applies after 1985)

### **Permanent and Total Disability Definition**

- A participant who has been disabled, through some unavoidable cause, by bodily injury or disease and is prevented from being physically able to perform the work of any classification in the local plant, and if such permanent and total disability shall have continued for 5 consecutive months, and, in the opinion of a qualified physician designated by the Committee, will presumably be permanent and total during the remainder of his life.

Such disability shall be deemed to have resulted from an unavoidable cause unless it:

- was contracted, suffered or incurred while the Employee was engaged in, or resulted from his

- having engaged in, a felonious enterprise, or
- resulted from his habitual drunkenness or addiction to narcotics, or
- resulted from an intentional, self-inflicted injury.

Disability resulting from any such causes or disability resulting exclusively from military service for which government pension is received shall not entitle the Employee to a disability pension under this Plan.

## **Hours-of-Service Method**

Actual hours used.

## **Normal Form**

Single Life Annuity with 5 years Certain Period

Automatic Form for Married Participants is the 50% Qualified Joint and Survivor Annuity (QJSA)

Payments under the QJSA are payable after payments for 60 months have been made under the Normal Form.

## **Optional Forms of Distribution**

All payments under any optional form are payable after payments for 60 months have been made under the Normal Form.

- Year Certain and Life Option - extended period of 5, 10 or 15 years
- Contingent Annuitant Option - 50% or 100%
  - Pop-Up A - no reduction to the 100% Contingent Annuitant Option if Contingent Annuitant dies before the Participant and before the end of the 5-year period.
  - Pop-Up B - no reduction to the 50% Contingent Annuitant Option if Contingent Annuitant dies before the Participant and before the end of the 5-year period.
- Cash Refund Annuity

All optional forms of benefit are the Actuarial Equivalent of the benefit under the Normal Form. There are actuarial tables for calculating the Pop-Up A & B optional Forms.

## Actuarial Equivalent – for optional forms

Actuarial Equivalence is based on the following:

- Unisex Pension – 1984 Mortality Table
- 6% interest.

## Distribution at Termination of Employment

Deferred to Retirement Date

If payments begin at what would be his Early Retirement Date (ERD), his benefit will be a reduced amount equal to the Actuarial Equivalent of his vested deferred benefit.

Small amounts are paid out as lump sums.

## Normal Retirement Age/Date (100% Vesting)

NRA is the later of age 65 or his age on the date 5 years after his entry date.

Normal Retirement Date (NRD) is the last day of the month in which he reaches Normal Retirement Age (NRA).

## Early Retirement Age/Date

Last day of the month in which he terminates employment and reaches ERA.

ERA is the later of age 55 or his age on the date he has 10 years of Credited Service (for vesting purposes).

The benefit at ERD is reduced by .4% for each complete month the ERD precedes the first of the month following the month in which he attains age 62.

## Special Early Retirement Age/Date

- (1) Age 62 and completed 10 years of Credited Service (for vesting purposes); or
- (2) Completes 30 years of Credited Service (for vesting purposes)

- If (1) applies, or (2) applies and the Participant has not reached age 55, the Participant's benefit equals his Accrued Benefit with no reduction for early retirement.
- If (2) applies and the Participant is age 55 or older his benefit is payable until the earlier of:
  - Date he's eligible for Social Security benefit based on age or disability
  - Date he dies
  - Month he attains age 62, provided if he's born in 1938 or later, he may continue to receive the

benefit past age 62 until he is eligible for 80% of Social Security benefit (3 years before attainment of full Social Security Retirement Age)

Such Participant's benefit equals an amount from the schedule in the Plan based on age and completed years of Credited Service (for vesting purposes) to his Special ERD.

When such Participant reaches age 62 or, if earlier, the date he's eligible for a Social Security benefit based on age or disability, his monthly pension will be redetermined as if (1) above applies.

- If the Participant has less than 30 years of Credited Service (for vesting purposes) on 8/15/2004 and later completes 30 such years, his Special ERD benefit will be calculated based on (1) the \$41.00 multiplier (see Minimum benefit under the Benefit Formula section above), and (2) a supplement equal to \$9.00 for each full year of Credited Service (for benefit accrual purposes) and \$10.00 for each completed year of age after age 55, taking into account his age as of his ERD and his full years of Credited Service (for benefit accrual purposes) as of 8/15/2004.

### **Late Retirement Date (LRD)**

Allowed to work past Normal Retirement Date. The benefit is the Accrued Benefit at LRD.

Suspension of Benefits upon Reemployment

If a retired or former Employee returns to work in any capacity and works more than 40 hours in any month, payments will stop. Payments will begin again when he retires, terminates employment, or works less than 40 hours – amount of payments will be based on the Plan then in effect.

### **Pre-Retirement Death**

#### **QPSA**

- One-year marriage requirement
- Active Employees – benefit to spouse is deferred to the Participant's earliest retirement date, or it can be taken immediately. If taken immediately, the benefit will be a reduced amount equal to the Actuarial Equivalent of his vested Accrued Benefit at date of death.
- Former Employees – benefit to spouse is deferred to the Participant's earliest retirement date. The benefit to the spouse equals the Participant's deferred vested benefit at his date of termination, reduced for each year the QPSA coverage is in effect. The reduction is .5% for each year (to the nearest 1/12 of a year) of such coverage. Unless the former Employee waives coverage, coverage begins on the date he terminated employment. If such Employee waives coverage, no QPSA benefit is payable.

#### **Single sum**

- If the Present Value of the QPSA benefit is less than \$10,000 (but more than small amounts) the spouse may elect to take the benefit in a single sum instead of a monthly benefit.

## Death after Retirement

### Single Sum

- At death of pensioner (except one who terminated before age 60 with a deferred vested benefit), such pensioner's spouse will receive \$4,000 in addition to any other benefit provided under the plan.
- Spouse must have been married to the Participant one year before the Participant's death
- Payable immediately at death

## Disability Benefits

### **Age/Service requirements**

- 10 years of Credited Service (for vesting purposes)
- Becomes totally disabled while accumulating service from his Seniority Date.

### **Disability Retirement**

- Benefit equals the Participant's Accrued Benefit on his Disability Retirement Date
- An Employee who retires on his Disability Retirement Date, whose pension is not being paid in the form of a QJSA, and who has less than 30 years of Credited Service (for vesting purposes) may select, revoke, or change an option at any time prior to the date on which the option becomes effective, which may be at any time between age 55 and 65 as selected by the Employee.

Benefit stops if the Participant recovers prior to NRD

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
Plan Sponsor: Tire Curing Bladders, LLC  
Plan Number: 002  
EIN: 20-2336833  
Plan Year: October 1, 2010 – September 30, 2011

**2010 Form 5500 Schedule SB, Line 22 -  
Description of Weighted Average Retirement Age**

The assumed retirement age is the earlier of Age 60 with 30 Years of Service or Age 62.

Employees projected to have at least 30 Years of Service by Age 60: 12

Employees projected to have less than 30 Years of Service by Age 60: 2

1 Employee is currently Age 66

$$12/15 * 60 = 48.00$$

$$2/15 * 62 = 8.27$$

$$1/15 * 65 = 4.33$$

$$48.00 + 8.27 + 4.33 = 60.6, \text{ or approximately } \mathbf{61 \text{ Years of Age}}$$

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
 Plan Sponsor: Tire Curing Bladders, LLC  
 Plan Number: 002  
 EIN: 20-2336833  
 Plan Year: October 1, 2010 – September 30, 2011

2010 Form 5500 Schedule SB, Line 26 -  
 Schedule of Active Participant Data

| <u>ALL AGE<br/>GROUPS</u> | 0-4      | 5-9      | 10-<br>14 | 15-<br>19 | 20-<br>24 | 25-<br>29 | 30-<br>34 | 35-<br>39 | 40+      | TOTAL     |
|---------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|
| 0-24                      | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 25-29                     | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 30-34                     | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 35-39                     | 0        | 1        | 0         | 1         | 0         | 0         | 0         | 0         | 0        | 2         |
| 40-44                     | 0        | 0        | 1         | 0         | 0         | 0         | 0         | 0         | 0        | 1         |
| 45-49                     | 0        | 0        | 1         | 0         | 0         | 1         | 0         | 0         | 0        | 2         |
| 50-54                     | 0        | 0        | 0         | 0         | 1         | 0         | 2         | 0         | 0        | 3         |
| 55-59                     | 0        | 0        | 1         | 0         | 0         | 0         | 3         | 2         | 0        | 6         |
| 60-64                     | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 65-69                     | 0        | 0        | 0         | 0         | 0         | 0         | 1         | 0         | 0        | 1         |
| 70+                       | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| <b>TOTAL</b>              | <b>0</b> | <b>1</b> | <b>3</b>  | <b>1</b>  | <b>1</b>  | <b>1</b>  | <b>6</b>  | <b>2</b>  | <b>0</b> | <b>15</b> |

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
Plan Sponsor: Tire Curing Bladders, LLC  
Plan Number: 002  
EIN: 20-2336833  
Plan Year: October 1, 2010 – September 30, 2011

2010 Form 5500 Schedule SB, Line 32 -  
Schedule of Amortization Bases

| Type      | PV<br>Remaining<br>Installments | Initial Date | Number of<br>Years<br>Remaining | Amortization<br>Installment |
|-----------|---------------------------------|--------------|---------------------------------|-----------------------------|
| Shortfall | \$1,051,524                     | 10/01/2009   | 6                               | \$196,714                   |
| Shortfall | \$181,760                       | 10/01/2010   | 7                               | \$30,143                    |

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
 EIN / PN: 20-2336833 / 002  
 2010 Schedule SB, line 19 - Discounted Employer Contributions

[illegible]

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
 EIN / PN: 20-2336833 / 002  
 2010 Schedule SB, line 19 - Discounted Employer Contributions

| Date      | Contribution | Prior Year Amounts |               |                 | Current Year Amounts  |               |       |               |                 |
|-----------|--------------|--------------------|---------------|-----------------|-----------------------|---------------|-------|---------------|-----------------|
|           |              | Amount             | Interest Rate | Adjusted Amount | Late Quarterly Amount | Interest Rate | Other | Interest Rate | Adjusted Amount |
|           |              |                    |               |                 |                       |               |       |               |                 |
| 3/27/2012 | 46,007       |                    |               |                 | 46,007                | 11.62%        | -     | 6.62%         | 39,594          |
| 4/18/2012 | 113,428      |                    |               |                 | 113,428               | 11.62%        | -     | 6.62%         | 98,773          |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
|           |              |                    |               |                 |                       |               |       |               |                 |
| Total     | 159,435      | -                  |               |                 | 159,435               |               | -     |               | 138,367         |

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
Plan Sponsor: Tire Curing Bladders, LLC  
Plan Number: 002  
EIN: 20-2336833  
Plan Year: October 1, 2010 – September 30, 2011

**2010 Form 5500 Schedule SB, Line 22 -  
Description of Weighted Average Retirement Age**

The assumed retirement age is the earlier of Age 60 with 30 Years of Service or Age 62.

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1 Employee is currently Age 66

$$12/15 * 60 = 48.00$$

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$$48.00 + 8.27 + 4.33 = 60.6, \text{ or approximately } \mathbf{61 \text{ Years of Age}}$$

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Plan Sponsor: Tire Curing Bladders, LLC

Plan Number: 002

EIN: 20-2336833

Plan Year: October 1, 2010 – September 30, 2011

**2010 Form 5500 Schedule SB, Part V -  
Statement of Actuarial Assumptions/Methods**

**Economic Actuarial Assumptions**

**Interest**

|                                             |                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------|
| Funding Target and Target Normal Cost Rates | June 2010 Segment Rates:<br>4.16% (years 0-5), 6.52% (years 5-20), 6.68% (years 20+) |
|                                             |                                                                                      |

**Demographic Actuarial Assumptions**

**Mortality**

|                                                     |                                    |
|-----------------------------------------------------|------------------------------------|
| Mortality for PPA Minimum and Maximum Contributions | IRS 2010 Combined Mortality Tables |
|-----------------------------------------------------|------------------------------------|

**Termination or Withdrawal from Service**

Pirelli rates, 10 year select no withdrawal after 10 years of service

|      |     |     |    |    |    |    |    |    |    |    |
|------|-----|-----|----|----|----|----|----|----|----|----|
| Year | 0   | 1   | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  |
| Rate | 10% | 10% | 8% | 8% | 6% | 6% | 4% | 4% | 2% | 2% |

## Rates of Disability

100% Male UAW Rates Sample Rates

| Age | Rates |
|-----|-------|
| 25  | .03%  |
| 30  | .04%  |
| 35  | .05%  |
| 40  | .07%  |
| 45  | .10%  |
| 50  | .18%  |
| 55  | .36%  |

## Assumed Retirement Age

Age 60 and 30 years or age 62 whichever is earlier

## Marital Status at Benefit Eligibility

### **Percentage Married**

- Males 80%
- Females 80%
- **Age Difference** - Male Spouses are assumed to be 4 years older.

## Other Assumptions

### **Expenses**

Funding is for net cost.

### **Compensation Used in Valuation**

W-2 pay for 2004 and 2005

### **Year of Service Subsequent to the Valuation Date**

Each participant is assumed to accrue one year of vesting service for each future year unless information provided by the plan sponsor indicates otherwise.

## **Actuarial Asset Valuation Method**

Actuarial Asset Valuation Method is equal to the 24-Month Average Asset Valuing Method.

## **Retirement Benefits**

If a retiree is older than his spouse and elects to commence a Pop-Up benefit, it is assumed that the participant will die before his spouse.

**Plan Name:** Tire Curing Bladders, LLC Retirement Pension Plan

**Plan Sponsor:** Tire Curing Bladders, LLC

**Plan Number:** 002

**EIN:** 20-2336833

**Plan Year:** October 1, 2010 – September 30, 2011

## 2010 Form 5500 Schedule SB, Part V - Summary of Plan Provisions

### **Name of the Plan**

Tire Curing Bladders, LLC Retirement Pension Plan

### **Effective Date**

The plan was originally established effective April 30, 2005.

### **Plan Year**

October 1 through September 30. The first plan year was a short plan year beginning April 30, 2005 ending September 30, 2005.

### **Primary Employer Name**

Tire Curing Bladders, LLC

### **Plan Name**

Tire Curing Bladders, LLC Retirement Pension Plan

### **Original Plan Effective Date**

April 30, 2005

### **Company's Fiscal Year**

January 1 – December 31

### **Predecessor Employer**

The Employer entered into an asset purchase agreement with Pirelli Tire, LLC effective April 30, 2005. Under such agreement the Employer has established this plan solely for the participants of the Pirelli Tire Retirement Pension Plan (the "Pirelli Tire Plan") as of August 15, 2004 that were subject to the Little Rock collective bargaining agreement of which such employees continue to remain employed with the Employer on or after April 30, 2005.

## Eligible Employee

- Any person employed by the Employer who is in a collective bargaining unit covered by the Union Little Rock Agreement
- Not a leased employee
- Not an independent contractor or a contract employee

## Eligibility Requirements

A participant is an Eligible Employee who was a participant in the Pirelli Tire Plan as of 8/15/2004 and continues to be employed with the Employer on or after 4/30/2005.

No further employees who are initially employed with the Employer on or after 4/30/2005 shall be eligible to participate in the Plan.

A participant's entry date is his entry date under the Pirelli Tire Plan.

## Benefit Formula – Traditional

Benefit formula – annual benefit equal to the sum of:

- A. .5% of Compensation prior to the Participant's 5<sup>th</sup> Anniversary Date, multiplied by his full years of past service with the Employer to said Anniversary Date; and
- B. .5% of Compensation up to \$3,000 plus 1% of Compensation over \$3,000, multiplied by the number of years from such Anniversary Date to his Normal Retirement Date.

Anniversary Date is the date when an Employee was hired.

The Minimum Benefit is \$41.00 multiplied by the Participant's Credited Service for benefit accrual purposes.

## Credited Service (for Benefit Accrual Purposes)

Credited Service is elapsed time in completed months from the Seniority Date as defined in the Union Little Rock Agreement.

- Includes lay-off (maximum 48 months)
- Includes service while on leave of absence as an officer of the local division credit union.

### **Credited Service exclusions -**

- Before 10/1/1976 which was not included in Credited Service under the Pirelli Tire Plan on 9/30/1976
- Before 10/1/1988 if hired after age 60 and first became a participant on 10/1/1988
- While not an eligible employee
- Rule of parity (applies after 1985)
- Service for which the Participant received a single sum payment in lieu of any pension he could have received under the plan
- Service after 8/15/2004

### **Vesting**

The right acquired by a participant to his accrued benefit.

### **Vesting Schedule -**

- 100% after 5 years of Credited Service (for vesting purposes)

### **Vesting Credited Service**

Credited Service is elapsed time in completed months from the Seniority Date as defined in the Union Little Rock Agreement.

- Includes lay-off (maximum 48 months)
- Includes service while on leave of absence as an officer of the local division credit union.

### **Vesting Credited Service exclusions -**

- Before 10/1/1976 which was not included in Credited Service under the Pirelli Tire Plan on 9/30/1976
- Rule of parity (applies after 1985)

### **Permanent and Total Disability Definition**

- A participant who has been disabled, through some unavoidable cause, by bodily injury or disease and is prevented from being physically able to perform the work of any classification in the local plant, and if such permanent and total disability shall have continued for 5 consecutive months, and, in the opinion of a qualified physician designated by the Committee, will presumably be permanent and total during the remainder of his life.

Such disability shall be deemed to have resulted from an unavoidable cause unless it:

- was contracted, suffered or incurred while the Employee was engaged in, or resulted from his

- having engaged in, a felonious enterprise, or
- resulted from his habitual drunkenness or addiction to narcotics, or
- resulted from an intentional, self-inflicted injury.

Disability resulting from any such causes or disability resulting exclusively from military service for which government pension is received shall not entitle the Employee to a disability pension under this Plan.

## **Hours-of-Service Method**

Actual hours used.

## **Normal Form**

Single Life Annuity with 5 years Certain Period

Automatic Form for Married Participants is the 50% Qualified Joint and Survivor Annuity (QJSA)

Payments under the QJSA are payable after payments for 60 months have been made under the Normal Form.

## **Optional Forms of Distribution**

All payments under any optional form are payable after payments for 60 months have been made under the Normal Form.

- Year Certain and Life Option - extended period of 5, 10 or 15 years
- Contingent Annuitant Option - 50% or 100%
  - Pop-Up A - no reduction to the 100% Contingent Annuitant Option if Contingent Annuitant dies before the Participant and before the end of the 5-year period.
  - Pop-Up B - no reduction to the 50% Contingent Annuitant Option if Contingent Annuitant dies before the Participant and before the end of the 5-year period.
- Cash Refund Annuity

All optional forms of benefit are the Actuarial Equivalent of the benefit under the Normal Form. There are actuarial tables for calculating the Pop-Up A & B optional Forms.

## Actuarial Equivalent – for optional forms

Actuarial Equivalence is based on the following:

- Unisex Pension – 1984 Mortality Table
- 6% interest.

## Distribution at Termination of Employment

Deferred to Retirement Date

If payments begin at what would be his Early Retirement Date (ERD), his benefit will be a reduced amount equal to the Actuarial Equivalent of his vested deferred benefit.

Small amounts are paid out as lump sums.

## Normal Retirement Age/Date (100% Vesting)

NRA is the later of age 65 or his age on the date 5 years after his entry date.

Normal Retirement Date (NRD) is the last day of the month in which he reaches Normal Retirement Age (NRA).

## Early Retirement Age/Date

Last day of the month in which he terminates employment and reaches ERA.

ERA is the later of age 55 or his age on the date he has 10 years of Credited Service (for vesting purposes).

The benefit at ERD is reduced by .4% for each complete month the ERD precedes the first of the month following the month in which he attains age 62.

## Special Early Retirement Age/Date

- (1) Age 62 and completed 10 years of Credited Service (for vesting purposes); or
- (2) Completes 30 years of Credited Service (for vesting purposes)

- If (1) applies, or (2) applies and the Participant has not reached age 55, the Participant's benefit equals his Accrued Benefit with no reduction for early retirement.
- If (2) applies and the Participant is age 55 or older his benefit is payable until the earlier of:
  - Date he's eligible for Social Security benefit based on age or disability
  - Date he dies
  - Month he attains age 62, provided if he's born in 1938 or later, he may continue to receive the

benefit past age 62 until he is eligible for 80% of Social Security benefit (3 years before attainment of full Social Security Retirement Age)

Such Participant's benefit equals an amount from the schedule in the Plan based on age and completed years of Credited Service (for vesting purposes) to his Special ERD.

When such Participant reaches age 62 or, if earlier, the date he's eligible for a Social Security benefit based on age or disability, his monthly pension will be redetermined as if (1) above applies.

- If the Participant has less than 30 years of Credited Service (for vesting purposes) on 8/15/2004 and later completes 30 such years, his Special ERD benefit will be calculated based on (1) the \$41.00 multiplier (see Minimum benefit under the Benefit Formula section above), and (2) a supplement equal to \$9.00 for each full year of Credited Service (for benefit accrual purposes) and \$10.00 for each completed year of age after age 55, taking into account his age as of his ERD and his full years of Credited Service (for benefit accrual purposes) as of 8/15/2004.

### **Late Retirement Date (LRD)**

Allowed to work past Normal Retirement Date. The benefit is the Accrued Benefit at LRD.

Suspension of Benefits upon Reemployment

If a retired or former Employee returns to work in any capacity and works more than 40 hours in any month, payments will stop. Payments will begin again when he retires, terminates employment, or works less than 40 hours – amount of payments will be based on the Plan then in effect.

### **Pre-Retirement Death**

#### **QPSA**

- One-year marriage requirement
- Active Employees – benefit to spouse is deferred to the Participant's earliest retirement date, or it can be taken immediately. If taken immediately, the benefit will be a reduced amount equal to the Actuarial Equivalent of his vested Accrued Benefit at date of death.
- Former Employees – benefit to spouse is deferred to the Participant's earliest retirement date. The benefit to the spouse equals the Participant's deferred vested benefit at his date of termination, reduced for each year the QPSA coverage is in effect. The reduction is .5% for each year (to the nearest 1/12 of a year) of such coverage. Unless the former Employee waives coverage, coverage begins on the date he terminated employment. If such Employee waives coverage, no QPSA benefit is payable.

#### **Single sum**

- If the Present Value of the QPSA benefit is less than \$10,000 (but more than small amounts) the spouse may elect to take the benefit in a single sum instead of a monthly benefit.

## Death after Retirement

### Single Sum

- At death of pensioner (except one who terminated before age 60 with a deferred vested benefit), such pensioner's spouse will receive \$4,000 in addition to any other benefit provided under the plan.
- Spouse must have been married to the Participant one year before the Participant's death
- Payable immediately at death

## Disability Benefits

### **Age/Service requirements**

- 10 years of Credited Service (for vesting purposes)
- Becomes totally disabled while accumulating service from his Seniority Date.

### **Disability Retirement**

- Benefit equals the Participant's Accrued Benefit on his Disability Retirement Date
- An Employee who retires on his Disability Retirement Date, whose pension is not being paid in the form of a QJSA, and who has less than 30 years of Credited Service (for vesting purposes) may select, revoke, or change an option at any time prior to the date on which the option becomes effective, which may be at any time between age 55 and 65 as selected by the Employee.

Benefit stops if the Participant recovers prior to NRD

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
 Plan Sponsor: Tire Curing Bladders, LLC  
 Plan Number: 002  
 EIN: 20-2336833  
 Plan Year: October 1, 2010 – September 30, 2011

2010 Form 5500 Schedule SB, Line 26 -  
 Schedule of Active Participant Data

| <u>ALL AGE<br/>GROUPS</u> | 0-4      | 5-9      | 10-<br>14 | 15-<br>19 | 20-<br>24 | 25-<br>29 | 30-<br>34 | 35-<br>39 | 40+      | TOTAL     |
|---------------------------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|-----------|
| 0-24                      | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 25-29                     | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 30-34                     | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 35-39                     | 0        | 1        | 0         | 1         | 0         | 0         | 0         | 0         | 0        | 2         |
| 40-44                     | 0        | 0        | 1         | 0         | 0         | 0         | 0         | 0         | 0        | 1         |
| 45-49                     | 0        | 0        | 1         | 0         | 0         | 1         | 0         | 0         | 0        | 2         |
| 50-54                     | 0        | 0        | 0         | 0         | 1         | 0         | 2         | 0         | 0        | 3         |
| 55-59                     | 0        | 0        | 1         | 0         | 0         | 0         | 3         | 2         | 0        | 6         |
| 60-64                     | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| 65-69                     | 0        | 0        | 0         | 0         | 0         | 0         | 1         | 0         | 0        | 1         |
| 70+                       | 0        | 0        | 0         | 0         | 0         | 0         | 0         | 0         | 0        | 0         |
| <b>TOTAL</b>              | <b>0</b> | <b>1</b> | <b>3</b>  | <b>1</b>  | <b>1</b>  | <b>1</b>  | <b>6</b>  | <b>2</b>  | <b>0</b> | <b>15</b> |

Plan Name: Tire Curing Bladders, LLC Retirement Pension Plan  
Plan Sponsor: Tire Curing Bladders, LLC  
Plan Number: 002  
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Plan Year: October 1, 2010 – September 30, 2011

2010 Form 5500 Schedule SB, Line 32 -  
Schedule of Amortization Bases

| Type      | PV<br>Remaining<br>Installments | Initial Date | Number of<br>Years<br>Remaining | Amortization<br>Installment |
|-----------|---------------------------------|--------------|---------------------------------|-----------------------------|
| Shortfall | \$1,051,524                     | 10/01/2009   | 6                               | \$196,714                   |
| Shortfall | \$181,760                       | 10/01/2010   | 7                               | \$30,143                    |