

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</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, including room or suite number (Employer, if for single-employer plan) <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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2013</u>	<u>KATHY A TYLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2013</u>	<u>SHANE R PRICE</u>
	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 (2011)
v.012611

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
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5 Total number of participants at the beginning of the plan year	5	252
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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	111
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	34
f Total. Add lines 6d and 6e	6f	251
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	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

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	10/01/2011	09/30/2012

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	1580370

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	1303448
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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)	276922	

▶ APPRECIATION OF UNDERLYING ASSETS

(6) Total additions	7c(6)	276922
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d Total of balance and additions (add b and c(6))	7d	1580370
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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)		

(5) Total deductions	7e(5)	
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f Balance at the end of the current year (subtract e(5) from d)	7f	1580370
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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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **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>2011</u>	
2 Assets:	
a Market value	2a <u>8747228</u>
b Actuarial value	2b <u>9520002</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>7373996</u>
b For terminated vested participants	3b <u>53</u> <u>1085240</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>163848</u>
(2) Vested benefits	3c(2) <u>1685483</u>
(3) Total active	3c(3) <u>59</u> <u>1849331</u>
d Total	3d <u>254</u> <u>10308567</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.44 %</u>
6 Target normal cost	6 <u>132810</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/19/2012</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) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	65547	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	65547	
10	Interest on line 9 using prior year's actual return of <u>4.47</u> %	-2930	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>6.36</u> % except as otherwise provided (see instructions)		
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	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	62617	

Part III		Funding percentages	
14	Funding target attainment percentage	14	91.74 %
15	Adjusted funding target attainment percentage	15	91.74 %
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	108.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2013	225197				
			Totals ▶	18(b)	225197
				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 contributions 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 205759
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: 2.27%	2nd segment: 5.43%	3rd segment: 6.34 %	☐ 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 contributions for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	132810	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	851182	135566	
b Waiver amortization 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 (lines 31a - 31b + 32a + 32b - 33)...	34	268376	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	62617		62617
36 Additional cash requirement (line 34 minus line 35)	36	205759	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	205759	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contributions for all years.....	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012		
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)
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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

(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)

WEIDRICK, LIVESAY & CO.

2150 N CLEVELAND-MASSILLON RD
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?
10		825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISHER & PHILLIPS

9150 SOUTH HILLS BLVD
SUITE 300
CLEVELAND, OH 44147

(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?
29		58572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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		13300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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		57413	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		31311	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:	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:

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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012		
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	1190599	124923
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		225197
(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)	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)		2022800
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		138540
(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)	5512506	4006887
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2035152	2968826

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	8747228	9487173

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8747228	9487173
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	234778	
(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)		234778
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189	
(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)		189
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	259084	
(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)		259084
(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)	1180936	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1180936
(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		1674987

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	752038	
(2) To insurance carriers for the provision of benefits	2e(2)	21402	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		773440
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)	104009	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	57413	
(4) Other	2i(4)	180	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		161602
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		935042

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		739945
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.			
4n			

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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 <u>RCA RUBBER COMPANY</u>	D Employer Identification Number (EIN) <u>34-0476810</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>95-2834236</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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, 2012 AND 2011



Financial Statements and Supplemental Information
THE R.C.A. RUBBER COMPANY PENSION PLAN
SEPTEMBER 30, 2012 AND 2011

Financial Statements

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Supplemental Information

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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, 2012 and 2011, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended September 30, 2012. 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, 2012 and 2011, and the changes in its financial status for the year ended September 30, 2012 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), assets (acquired and disposed of within 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.

Pease & Associates, Inc.

Cleveland, Ohio
July 9, 2013



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FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

ANNUAL REPORT -- INDEX

THE R.C.A. RUBBER COMPANY PENSION PLAN

September 30, 2012 and 2011

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, 2012 and
September 30, 2011

Statement of Changes in Net Assets Available for Benefits - Year Ended
September 30, 2012

Statements of Accumulated Plan Benefits - September 30, 2012 and
September 30, 2011

Statement of Changes in Accumulated Plan Benefits - Year Ended
September 30, 2012

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, 2012 are included herewith:

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

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed Within 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, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Cash	\$ 124,923	\$ 1,190,599
Investments, at fair value:		
Common stock	138,540	-
Corporate bonds	2,022,800	-
Insurance company investment contract	1,580,370	1,303,448
Money market fund	-	8,971
Mutual funds	<u>4,006,887</u>	<u>5,512,506</u>
	7,748,597	6,824,925
Investments, at estimated fair value:		
Business Development Company	885,507	-
Real Estate Investment Trusts	<u>502,949</u>	<u>731,704</u>
	1,388,456	731,704
Receivables:		
Employer's contribution	<u>225,197</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 9,487,173</u></u>	<u><u>\$ 8,747,228</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, 2012

ADDITIONS

Additions to net assets attributed to:

Investment income:

Interest	\$ 189
Dividends	259,084
Net appreciation in fair value of investments, at fair value	<u>1,327,328</u>

1,586,601

Contributions:

Employer	<u>234,778</u>
----------	----------------

TOTAL ADDITIONS 1,821,379

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	752,038
Administrative expenses	183,004
Net depreciation in fair value of investments, at estimated fair value	<u>146,392</u>

TOTAL DEDUCTIONS 1,081,434

NET INCREASE 739,945

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR 8,747,228

END OF YEAR \$ 9,487,173

See notes to financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
SEPTEMBER 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving payments	\$ 6,313,781	\$ 6,049,816
Other participants	<u>1,789,746</u>	<u>2,048,271</u>
	8,103,527	8,098,087
Nonvested benefits	<u>92,867</u>	<u>87,667</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 8,196,394</u></u>	<u><u>\$ 8,185,754</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, 2012

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 8,185,754
Increase (decrease) during the year attributed to:	
Benefits accumulated (including gains and losses)	140,406
Interest (due to decrease in discount period)	622,272
Pension benefits paid	<u>(752,038)</u>
NET INCREASE	<u>10,640</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 8,196,394</u>

See notes to financial statements.

THE R.C.A. RUBBER COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2012 AND 2011

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. 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

Recently issued accounting standards: In January 2010, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements*. This guidance requires: (i) separate disclosure of significant transfers between Level 1 and Level 2 and reasons for the transfers; (ii) disclosures, on a gross basis, of purchases, sales, issuances, and net settlements for the activity in Level 3 fair value measurements; (iii) disclosures by class of assets and liabilities; and (iv) a description of the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which was deferred until fiscal year 2012, the guidance in ASU 2010-06 was effective for fiscal year 2011. The adoption of the provisions of this guidance is reflected in Note 6.

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 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 on the accrual basis. 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 the 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, 2012 and 2011 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 2012 and 2011 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 9, 2013, 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, the Plan was underfunded because the projected 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 exceeded the value of Plan assets. As a result, the Plan was required to contribute \$225,197 by June 15, 2013 to remain in compliance with minimum funding requirements. The Company did not make the required minimum contribution in June 2013, and is currently working with the Pension Benefit Guarantee Corporation (PBGC) to determine the necessary required course of action. As of September 30, 2012, the Plan was overfunded, and, accordingly, no contributions were required for the year ended September 30, 2012.

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 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 value of investments that represent five percent or more of the Plan's net assets are as follows:

	September 30,	
	2012	2011
<u>Corporate bonds:</u>		
Deutsche Bank AG Autocallable	\$ 1,160,400	\$ -
Deutsche Bank AG Global Medium Term	862,400	-
<u>Insurance company investment contract:</u>		
Jackson National Life Insurance Company	1,580,370	1,303,448
<u>Mutual funds:</u>		
Calamos Global Income & Growth Fund CI C	-	641,938
<u>Business development company:</u>		
FS Investment Corporation	885,507	-
<u>Real estate investment trust:</u>		
Inland American Real Estate Trust	502,949	522,958

During the year ended September 30, 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

<u>Investments, at fair value:</u>	
Common stock	\$ 40,652
Corporate bonds	118,060
Insurance company investment contract	276,922
Mutual funds	891,694
<u>Investments, at estimated fair value:</u>	
Business Development Company	21,928
Real Estate Investment Trusts	(168,320)

NOTE 6 -- FAIR VALUE MEASUREMENTS

The Plan follows FASB ASC 820, *Fair Value Measurement*, 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 or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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, 2012 and 2011 are as follows:

	September 30, 2012			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	\$ 138,540	\$ -	\$ -	\$ 138,540
Corporate bonds	2,022,800	-	-	2,022,800
Insurance company investment contract	-	1,580,370	-	1,580,370
Mutual funds:				
Blend funds	594,892	-	-	594,892
Bond funds	973,994	-	-	973,994
Growth funds	1,298,577	-	-	1,298,577
Municipal bond funds	348,959	-	-	348,959
Value funds	790,465	-	-	790,465
Business Development Company	-	-	885,507	885,507
Real Estate Investment Trust	-	-	502,949	502,949
Total	<u>\$ 6,168,227</u>	<u>\$ 1,580,370</u>	<u>\$ 1,388,456</u>	<u>\$ 9,137,053</u>

	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
Insurance company investment contract	\$ -	\$ 1,303,448	\$ -	\$ 1,303,448
Money market funds	-	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
Total	\$ 5,512,506	\$ 1,312,419	\$ 731,704	\$ 7,556,629

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.

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 common stocks, corporate bonds, and mutual funds is based on quoted market prices and 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 (2011) 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 Plan invests in the common stock of FS Investment Corporation. FS Investment Corporation invests in debt securities of private U.S. companies that are traded on an OTC market for institutional investors. The corporation is an externally managed, non-diversified, closed-end management investment company that has elected to be treated as a business development company, or BDC, under the Investment Company Act of 1940, as amended, and intends to qualify annually, as a regulated investment company. The fair value of the Plan's investment in the BDC is determined quarterly by the BDC's board of directors. Certain factors that the BDC may consider in determining the fair value of its investments include dealer quotes for securities traded on the secondary market for institutional investors, the nature and realizable value of any collateral, the portfolio company's earnings and its ability to make payments on its indebtedness, the markets in which the portfolio company does business, comparison to comparable publicly-traded companies, discounted cash flow and other relevant factors. Because such valuations, and particularly valuations of private securities and private companies, are inherently uncertain, may fluctuate over short periods of time and may be based on estimates, BDC's determination of fair value may differ materially from the values that would have been used if a ready market for these securities existed. Due to this uncertainty, BDC's fair value determinations may cause its net asset value on a given date to understate or overstate materially the value that it may ultimately realize upon the sale of one or more of its investments.

The Real Estate Investment Trusts ("REITs") are not actively traded and significant other observable inputs are not available. The fair values of the REITs are determined by the REITs' management utilizing various valuation estimates and third-party appraisers.

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, 2012:

	Business Development Company	Real Estate Investment Trusts	Total
Beginning balance – September 30, 2011	\$ -	\$ 731,704	\$ 731,704
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	21,928	(168,320)	(146,392)
Purchases, issues, sales, and settlements:			
Purchases	800,000	-	800,000
Dividend reinvestment	63,579	37,453	101,032
Exchanges	-	(97,888)	(97,888)
Ending balance – September 30, 2012	<u>\$ 885,507</u>	<u>\$ 502,949</u>	<u>\$ 1,388,456</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended September 30, 2012 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, 2012 and 2011.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended September 30, 2012 there was a significant transfer between Level 3 and Level 1. During the current year, Inland Western Retail Real Estate Trust, a Level 3 investment as of September 30, 2011, completed an initial public offering (IPO) under the company name of Real Estate Properties of America, Inc. As a result the shares held in Inland Western Retail Real Estate Trust have been exchanged and transferred appropriately to a Level 1 investment.

NOTE 7 – INSURANCE COMPANY INVESTMENT CONTRACT

The Plan holds 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, 2012, 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 2009.

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.

The BDC invests primarily in the debt of privately-held companies. Investments in private companies pose certain incremental risks as compared to investments in public companies, including a reduced access to capital markets as well as the fact that there is little public information about private companies. Accordingly, these investments are exposed to various risks. Additionally, the Plan's investment in the BDC is illiquid because there are no public trading markets for the shares at this time. The future value of this investment could be negatively impacted by these factors.

In addition to the general investment risk disclosed above, the 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 the 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.

NOTE 10 – SUBSEQUENT EVENT

In April 2013, management began the process of changing its investment advisory service provider. In doing so, management liquidated significant investments managed by the former investment advisor and reinvested the proceeds in different investments managed by the new investment advisor. Management believes the liquidation and reinvestment of Plan assets will be completed during the 2014 Plan year.

THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2012

(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>COMMON STOCK</u>			
	Retail Properties of America, Inc.	Common stock	\$ 97,888	\$ 138,540
	<u>CORPORATE BONDS</u>			
	Deutsche Bank AG Autocallable	Maturity Date: 9/19/2013, Interest Rate: 0.0%, Maturity Value: \$1,200,000	\$1,200,049	\$1,160,400
	Deutsche Bank AG Global Medium Term	Maturity Date: 2/7/2013, Interest Rate: 0.0%, Maturity Value: \$800,000	800,043	862,400
			<u>\$2,000,092</u>	<u>\$2,022,800</u>
	<u>INSURANCE COMPANY INVESTMENT CONTRACT</u>			
	Jackson National Life Insurance Company	Separate account contract, September 2039 and 2.00%	<u>\$1,260,000</u>	<u>\$1,580,370</u>
	<u>MUTUAL FUNDS</u>			
	AIM Invesco Balanced Risk Allocation	Mutual fund	\$ 370,955	\$ 383,380
	AIM FDS Group International Small Company Fund CI A	Mutual fund	12,510	12,746
	Alger Funds II Spectra Fund CI I	Mutual fund	183,715	214,497
	Calamos Evolving World Growth Fund CI I	Mutual fund	93,967	92,316
	Calamos Growth & Income Fund CI I	Mutual Fund	180,279	211,402

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, 2012

(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
	Dreyfus/Laurel Trust International Bond Fund CI I	Mutual Fund	\$ 259,719	\$ 276,159
	Dreyfus/Laurel Growth & Value Fund Income Strategic Value Fund CI I	Mutual fund	195,513	221,209
	Dreyfus Global Equity Income	Mutual Fund	275,027	270,742
	DWS RREEF Global Infrastructure	Mutual Fund	301,288	298,960
	DWS Strategic High Yield Tax Free	Mutual Fund	340,182	348,959
	John Hancock II Strategic Income Opportunities CI A	Mutual Fund	225,000	224,389
	John Hancock II Global Absolute Return Strategies CI I	Mutual fund	321,920	321,154
	John Hancock Funds III Disciplined Value Mid Cap Fund CI I	Mutual fund	127,702	136,344
	Pioneer Fundamental Growth CI Y	Mutual fund	325,027	320,561
	Pioneer Multi Asset Ultrashort Income CI Y	Mutual fund	250,850	252,237
	Principal MidCap Blend Fund CI P	Mutual fund	128,090	138,647
	Touchstone Merger Arbitrage CI A	Mutual fund	280,213	283,185
		TOTAL MUTUAL FUNDS	\$3,871,957	\$4,006,887

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, 2012

(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>			
	FS Investment Corporation	Business Development Company ("BDC")	\$ 863,579	\$ 885,507
	Inland American Real Estate Trust	Real Estate Investment Trust ("REIT")	<u>646,497</u>	<u>502,949</u>
		TOTAL OTHER INVESTMENTS	<u>\$1,510,076</u>	<u>\$1,388,456</u>
		TOTAL INVESTMENTS	<u><u>\$8,740,013</u></u>	<u><u>\$9,137,053</u></u>

See report of independent auditors.

THE R.C.A. RUBBER COMPANY PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

YEAR ENDED SEPTEMBER 30, 2012

(a)	(b)	(c)	(d)
<u>Identity of issue, borrower, lessor, or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Costs of acquisitions</u>	<u>Proceeds of dispositions</u>
LPL Financial	Corporate bonds - Deutsche Bank Maturity Date: 2/7/13	\$ 1,200,050	\$ 1,252,500
LPL Financial	Corporate bonds - Deutsche Bank Maturity Date: 5/22/13	1,200,050	1,242,960

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, 2012

(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)
FS Investment Corporation	Common stock – Business Development Company	\$ 800,000	\$ -	\$ -	\$ -	\$ 800,000	\$ -	\$ -
LPL Financial	Corporate bonds – Deutsche Bank Maturity Date: 2/7/13	1,200,050	1,252,500	-	-	1,200,050	1,252,500	52,450
LPL Financial	Corporate bonds – Deutsche Bank Maturity Date: 2/7/13	800,043	-	-	-	800,043	-	-
LPL Financial	Corporate bonds – Deutsche Bank Maturity Date: 5/22/13	1,200,050	1,242,960	-	-	1,200,050	1,242,960	42,910

See report of independent auditors.

THE R.C.A. RUBBER COMPANY PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS - Continued

YEAR ENDED SEPTEMBER 30, 2012

(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	Corporate bonds – Deutsche Bank Maturity Date: 9/19/13	\$ 1,200,049	\$ -	\$ -	\$ -	\$ 1,200,049	\$ -	\$ -
LPL Financial	Mutual funds -Lord Abbett Fundamental Equity Fund Cl F	-	476,886	-	-	464,469	476,886	12,417
LPL Financial	Mutual funds – Calamos Global Growth & Income Fund Cl C	-	483,940	-	-	417,337	483,940	66,603

See report of independent auditors.

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

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. The form of payment is chosen at disablement.

APPENDIX A-1 (Continued)

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 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.

APPENDIX A-1 (Continued)

***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 Table (male) set back 4 years for beneficiaries and 7.50% interest.

***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 benefit unit in effect at the time of severance from service times Years of Continuous Service. <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																						
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																						

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 \$30.00 benefit unit in effect on the September 30, 2010 "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 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%

APPENDIX A-2 (Continued)

Termination Benefit (Continued)

However, there is a minimum vested benefit due to asset usage under IRC 401(h) to 100% of the Plan's accrued benefit as of September 30, 2008 (the last such transfer date) plus the benefit unit in effect at the time of severance from service times Years of Continuous Service from September 30, 2008 times the vesting percentage.

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 32 – Schedule of Amortization Bases
The R.C.A. Rubber Company Pension Plan
October 1, 2011 Valuation
EIN/PN: 34-0476810 / 005

EXHIBIT VII

SCHEDULE OF AMORTIZATION BASES

Plan Year Beginning		10/01/2011		
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	10/01/2011	<u>\$ 851,182</u>	7.00	<u>\$ 135,566</u>
	Total	\$ 851,182		\$ 135,566
<i>Waiver Amortization Bases</i>	10/01/2011	\$ 0		\$ 0

Schedule SB, Line 26 - Schedule of Active Participant Data

October 1, 2011 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	4 (*)	-	2 (*)	2 (*)	-	-	-	-	-	-
35 to 39	3 (*)	-	1 (*)	3 (*)	1 (*)	-	-	-	-	-
40 to 44	-	1 (*)	-	-	1 (*)	-	-	-	-	-
45 to 49	-	1 (*)	-	1 (*)	3 (*)	1 (*)	1 (*)	-	-	-
50 to 54	2 (*)	2 (*)	-	-	2 (*)	4 (*)	3 (*)	-	-	-
55 to 59	-	-	-	3 (*)	-	1 (*)	-	2 (*)	-	-
60 to 64	-	-	-	1 (*)	1 (*)	6 (*)	5 (*)	-	-	-
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, 2011 Valuation
EIN/PN: 34-0476810 / 005

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

The rates of retirement were updated to the following to better reflect plan experience.

<u>Age</u>	<u><30 Years of Service</u>	<u>30+ Years of Service</u>
55	1.0%	1.0%
56-57	1.0	1.0
58-59	1.0	1.0
60	5.0	5.0
61	5.0	5.0
62	25.0	30.0
63	5.0	10.0
64	5.0	10.0
65	75.0	75.0
66-67	50.0	50.0
68	50.0	50.0
69	50.0	50.0
70+	100.0	100.0

***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
(Form 5500)Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan
Actuarial Information

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

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

OMB No. 1210-0110

2011**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

▶ **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)

005

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 10 Day 1 Year 2011**2** Assets:**a** Market value **2a** 8,747,228**b** Actuarial value **2b** 9,520,002**3** Funding target/participant count breakdown:

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 142 7,373,996**b** For terminated vested participants **3b** 53 1,085,240**c** For active participants:(1) Non-vested benefits **3c(1)** 163,848(2) Vested benefits **3c(2)** 1,685,483(3) Total active **3c(3)** 59 1,849,331**d** Total **3d** 254 10,308,567**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 5.44 %**6** Target normal cost **6** 132,810**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

06/19/2013

Date

11-07402

David M. Davala

Type or print name of actuary

Most recent enrollment number

Findley Davies, Inc.

(216) 875-1900

1300 E. 9th Street, Suite 850

Firm name

Telephone number (including area code)

Cleveland

OH 44114-1516

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) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	65,547	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	65,547	0
10 Interest on line 9 using prior year's actual return of <u>(4.47)</u> %.....	(2,930)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.36</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	62,617	0

Part III Funding percentages

14 Funding target attainment percentage	14	91.74 %
15 Adjusted funding target attainment percentage	15	91.74 %
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	108.64 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No**b** If 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: 2.27 %	2nd segment: 5.43 %	3rd segment: 6.34 %	☐ 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 contributions for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

132,810

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

851,182

135,566

b Waiver amortization installment.....

0

0

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

268,376

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

62,617

0

62,617

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

205,759

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

0

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

0

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

0

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

205,759

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

205,759

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:**a** Schedule elected☐

2 plus 7 years

☐

15 years

b Eligible plan year(s) for which the election in line 41a was made☐

2008

☐

2009

☐

2010

☐

2011

42 Amount of acceleration adjustment**42**

0

43 Excess installment acceleration amount to be carried over to future plan years**43**

0

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THE R.C.A. RUBBER COMPANY PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2012

(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)
FS Investment Corporation	Business Development Company	\$ 800,000	\$ -	\$ -	\$ -	\$ 800,000	\$ -	\$ -
LPL Financial	Corporate bonds – Deutsche Bank Maturity Date: 2/7/13	1,200,050	1,252,500	-	-	1,200,050	1,252,500	52,450
LPL Financial	Corporate bonds – Deutsche Bank Maturity Date: 2/7/13	800,050	-	-	-	800,050	-	-
LPL Financial	Corporate bonds – Deutsche Bank Maturity Date: 5/22/13	1,200,050	1,242,960	-	-	1,200,050	1,242,960	42,910

See report of independent auditors.

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PLAN: #005

THE R.C.A. RUBBER COMPANY PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS - Continued

YEAR ENDED SEPTEMBER 30, 2012

(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	Corporate bonds – Deutsche Bank Maturity Date: 9/19/13	\$ 1,200,050	\$ -	\$ -	\$ -	\$ 1,200,050	\$ -	\$ -
LPL Financial	Mutual funds -Lord Abbott Fundamental Equity Fund Cl F	26,479	476,886	-	-	464,469	476,886	12,416
LPL Financial	Mutual funds – Calamos Global Growth & Income Fund Cl C	-	483,940	-	-	417,337	483,940	66,603

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THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2012

(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>COMMON STOCK</u>			
	Retail Properties of America, Inc.	Common stock	\$ 97,888	\$ 138,540
	<u>CORPORATE BONDS</u>			
	Deutsche Bank AG Autocallable	Maturity Date: 9/19/2013, Interest Rate: 0.0%, Maturity Value: \$1,200,000	\$1,200,049	\$1,160,400
	Deutsche Bank AG Global Medium Term	Maturity Date: 2/7/2013, Interest Rate: 0.0%, Maturity Value: \$800,000	800,043	862,400
			<u>\$2,000,092</u>	<u>\$2,022,800</u>
	<u>INSURANCE COMPANY INVESTMENT CONTRACT</u>			
	Jackson National Life Insurance Company	Separate account contract, September 2039 and 2.00%	<u>\$1,260,000</u>	<u>\$1,580,370</u>
	<u>MUTUAL FUNDS</u>			
	AIM Invesco Balances Risk Allocation	Mutual fund	\$ 370,955	\$ 383,380
	AIM FDS Group International Small Company Fund CI A	Mutual fund	12,510	12,746
	Alger Funds II Spectra Fund CI I	Mutual fund	183,715	214,497
	Calamos Evolving World Growth Fund CI I	Mutual fund	93,967	92,316
	Calamos Growth & Income Fund CI I	Mutual Fund	180,279	211,402

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THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2012

(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
	Dreyfus/Laurel Trust International Bond Fund CI I	Mutual Fund	\$ 259,719	\$ 276,159
	Dreyfus/Laurel Growth & Value Fund Income Strategic Value Fund CI I	Mutual fund	195,513	221,209
	Dreyfus Global Equity Income	Mutual Fund	275,027	270,742
	DWS RREEF Global Infrastructure	Mutual Fund	301,288	298,960
	DWS Strategic High Yield Tax Free	Mutual Fund	340,182	348,959
	John Hancock II Strategic Income Opportunities CI A	Mutual Fund	225,000	224,389
	John Hancock II Global Absolute Return Strategies CI I	Mutual fund	321,920	321,154
	John Hancock Funds III Disciplined Value Mid Cap Fund CI I	Mutual fund	127,702	136,344
	Pioneer Fundamental Growth CI Y	Mutual fund	325,027	320,561
	Pioneer Multi Asset Ultrashort Income CI Y	Mutual fund	250,850	252,237
	Principal MidCap Blend Fund CI P	Mutual fund	128,090	138,647
	Touchstone Merger Arbitrage CI A	Mutual fund	280,213	283,185
		TOTAL MUTUAL FUNDS	<u>\$3,871,957</u>	<u>\$4,006,887</u>

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THE R.C.A. RUBBER COMPANY PENSION PLAN

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

SEPTEMBER 30, 2012

(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>			
	FS Investment Corporation	Business Development Company ("BDC")	\$ 863,579	\$ 885,507
	Inland American Real Estate Trust	Real Estate Investment Trust ("REIT")	<u>646,497</u>	<u>502,949</u>
		TOTAL OTHER INVESTMENTS	<u>\$1,510,076</u>	<u>\$1,388,456</u>
		TOTAL INVESTMENTS	<u><u>\$8,740,013</u></u>	<u><u>\$9,137,053</u></u>

See report of independent auditors.