

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>THE RCA RUBBER COMPANY PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>005</u>
		1c Effective date of plan	<u>10/01/1975</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)			
<u>RCA RUBBER COMPANY</u>			
<u>1833 E MARKET STREET</u> <u>AKRON, OH 44305-4214</u>			
	2b Employer Identification Number (EIN)	<u>34-0476810</u>	
	2c Sponsor's telephone number	<u>330-784-1291</u>	
	2d Business code (see instructions)	<u>326200</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2012	KATHY A TYLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2012	SHANE R PRICE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COMMITTEE - RCA RUBBER COMPANY PENSION TRUST PLAN 1833 E MARKET STREET AKRON, OH 44305-4214	3b Administrator's EIN 34-0476810 3c Administrator's telephone number 330-784-1291
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4 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: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	250
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	59
b Retired or separated participants receiving benefits.....	6b	105
c Other retired or separated participants entitled to future benefits.....	6c	52
d Subtotal. Add lines 6a , 6b , and 6c	6d	216
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	36
f Total. Add lines 6d and 6e	6f	252
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1G 1B

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011		
A Name of plan THE RCA RUBBER COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500. RCA RUBBER COMPANY	D Employer Identification Number (EIN) 34-0476810	

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

(a) Name of insurance carrier
JACKSON NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1659835	65056	1006114764	254	10/01/2010	09/30/2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	1303448

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	1386010
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	
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d Total of balance and additions (add b and c(6)).	7d	1386010
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	82562	
▶ DEPRECIATION OF UNDERLYING ASSETS			

(5) Total deductions	7e(5)	82562
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f Balance at the end of the current year (subtract e(5) from d)	7f	1303448
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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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.

A Name of plan <u>THE RCA RUBBER COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RCA RUBBER COMPANY</u>	D Employer Identification Number (EIN) <u>34-0476810</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>9991828</u>
b Actuarial value	2b <u>10434146</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>142</u> <u>6982916</u>
b For terminated vested participants	3b <u>54</u> <u>927072</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>155599</u>
(2) Vested benefits	3c(2) <u>1478091</u>
(3) Total active	3c(3) <u>56</u> <u>1633690</u>
d Total	3d <u>252</u> <u>9543678</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.36</u> %
6 Target normal cost	6 <u>127816</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/09/2012</u>
Signature of actuary	Date
<u>DAVID M DAVALA</u>	<u>11-07402</u>
Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>	<u>216-875-1900</u>
Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET SUITE 850</u> <u>CLEVELAND, OH 44114-1516</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)	62414	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....	62414	
10	Interest on item 9 using prior year's actual return of <u>5.02</u> %	3133	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		
	b Interest on (a) using prior year's effective rate of <u>6.64</u> %		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	65547	

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	108.64 %
15	Adjusted funding target attainment percentage.....	15	109.33 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	117.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	18(c)		

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.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %	3rd segment: 6.68 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31
32 Amortization installments:	
a Net shortfall amortization installment	Outstanding Balance
b Waiver amortization installment	Installment
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34
	Carryover balance
35 Balances used to offset funding requirement	Prefunding balance
	Total balance
36 Additional cash requirement (item 34 minus item 35).....	36
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37
38 Interest-adjusted excess contributions for current year (see instructions).....	38
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39
40 Unpaid minimum required contribution for all years	40

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

A Name of plan THE RCA RUBBER COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 RCA RUBBER COMPANY	D Employer Identification Number (EIN) 34-0476810

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PEASE & ASSOCIATES

1422 EUCLID AVENUE
SUITE 801
CLEVELAND, OH 44115

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		10400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYMPHONY FINANCIAL

529 N CLEVELAND MASSILLON RD
SUITE 200
AKRON, OH 44333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		64067	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY DAVIES

1300 EAST NINTH ST
SUITE 850
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 11		27521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	THOMAS G SCHRYER	b EIN:	34-1213174
c Position:	SIGNING ACTUARY		
d Address:	FINDLEY DAVIES INC 1300 EAST 9TH STREET SUITE 850 CLEVELAND, OH 44114-1516	e Telephone:	216-875-1900

Explanation: REASSIGNMENT OF CLIENT WORK WITHIN FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan THE RCA RUBBER COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 RCA RUBBER COMPANY	D Employer Identification Number (EIN) 34-0476810	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1336413	1190599
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8970	8971
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5646351	5512506
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3000095	2035152

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9991829	8747228

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10992	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10992	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9980837	8747228
---	----	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55214	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		55214

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	156505	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		156505

(3) Rents	2b(3)		
-----------------	-------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-574123	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-574123
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-362404

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	766206	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		766206
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	13231	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	64067	
(4) Other	2i(4)	27701	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		104999
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		871205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1233609
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: PEASE & ASSOCIATES, INC. (2) EIN: 36-4267431

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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		
A Name of plan THE RCA RUBBER COMPANY PENSION PLAN		B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 RCA RUBBER COMPANY		D Employer Identification Number (EIN) 34-0476810
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?		☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....		☐ Yes ☐ No ☒ N/A
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?		☐ Yes ☐ No
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

THE R.C.A. RUBBER COMPANY PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2011 AND 2010



Financial Statements and Supplemental Information

THE R.C.A. RUBBER COMPANY PENSION PLAN

SEPTEMBER 30, 2011 AND 2010

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PEASE & ASSOCIATES, INC.

CERTIFIED PUBLIC ACCOUNTANTS

Audit, Tax and Business Consulting Services

1422 Euclid Avenue/Suite 801

Cleveland, Ohio 44115-2001

Telephone: 216.348.9600

Fax: 216.348.9610

www.peasecpa.com

To the Trustees of The R.C.A. Rubber Company Pension Plan
Akron, Ohio

Report of Independent Auditors

We have audited the accompanying statements of net assets available for benefits and accumulated plan benefits of The R.C.A. Rubber Company Pension Plan as of September 30, 2011 and 2010, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended September 30, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of The R.C.A. Rubber Company Pension Plan as of September 30, 2011 and 2010, and the changes in its financial status for the year ended September 30, 2011 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cleveland, Ohio
July 10, 2012

Pease & Associates, Inc.



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FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

ANNUAL REPORT -- INDEX

THE R.C.A. RUBBER COMPANY PENSION PLAN

September 30, 2011 and 2010

The following financial statements of The R.C.A. Rubber Company Pension Plan are included herewith:

Statements of Net Assets Available for Benefits - September 30, 2011 and
September 30, 2010

Statement of Changes in Net Assets Available for Benefits - Year Ended
September 30, 2011

Statements of Accumulated Plan Benefits - September 30, 2011 and
September 30, 2010

Statement of Changes in Accumulated Plan Benefits - Year Ended
September 30, 2011

Notes to Financial Statements

The following supplemental schedules of The R.C.A. Rubber Company Pension Plan included in the Annual Report of the Plan on Form 5500 for the year ended September 30, 2011 are included herewith:

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Schedule H, Line 4j - Schedule of Reportable Transactions

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable, and therefore, have been omitted.

THE R.C.A. RUBBER COMPANY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Cash	\$ 1,190,599	\$ 1,336,413
Investments, at fair value:		
Money market fund	8,971	8,970
Mutual funds	5,512,506	5,646,351
Insurance company investment contract	<u>1,303,448</u>	<u>1,386,010</u>
	6,824,925	7,041,331
Investments, at estimated fair value:		
Real Estate Investment Trusts	731,704	690,499
Non-registered investment partnership	<u>-</u>	<u>923,586</u>
	<u>731,704</u>	<u>1,614,085</u>
TOTAL ASSETS	8,747,228	9,991,829
LIABILITIES		
Distribution payable	<u>-</u>	<u>10,992</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,747,228</u></u>	<u><u>\$ 9,980,837</u></u>

See notes to financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2011

ADDITIONS

Additions to net assets attributed to:

Investment income:

Interest	\$ 55,214
Dividends	156,505
Net appreciation in fair value of investments, at estimated fair value	<u>18,648</u>

TOTAL ADDITIONS 230,367

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	766,206
Administrative expenses	104,999
Net depreciation in fair value of investments, at fair value	<u>592,771</u>

TOTAL DEDUCTIONS 1,463,976

NET DECREASE (1,233,609)

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR 9,980,837

END OF YEAR \$ 8,747,228

See notes to financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
SEPTEMBER 30, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving payments	\$ 6,049,816	\$ 6,181,638
Other participants	<u>2,048,271</u>	<u>1,962,942</u>
	8,098,087	8,144,580
Nonvested benefits	<u>87,667</u>	<u>92,666</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 8,185,754</u></u>	<u><u>\$ 8,237,246</u></u>

See notes to financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED SEPTEMBER 30, 2011

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 8,237,246
Increase (decrease) during the year attributed to:	
Changes in actuarial assumptions	18,196
Benefits accumulated	82,209
Interest (due to decrease in discount period)	625,301
Pension benefits paid	<u>(777,198)</u>
NET DECREASE	<u>(51,492)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 8,185,754</u>

See notes to financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2011 AND 2010

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of The R.C.A. Rubber Company Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit plan covering employees regularly employed within the bargaining units of the R.C.A. Rubber Company ("RCA") and former employees of its inactive wholly-owned subsidiary, The Pulaski Rubber Company ("Pulaski"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan contains separate benefit structures for employees of RCA, represented by United Steelworkers of America, Local 8L, (the "RCA Participants") and former employees of Pulaski, previously represented by United Steelworkers of America, Local 641 (the "Pulaski Participants") (collectively "the Participants"). The benefit structures are maintained in accordance with the collective bargaining agreements between the respective companies and unions.

Eligibility: The Plan is a noncontributory pension plan established for the current and former employees regularly employed within the bargaining units. Participants vest in Plan benefits based upon total years of service as of their termination date.

Vesting: Pulaski Participants are vested 20% per year of service, beginning after three years, and were 100% vested after seven years of service, whereas, RCA Participants terminating employment subsequent to September 30, 1989 vested 20% per year of service, beginning after three years, and were 100% vested after seven years of service. RCA Participants terminating employment prior to September 30, 1989 vested 5% per year, beginning at 25% vesting after five years, then at 10% vesting per year after ten years, and were 100% vested after 15 years of service. Certain employees opting to transfer funds to the supplemental postretirement medical plan are immediately 100% vested after one year of service.

Benefit payments: Employees with vested balances are entitled to monthly retirement benefits beginning at normal retirement (age 65) equal to their years of credited service times the benefit level in effect on their last day of employment. Participants may elect one of several methods of payment including a life annuity with five years certain, a 50% joint and survivor annuity, or a lump sum payment for benefits less than \$1,000. The Plan provides for early retirement by RCA Participants at ages 55 – 64 if the participant was a participant of the RCA Plan as of September 30, 1993 and has completed 10 years of service.

Death and disability benefits: If an active employee with a surviving spouse dies after completing at least three years of credited service (or reached age 65 while employed by RCA or Pulaski), and before any benefit has started, their spouse will be entitled to a pre-retirement survivor annuity. Active employees who become totally disabled receive monthly disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

New accounting pronouncements: In January 2010, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 amended Accounting Standards Codification (“ASC”) 820; *Fair Value Measurements and Disclosures* (FASB ASC 820), to clarify certain existing fair value disclosures and require certain additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each class of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose amounts (on a gross basis) and reasons for any significant transfers between Level 1, 2, and 3 of the fair value hierarchy and to present information regarding purchases, sales, issuances, and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2012, the guidance in ASU 2010-06 is effective for 2010. The Plan adopted the applicable provisions of ASU 2010-06 for the year ended September 30, 2011.

Basis of presentation: The financial statements are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 6, *Fair Value Measurements*, for a discussion of fair value measurements.

Purchases and sales of investments, including gains or losses, are recorded on a trade-date basis. Interest income is recorded when earned, and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a projected unit credit as calculated by the Plan's actuaries. Benefits payable under all circumstances -- retirement, death, disability, and termination of employment -- are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits is determined by an actuary from Findley Davies, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of September 30, 2011 and 2010 were: (a) life expectancy of participants (the RP-2000 Mortality Table projected to 2011 (male and female) was used); (b) retirement age assumptions (the assumed average retirement age was 64), and (c) investment return. The 2011 and 2010 valuations included assumed average rates of return of 8.0%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of benefits: Benefit payments to participants are recorded when paid.

Administrative expenses: Expenses for the Plan's investment managers and administrators are paid by the Plan unless paid by the Company at its discretion.

Subsequent events: In preparing these financial statements, Plan management has evaluated events and transactions for potential recognition or disclosure through July 10, 2012, the date the financial statements were available to be issued.

NOTE 3 – FUNDING POLICY

The Company generally contributes to the Plan the actuarially determined amount necessary to satisfy the minimum funding requirements of the Internal Revenue Code and ERISA.

As of September 30, 2011 and 2010, the Plan was overfunded because Plan assets exceed the actuarial present value of all future benefits (accrued and yet-to-be accrued, based upon the respective benefit levels) for the current group of participants. Accordingly, no contributions were required for the year ended September 30, 2011.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 4 – PLAN TERMINATION

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guarantee Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 5 -- INVESTMENTS

The following individual investments represent five percent or more of the fair value of Plan net assets at September 30, 2011 and 2010:

	September 30,	
	2011	2010
<i><u>Mutual funds:</u></i>		
Calamos Global Income & Growth Fund CI C	\$ 641,938	\$ 641,938
TransAmerica Short-Term Bond Fund CI A	-	806,670
<i><u>Real estate investment trust:</u></i>		
Inland American Real Estate Trust	522,958	-
<i><u>Non-registered investment partnership:</u></i>		
Steben Managed Futures	-	923,586
<i><u>Insurance company investment contract:</u></i>		
Jackson National Life Insurance Company	1,303,448	1,386,010

During the year ended September 30, 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$574,123 as follows:

<i><u>Investments, at fair value:</u></i>	
Mutual funds	\$ (510,159)
U.S. Treasury/Government Notes	(50)
Insurance company investment contract	(82,562)
<i><u>Investments, at estimated fair value:</u></i>	
Real Estate Investment Trusts	3,003
Non-registered investment partnership	15,645

NOTE 6 -- FAIR VALUE MEASUREMENTS

The Plan follows FASB ASC 820, *Fair Value Measurements and Disclosures*, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels are defined as follows:

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

Level 2 - inputs to the valuation methodology include:

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

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

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

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

The Plan's investments reported at fair value as of September 30, 2011 and 2010 are as follows:

	September 30, 2011			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market fund	\$ -	\$ 8,971	\$ -	\$ 8,971
Mutual funds:				
Blend funds	1,234,537	-	-	1,234,537
Bond funds	616,979	-	-	616,979
Growth funds	2,867,889	-	-	2,867,889
Municipal bond funds	303,411	-	-	303,411
Value funds	309,964	-	-	309,964
World stock funds	179,726	-	-	179,726
Real Estate				
Investment Trusts	-	-	731,704	731,704
Insurance company investment contract	-	1,303,448	-	1,303,448
Total	\$ 5,512,506	\$ 1,312,419	\$ 731,704	\$ 7,556,629

	September 30, 2010			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market fund	\$ -	\$ 8,970	\$ -	\$ 8,970
Mutual funds:				
Blend funds	513,870	-	-	513,870
Bond funds	1,580,945	-	-	1,580,945
Growth funds	2,385,329	-	-	2,385,329
Bank loan funds	308,821	-	-	308,821
Value funds	857,386	-	-	857,386
Real Estate				
Investment Trusts	-	-	690,499	690,499
Non-registered investment partnership	-	-	923,586	923,586
Insurance company investment contract	-	1,386,010	-	1,386,010
Total	\$ 5,646,351	\$ 1,394,980	\$ 1,614,085	\$ 8,655,416

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2011.

The following is a description of the valuation methodologies used for assets measured at fair value, as well as the general classification of such items pursuant to the fair value hierarchy:

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value of the money market fund is based on observable inputs other than the quoted prices included in Level 1 and thus is based on yields for securities of comparable maturity, quality, and type as obtained from market makers.

The fair value of the insurance company investment contract is based on the quoted market values of the underlying mutual funds.

Level 3 Fair Value Measurements

The Real Estate Investment Trusts ("REITs") and the non-registered investment partnership in 2010 are not actively traded and significant other observable inputs are not available. The fair values of the REITs are determined by the REIT's management utilizing various valuation estimates and third-party appraisers. The fair value of the Plan's investment in the non-registered investment partnership was determined by the partnership's investment managers based upon quoted market values of the underlying managed futures, commodities and forward contracts held by the partnership.

The following table provides a summary of changes in the fair value measurements of the Plan's Level 3 assets for the year ended September 30, 2011:

	Real Estate Investment Trusts	Non-registered investment partnership - managed futures	Total
Beginning balance - September 30, 2010	\$ 690,499	\$ 923,586	\$ 1,614,085
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	3,003	15,645	18,648
Purchases, sales, issuances, and settlements (net)	<u>38,202</u>	<u>(939,231)</u>	<u>(901,029)</u>
Ending balance - September 30, 2011	<u>\$ 731,704</u>	<u>\$ -</u>	<u>\$ 731,704</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended September 30, 2011 are reported in net appreciation (depreciation) in fair value of investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at September 30, 2011 and 2010.

NOTE 7 – INSURANCE COMPANY INVESTMENT CONTRACT

Effective September 2009, the Plan entered into an investment contract with Jackson National Life Insurance Company (“Jackson”). Jackson maintains the contributions in a separate account. The account is credited with the greater of seven percent (7%) or the actual earnings on the underlying investments and charged for withdrawals and administrative expenses. Jackson is contractually obligated to repay the principal and a specified rate of interest that is guaranteed to the Plan. The contract is included in the financial statements at fair value as reported to the Plan by Jackson. The guaranteed investment contract does not permit Jackson to terminate the agreement prior to the scheduled maturity date and subjects the Plan to a withdrawal charge for any withdrawals from the contract made prior to September 2013.

NOTE 8 – INCOME TAX STATUS

The Internal Revenue Service has determined, and informed the Company by letter dated September 30, 1999, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The plan administrator has concluded that as of September 30, 2011, there were no uncertain tax positions taken or expected to be taken by the Plan. The Plan has not recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

NOTE 9 – RISKS AND UNCERTAINTIES

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

In addition to the general investment risk disclosed above, REITs, in which the Plan has invested, acquire and manage a diversified portfolio of commercial real estate, primarily multi-tenant shopping centers and single-user net lease properties. Accordingly, these investments are exposed to various risks such as the fluctuation in the financial markets, economic conditions, and the commercial real estate market. Additionally, the investments in REITs are illiquid because there are no public trading markets for the shares at this time. The future value of these investments could be negatively impacted by these factors.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, mortality rates, turnover rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>MONEY MARKET FUND</u>			
	JP Morgan Prime Money Market Fund	Money market fund	\$ 8,971	\$ 8,971
	<u>MUTUAL FUNDS</u>			
	AIM International Small Company Fund CI A	Mutual fund	\$ 170,741	\$ 190,929
	Alger Funds II Spectra Fund CI I	Mutual fund	350,000	321,872
	Alger Health Sciences Fund CI A	Mutual fund	250,000	229,023
	Calamos Evolving World Growth Fund CI I	Mutual fund	279,532	231,493
	Calamos Global Income & Growth Fund CI C	Mutual Fund	592,060	641,938
	Calamos Growth & Income Fund CI I	Mutual Fund	257,480	227,321
	Dreyfus/Laurel Trust International Bond Fund CI I	Mutual Fund	86,931	91,216
	Dreyfus/Laurel Growth & Value Income Strategic Value Fund CI I	Mutual fund	405,896	364,415
	Dreyfus/Laurel Opportunitstic Small Cap Value Fund	Mutual Fund	408,452	319,594
	John Hancock III Disciplined Value Mid Cap Fund CI I	Mutual fund	374,077	309,964

See report of independent auditors.

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2011				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	John Hancock Global Opportunities Fund CI I	Mutual fund	\$ 266,261	\$ 179,726
	Lord Abbett Fundamental Equity Fund CI F	Mutual fund	448,342	372,813
	Oakmark International Fund CI I	Mutual fund	324,400	259,985
	Pioneer Global High Yield Fund CI Y	Mutual fund	282,649	252,564
	Pioneer High Income Municipal Fund CI Y	Mutual fund	295,891	303,411
	Principal MidCap Blend Fund CI P	Mutual fund	374,077	325,813
	Prudential Jennison Mid Cap Growth Fund Income CI A	Mutual fund	322,786	331,925
	Prudential Jennison Natural Resource Fund Income CI Z	Mutual fund	220,059	185,304
	Prudential Jennison Small Company Fund Income CI A	Mutual fund	401,171	373,200
		TOTAL MUTUAL FUNDS	\$6,110,805	\$5,512,506
<u>INSURANCE COMPANY</u>				
<u>INVESTMENT CONTRACT</u>				
	Jackson National Life Insurance Company	Separate account contract, September 2039 and 7.00%	\$1,260,000	\$1,303,448

See report of independent auditors.

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>OTHER</u>			
	Inland American Real Estate Trust	Real Estate Investment Trust ("REIT")	\$ 612,929	\$ 522,958
	Inland Western Retail Real Estate Trust	Real Estate Investment Trust ("REIT")	<u>222,013</u>	<u>208,746</u>
		TOTAL OTHER INVESTMENTS	<u>\$ 834,942</u>	<u>\$ 731,704</u>
		TOTAL INVESTMENTS	<u><u>\$8,214,718</u></u>	<u><u>\$7,556,629</u></u>

See report of independent auditors.

THE R.C.A. RUBBER COMPANY PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2011

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
LPL Financial	TransAmerica Short- Term Bond Fund CI A	\$ -	\$ 808,950	\$ -	\$ -	\$ 792,828	\$ 808,950	\$ 16,122
LPL Financial	Corporate bonds – Deutsche Bank	1,000,050	-	-	-	1,000,050	-	-
LPL Financial	Corporate bonds – Deutsche Bank	-	1,000,000	-	-	1,000,050	1,000,000	(50)
Steben Managed Futures	Non-registered investment partnership – managed futures	-	939,231	-	-	1,060,842	939,231	(121,611)

See report of independent auditors.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates	Funding: 24-month segment rates averaged through the end of May 2010.								
	<table> <tr> <td>a. First Rate, Years 1-5</td><td>4.16%</td></tr> <tr> <td>b. Second Rate, Years 5-20</td><td>6.52%</td></tr> <tr> <td>c. Third Rate, Years 20+</td><td>6.68%</td></tr> <tr> <td>d. Effective Interest Rate using the above rates</td><td>6.84%</td></tr> </table>	a. First Rate, Years 1-5	4.16%	b. Second Rate, Years 5-20	6.52%	c. Third Rate, Years 20+	6.68%	d. Effective Interest Rate using the above rates	6.84%
a. First Rate, Years 1-5	4.16%								
b. Second Rate, Years 5-20	6.52%								
c. Third Rate, Years 20+	6.68%								
d. Effective Interest Rate using the above rates	6.84%								
	ASC 960-20 Present Value of Vested and Accumulated Benefits 8.00%								
Mortality	Healthy: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, male and female, with different rates for annuitants and nonannuitants. Disabled: Funding: all four Disabled Tables of Revenue Ruling 96-7. These are applied conditionally as specified in 96-7 which means that healthy mortality rates will be used for disableds unless the disabled retiree i) receives Social Security Disability Income and ii) receives extra benefits beyond those they could have elected without being disabled. 100% of retirees entitled to current and future disability benefits are assumed to be entitled to Social Security Disability Income. Employees projected to become disabled beyond age 65 are subject to the “healthy” mortality rates due to not receiving extra benefits due to disablement. ASC 960-20:PBGC tables 5B and 6B for disableds receiving SSDI.								
Rates of Disability	1985 Disability Study – Blake-Tradesman, Foreman, Nonhazardous (male and female). <table> <tr> <td><u>Age</u></td><td><u>Rate</u></td></tr> <tr> <td>25</td><td>.096%</td></tr> <tr> <td>40</td><td>.357</td></tr> <tr> <td>55</td><td>1.490</td></tr> </table>	<u>Age</u>	<u>Rate</u>	25	.096%	40	.357	55	1.490
<u>Age</u>	<u>Rate</u>								
25	.096%								
40	.357								
55	1.490								

APPENDIX B (Continued)

Rates of Turnover

Based on age and length of service as follows:

<u>Age</u>	<u>Completed Years of Service</u>					
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
20	15.00%	12.75%	10.00%	10.00%	10.00%	10.00%
25	15.38	13.07	8.00	8.00	8.00	8.00
30	15.75	13.39	7.09	6.30	6.25	6.25
35	15.75	13.39	7.09	6.30	4.73	4.50
40	14.25	12.11	6.41	5.70	4.50	4.50
45	12.75	10.84	5.74	5.10	4.50	4.50
50	10.13	8.61	4.56	4.50	4.50	4.50
55	7.50	6.38	4.50	4.50	4.50	4.50

Assumptions Made In Valuing Spouse's Benefit

Sixty percent of the males and fifty percent of the females who are projected to die prior to retirement are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths and are lower than one would expect from marital statistics alone. We have reflected the fact that mortality rates for married people are significantly lower than those for unmarried people. The wife is assumed to be three years younger than the husband.

Regarding current retirees, if we do not know the social security number of a retiree's co-annuitant we cannot annually check the co-annuitant's survival against a national registry of deaths and it has been assumed that 90% of the past deaths of such co-annuitants have **NOT** been reported.

Optional Forms

All married participants are generally assumed to elect the QJSA form and single participants are assumed to elect the five year certain and continuous form. However, 60% of projected disabled retirees are assumed to elect a hypothetical 60% joint and survivor form at disablement (the latter 60% being the average joint and survivor percentage being chosen).

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes.

APPENDIX B (Continued)

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). A characteristic of this asset valuation method is that due to legal constraints its long-term average is expected to be approximately 98% of the market value.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Employees Valued

Only participants as of the valuation date were valued.

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

A Name of plan	B Three-digit plan number (PN) ▶	005
The R.C.A. Rubber Company Pension Plan		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
R.C.A. Rubber Company	34-0476810	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

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

(b) Service Code(s)

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: Thomas G. Schryer	b EIN: 11-02957
c Position: Signing Actuary	
d Address: Findley Davies, Inc. 1300 East 9th Street, Suite 850 Cleveland OH 44114-1516	e Telephone: (216)875-1900

Explanation:
Reassignment of client work within firm.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

NOTICE TO TERMINATED ENROLLED ACTUARY

In accordance with this requirement, I, as plan administrator, verify that the explanation that is either reproduced below or attached to this notice is the explanation concerning your termination as reported on the Schedule C (Form 5500) attached to the 2010 Annual Return/Report Form 5500 for the R.C.A. Rubber Company Pension Plan. This return/report is identified by the nine-digit EIN (34-0476810) and by the three-digit PN (005).

Plan Administrator

Date

Any comments concerning this explanation should include the name, EIN and PN of the plan and be submitted directly to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Explanation: Reassignment of client work within firm.

APPENDIX A-1

SUMMARY OF PRINCIPAL PLAN PROVISIONS

FORMER PULASKI HOURLY EMPLOYEES

<i>Plan Sponsor</i>	The R.C.A. Rubber Company (f/k/a The Pulaski Rubber Company)																		
<i>EIN/PN</i>	34-0476810/005 (originally 62-0574846/002)																		
<i>Effective Date</i>	October 1, 1975. The R.C.A. Rubber Company Pension Trust plan merged into this one on September 12, 2005; Appendix A-2 shows the provisions applicable to R.C.A.'s employees. The last amendment was generally effective October 1, 2002 although lump sums were paid to certain Pulaski employees when production was stopped in 2005.																		
<i>Plan and Fiscal Year</i>	The plan year is the 12-month period beginning each October 1 and the fiscal year is the 12-month period beginning each July 1. Contributions for the plan year are deducted for the fiscal year ending in such plan year.																		
<i>Participation</i>	All employees of Pulaski Rubber Company represented by URW Local 641 participate upon completion of one Year of Continuous Service.																		
<i>Years of Continuous Service</i>	Elapsed time from hire date to severance from service date measured in completed months.																		
<i>Normal Retirement Benefit</i>	<u>Eligibility:</u> Age 65. <u>Monthly Benefit:</u> The Normal Retirement Benefit is a monthly pension commencing on the participant's Normal Retirement Date, payable during his lifetime with 60 payments guaranteed. The benefit is equal to the Plan's benefit unit times Years of Continuous Service. <table> <tr> <th><u>Effective Date</u></th><th><u>Benefit Unit</u></th></tr> <tr> <td>10/01/1997</td><td>\$14.00</td></tr> <tr> <td>10/01/1999</td><td>15.00</td></tr> <tr> <td>10/01/2000</td><td>16.00</td></tr> <tr> <td>10/01/2001</td><td>17.00</td></tr> <tr> <td>10/01/2002</td><td>19.00</td></tr> <tr> <td>10/01/2003</td><td>21.00</td></tr> <tr> <td>10/01/2004</td><td>23.00</td></tr> <tr> <td>10/01/2005</td><td>25.00</td></tr> </table>	<u>Effective Date</u>	<u>Benefit Unit</u>	10/01/1997	\$14.00	10/01/1999	15.00	10/01/2000	16.00	10/01/2001	17.00	10/01/2002	19.00	10/01/2003	21.00	10/01/2004	23.00	10/01/2005	25.00
<u>Effective Date</u>	<u>Benefit Unit</u>																		
10/01/1997	\$14.00																		
10/01/1999	15.00																		
10/01/2000	16.00																		
10/01/2001	17.00																		
10/01/2002	19.00																		
10/01/2003	21.00																		
10/01/2004	23.00																		
10/01/2005	25.00																		

APPENDIX A-1 (Continued)

***Normal Retirement
Benefit (Continued)***

Employees who cease being members of the Union but who continue in employment will receive benefits based on the benefit unit in effect when their Union membership ceases. Subsequent changes are ignored.

***Late Retirement
Benefit***

Eligibility:

Over age 65.

Monthly Benefit:

The Late Retirement Benefit is based on the same formula described above for Normal Retirement using the participant's Years of Continuous Service as of the Late Retirement Date.

***Early Retirement
Benefit***

None.

***Disability Retirement
Benefit***

Eligibility:

10 Years of Continuous Service.

Monthly Benefit:

Benefit commences at the later of the 1st day of the 7th month following disability or the 1st day of the month following application and is contingent on continuance of disability in the period before age 65. In the period before the earliest of Normal Retirement Date, eligibility for Social Security disability benefits, or death, the monthly benefit is the product of Years of Continuous Service times \$15.50. For Disability Benefits starting 10/1/2002 or later the benefit unit is the unit used for the normal retirement benefit. After eligibility for Social Security disability benefits or Normal Retirement Date the benefit is calculated under the Normal Retirement benefit formula with Years of Continuous Service through the date of disability and the benefit unit in effect at the date his first Disability Pension was paid. In the event of death before redetermination (in other words while NOT entitled to unreduced disability benefits from Social Security) the preretirement survivor annuity provisions apply.

Termination Benefit

Eligibility:

Upon termination of employment 1) after Normal Retirement Age, or 2) prior to Normal Retirement Age after completion of at least three Years of Continuous Service.

APPENDIX A-1 (Continued)

Termination Benefit (Continued)

Monthly Benefit:

The Normal Retirement Benefit, with Years of Continuous Service and benefit unit as of the date of termination, shall be payable monthly commencing on Normal Retirement Date according to the following schedule:

<u>Continuous Service</u>	<u>% Vested</u>
3	20%
4	40%
5	60%
6	80%
7+	100%

Death Benefit

a. Eligibility:

Vested employee or former employee and married for at least one year.

Monthly Benefit:

The surviving spouse will receive a monthly benefit for life commencing at the time the employee would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for the 50% Joint and Survivor annuity form of payment.

b. Eligibility:

Active employee who was not married throughout year preceding death who dies after Normal Retirement Date but before actual retirement.

Monthly Benefit:

The designated beneficiary will receive 60 monthly payments in the amount the participant would have received as the standard form of benefit if he had retired on the date of death.

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit at Social Security Normal Retirement Age.

Optional Forms of Payment

5 year Certain and Continuous
50% Joint and Survivor
75% Joint and Survivor

The conversion factors are based on the 1983 Group Annuity Mortality Table setback 4 years for beneficiaries and 7.50% interest.

APPENDIX A-1 (Continued)

***Benefits Available as
Lump Sums***

This plan pays only small lump sums (\$5,000 or less), except for participants who terminated due to the Pulaski plant closing around October 1, 2005 to whom this plan paid lump sums in any amount.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate for the month of September as required under IRC Section 417(e)(3); the stability period is the plan year.

***Changes in Plan
Provisions***

The automatic change, if any, in the maximum benefit limit was recognized.

APPENDIX A-2

SUMMARY OF PRINCIPAL PLAN PROVISIONS

R.C.A. HOURLY EMPLOYEES

<i>Plan Sponsor</i>	The R.C.A. Rubber Company																						
<i>EIN/PN</i>	34-0476810/005																						
<i>Effective Date</i>	October 1, 1945; last amendment generally effective September 12, 2005.																						
<i>Plan and Fiscal Year</i>	The plan year is the 12-month period beginning each October 1 and the fiscal year is the 12-month period beginning each July 1. Contributions for the plan year are deducted for the fiscal year ending in such plan year.																						
<i>Participation</i>	Employees covered by collective bargaining agreement participate upon completion of one full Year of Service.																						
<i>Years of Continuous Service</i>	Elapsed time from most recent date of hire to severance from service date measured in completed years. For benefit determination only, a full Year of Service is given for a final fractional Year of Service of 7 months or more for normal, late, early, or disability retirement.																						
<i>Normal Retirement Benefit</i>	<u>Eligibility:</u> Age 65. <u>Monthly Benefit:</u> The Normal Retirement Benefit is a monthly pension commencing on the participant's Normal Retirement Date, payable during his lifetime with 60 payments guaranteed. The benefit is equal to the Plan's accrued benefit as of September 30, 2008 plus the benefit unit in effect at the time of severance from service times Years of Continuous Service from September 30, 2008 times % vested.. <table> <tr> <th><u>Effective Date</u></th><th><u>Benefit Unit</u></th></tr> <tr> <td>10/01/1998</td><td>\$17.00</td></tr> <tr> <td>10/01/1999</td><td>18.00</td></tr> <tr> <td>10/01/2000</td><td>19.00</td></tr> <tr> <td>10/01/2001</td><td>21.00</td></tr> <tr> <td>10/01/2002</td><td>23.00</td></tr> <tr> <td>10/01/2003</td><td>25.00</td></tr> <tr> <td>10/01/2004</td><td>27.00</td></tr> <tr> <td>10/01/2007</td><td>28.00</td></tr> <tr> <td>10/01/2008</td><td>29.00</td></tr> <tr> <td>10/01/2009</td><td>30.00</td></tr> </table>	<u>Effective Date</u>	<u>Benefit Unit</u>	10/01/1998	\$17.00	10/01/1999	18.00	10/01/2000	19.00	10/01/2001	21.00	10/01/2002	23.00	10/01/2003	25.00	10/01/2004	27.00	10/01/2007	28.00	10/01/2008	29.00	10/01/2009	30.00
<u>Effective Date</u>	<u>Benefit Unit</u>																						
10/01/1998	\$17.00																						
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10/01/2003	25.00																						
10/01/2004	27.00																						
10/01/2007	28.00																						
10/01/2008	29.00																						
10/01/2009	30.00																						

APPENDIX A-2 (Continued)

Normal Retirement Benefit (Continued)

All scheduled benefit units were generally reflected in the FAS 35 accounting and in the calculations for contributions.

However, only the \$28.00 benefit unit in effect on the September 30, 2008 “Benefit Information Date” per paragraph 6.c of FAS 35 was used to determine the value of vested benefits for active employees. Also, funding target used in determining the contribution levels are based only on benefit units in effect during the applicable plan year.

Employees who cease being members of the Union but who continue in employment will receive benefits based on the benefit unit in effect when their Union membership ceases. Subsequent changes are ignored.

Late Retirement Benefit

Eligibility:

Over age 65.

Monthly Benefit:

The Late Retirement Benefit is based on the same formula described above for Normal Retirement using the participant’s Years of Service as of the Late Retirement Date.

Early Retirement Benefit

A. Eligibility:

Age 55 and 10 full Years of Service with the Union and a participant on or before 9/30/1993.

Monthly Benefit:

- i) Employee and participant on 9/30/1993 who was then age 55 with 10 Years of Service; based on the Normal Retirement benefit formula, reduced .4% for each month benefit commencement precedes age 62,
- ii) Employee and participant on 9/30/1993 who was not then age 55 or did not have 10 Years of Service: (a) based on the Normal Retirement benefit formula with Years of Service and benefit unit as of 9/30/1993, reduced .4% for each month benefit commencement precedes age 62, plus, (b) the excess, if any, of the benefit calculated under the Normal Retirement benefit formula commencing at Normal Retirement Date over (a) (before reduction). Note: Separate annuity starting date and preretirement death benefit provisions apply to (a) and (b). Lump sum settlement provisions apply to the total benefit.

APPENDIX A-2 (Continued)

Early Retirement Benefit (Continued)

B. Eligibility:

Age 62 and 30 full Years of Service with the Union.

Monthly Benefit:

Based on the Normal Retirement benefit formula unreduced for early commencement.

Disability Retirement Benefit

Eligibility:

10 Years of Service and considered permanently disabled (eligibility for Social Security Disability benefits is considered sufficient and is generally used as a guideline).

Monthly Benefit:

Monthly benefit payable while disabled from the later of the 1st day of the 7th month of disability or the 1st day of the month after application until the earliest of Normal Retirement Date, eligibility for disability benefit under Social Security, or death. The benefit amount is equal to \$15.50 for each full Year of Service in eligible class prior to disablement. On attainment of Normal Retirement Date or eligibility for Social Security disability benefits, the monthly benefit is calculated as under the Normal Retirement Benefit Formula with service determined as of the date of disability and the benefit unit in effect on the last day of service. In the event of death before redetermination (in other words while NOT entitled to unreduced disability benefits from Social Security) the preretirement survivor annuity provisions apply. All prospective disablements are assumed to be eligible for Social Security disability benefits. The form of payment is chosen at disablement.

Termination Benefit

Eligibility:

Upon termination of employment 1) after Normal Retirement Age, or 2) prior to Normal Retirement Age after completion of at least three Years of Continuous Service.

Monthly Benefit:

The Normal Retirement Benefit, with Years of Service and benefit unit as of the date of termination shall be payable monthly commencing on Normal Retirement Date according to the following schedule:

<u>Continuous Service</u>	<u>% Vested</u>
3	20%
4	40%
5	60%
6	80%
7+	100%

APPENDIX A-2 (Continued)

***Termination Benefit
(Continued)***

However, the minimum vested benefit is 100% of the accrued benefit for employees active during the period from May 1, 2004 (one year before the first IRC 420 transfer) to the date of the last IRC 420 transfer (expected to be about roughly September 30, 2012). Thereafter, the full accrued benefit will have the Plan's regular vesting percentage applied to it but the minimum vested benefit will be payable if it is higher than the regular benefit.

Alternatively, those with 10 Years of Service can elect to receive reduced benefits as early as age 55 as outlined in A.ii of the Early Retirement Benefit section above, except for the reduction factors for commencement prior to age 65. The reduction factors at sample ages are 36.85% (55), 59.38% (60), 72.70% (62), and 100.00% (65.)

Death Benefit

Eligibility:

Vested employee or former employee and married for at least one year.

Monthly Benefit:

The surviving spouse will receive a monthly benefit for life commencing at the time the employee would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment.

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit at Social Security Normal Retirement Age.

***Optional Forms of
Payment***

5 year Certain and Continuous
50% Joint and Survivor
75% Joint and Survivor

The conversion factors are based on the 1983 Group Annuity Mortality Table setback 4 years for beneficiaries and 7.50% interest.

***Benefits Available as
Lump Sums***

This plan pays only small lump sums (\$5,000 or less).

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate for the month of September as required under IRC Section 417(e)(3); the stability period is the plan year.

***Changes in Plan
Provisions***

The automatic change, if any, in the maximum benefit limit was recognized.

Schedule SB, Line 26 - Schedule of Active Participant Data

October 1, 2010 Valuation
R.C.A. Rubber Company Pension Plan
(EIN: 34-0476810; PN: 005)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	3 (*)	2 (*)	1 (*)	-	-	-	-	-	-
35 to 39	-	-	1 (*)	3 (*)	1 (*)	-	-	-	-	-
40 to 44	-	-	1 (*)	3 (*)	1 (*)	1 (*)	-	-	-	-
45 to 49	-	1 (*)	-	-	2 (*)	-	2 (*)	-	-	-
50 to 54	-	4 (*)	1 (*)	-	1 (*)	3 (*)	2 (*)	-	-	-
55 to 59	-	1 (*)	2 (*)	1 (*)	-	4 (*)	-	1 (*)	-	-
60 to 64	-	-	-	1 (*)	2 (*)	9 (*)	-	-	-	-
65 to 69	-	-	-	1 (*)	-	1 (*)	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, line 24 – Change in Actuarial Assumptions
The R.C.A. Rubber Company Pension Plan
October 1, 2010 Valuation
EIN/PN: 34-0476810 / 005

***Changes in
Assumptions since
the Last Actuarial
Valuation***

The assumption regarding survival of retiree's co-annuitants was that 100% of deaths were reported.

***Justification for
Changes in Actuarial
Assumptions***

Assumption changes other than to the prescribed assumptions were made to better anticipate future experience and to comply with ASOP 35. We believe that no approval is required for these changes because the aggregate underfunding for PBGC premium purposes within the Controlled Group, excluding overfunding, for this plan year does not exceed \$50,000,000.

Schedule SB, line 22 – Description of Weighted Average Retirement Age
The R.C.A. Rubber Company Pension Plan
October 1, 2010 Valuation
EIN/PN: 34-0476810 / 005

Rates of Retirement

<u>Age</u>	<u>Rate</u>
55	5.0%
56-57	1.0
58-59	1.4
60	5.4
61	18.2
62	29.1
63	36.0
64	18.0
65	6.4
66-67	11.1
68	25.0
69	35.0
70	100.0

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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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.

A Name of plan The R.C.A. Rubber Company Pension Plan	B Three-digit plan number (PN) <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF R.C.A. Rubber Company	D Employer Identification Number (EIN) 34-0476810
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2010</u>		
2	Assets:		
	a Market value.....	2a	9,991,828
	b Actuarial value.....	2b	10,434,146
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	142
	b For terminated vested participants	3b	54
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	155,599
	(2) Vested benefits.....	3c(2)	1,478,091
	(3) Total active	3c(3)	56
	d Total.....	3d	252
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	6.36 %
6	Target normal cost.....	6	127,816

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>7/9/2012</u> Date
	David M. Davala Type or print name of actuary	11-07402 Most recent enrollment number
	Findley Davies, Inc. Firm name	(216) 875-1900 Telephone number (including area code)
	1300 E. 9th Street, Suite 850 Address of the firm	
	Cleveland OH 44114-1516	

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)	62,414	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	62,414	0
10	Interest on item 9 using prior year's actual return of <u>5.02</u> %	3,133	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.64</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	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)	65,547	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	108.64 %
15	Adjusted funding target attainment percentage.....	15	109.33 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	117.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
				0	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.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %	3rd segment: 6.68 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

ID# 34-0476810
PLAN: #005

THE R.C.A. RUBBER COMPANY PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
LPL Financial	TransAmerica Fund Short-Term Bond Cl A	\$ -	\$ 808,950	\$ -	\$ -	\$ 792,828	\$ 808,950	\$ 16,122
LPL Financial	Corporate bonds – Deutsche Bank	1,000,050	1,000,000	-	-	1,000,050	1,000,000	(50)
Steben Managed Futures	Non-registered investment partnership – managed futures	-	939,231	-	-	1,060,842	939,231	(121,611)

See report of independent auditors.

ID# 34-0476810
PLAN: #005

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>MONEY MARKET FUND</u>			
	JP Morgan Prime Money Market Fund	Money market fund	\$ 8,971	\$ 8,971
	<u>MUTUAL FUNDS</u>			
	AIM International Small Company Fund CI A	Mutual fund	\$ 170,741	\$ 190,929
	Alger Funds II Spectra Fund CI I	Mutual fund	350,000	321,872
	Alger Health Sciences Fund CI A	Mutual fund	250,000	229,023
	Calamos Evolving World Growth Fund CI I	Mutual fund	279,532	231,493
	Calamos Global Income & Growth Fund CI C	Mutual Fund	592,060	641,938
	Calamos Growth & Income Fund CI I	Mutual Fund	257,480	227,321
	Dreyfus/Laurel Trust International Bond Fund CI I	Mutual Fund	86,931	91,216
	Dreyfus/Laurel Growth & Value Fund Income Strategic Value Fund CI I	Mutual fund	405,896	364,415
	Dreyfus/Laurel Opportunitstic Small Cap Value Fund	Mutual Fund	408,452	319,594
	John Hancock Funds III Disciplined Value Mid Cap Fund CI I	Mutual fund	374,077	309,964

See report of independent auditors.

ID# 34-0476810
PLAN: #005

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2011				
(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	John Hancock Global Opportunities Fund CI I	Mutual fund	\$ 266,261	\$ 179,726
	Lord Abbett Fundamental Equity Fund CI F	Mutual fund	448,342	372,813
	Oakmark International Fund CI I	Mutual fund	324,400	259,985
	Pioneer Global High Yield Fund CI Y	Mutual fund	282,649	252,564
	Pioneer High Income Municipal Fund CI Y	Mutual fund	295,891	303,411
	Principal MidCap Blend Fund CI P	Mutual fund	374,077	325,813
	Prudential Jennison Mid Cap Growth Fund Income CI A	Mutual fund	322,786	331,925
	Prudential Jennison Natural Resource Fund Income CI Z	Mutual fund	220,059	185,304
	Prudential Jennison Small Company Fund Income CI A	Mutual fund	401,171	373,200
		TOTAL MUTUAL FUNDS	<u>\$5,844,544</u>	<u>\$5,512,506</u>
	<u>INSURANCE COMPANY</u>			
	<u>INVESTMENT CONTRACT</u>			
	Jackson National Life Insurance Company	Separate account contract, September 2039 and 2.00%	<u>\$1,260,000</u>	<u>\$1,303,448</u>

See report of independent auditors.

ID# 34-0476810
PLAN: #005

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	<u>OTHER</u>			
	Inland American Real Estate Trust	Real Estate Investment Trust ("REIT")	\$ 618,693	\$ 522,958
	Inland Western Retail Real Estate Trust	Real Estate Investment Trust ("REIT")	<u>223,463</u>	<u>208,746</u>
		TOTAL OTHER INVESTMENTS	<u>\$ 842,156</u>	<u>\$ 731,704</u>
		TOTAL INVESTMENTS	<u><u>\$7,955,671</u></u>	<u><u>\$7,556,629</u></u>

See report of independent auditors.