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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY</u>                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1986</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>003</u>                                                  | <b>1c</b> Effective date of plan<br><u>07/01/1986</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                              | <u>003</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1986</u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>DIVESTED LITCHFIELD PARK PROPERTY, INC.</u><br><br><u>200 INNOVATION WAY</u><br><u>DEPT 610</u><br><u>AKRON, OH 44316</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>51-0304856</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>330-796-2121</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>326200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>51-0304856</u> | <b>2c</b> Sponsor's telephone number<br><u>330-796-2121</u> | <b>2d</b> Business code (see instructions)<br><u>326200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>51-0304856</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>330-796-2121</u>                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><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.

|                                                                                                            |                                                                                         |                    |                                                                                                     |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator    | 10/15/2013<br>Date | KELLY J MCFALL, CHF FINANCIAL OFFCR<br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of employer/plan sponsor | 10/15/2013<br>Date | KELLY J MCFALL, CHF FINANCIAL OFFCR<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           | Signature of DFE                                                                        | Date               | Enter name of individual signing as DFE                                                             |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                                                         |                    | Preparer's telephone number (optional)                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address<br><br>THE GOODYEAR TIRE & RUBBER COMPANY<br><br>200 INNOVATION WAY<br>DEPT. 610<br>AKRON, OH 44316-0001                                                                                                                                                                     |           | <b>3b</b> Administrator's EIN<br>34-0253240                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>3c</b> Administrator's telephone number<br>330-796-2121                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                 |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |           | <b>5</b> 129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              | <b>6d</b> | 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             | <b>6e</b> | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b> | 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>6g</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                            | <b>6h</b> | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |           | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1G 3H 1I 1B                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
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| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY</u>                                           | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>DIVESTED LITCHFIELD PARK PROPERTY, INC.</u>                | <b>D</b> Employer Identification Number (EIN)<br><u>51-0304856</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
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| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>1</b>                                                                                                                                                                                                        | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>2</b>                                                                                                                                                                                                        | Assets:<br><table><tr><td><b>a</b> Market value .....</td><td><b>2a</b></td><td><u>580297</u></td></tr><tr><td><b>b</b> Actuarial value .....</td><td><b>2b</b></td><td><u>589613</u></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>a</b> Market value .....                                               | <b>2a</b>                         | <u>580297</u>             | <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> | <u>589613</u>             |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>580297</u>                                                             |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>589613</u>                                                             |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>3</b>                                                                                                                                                                                                        | Funding target/participant count breakdown:<br><table><tr><td></td><td><b>(1) Number of participants</b></td><td><b>(2) Funding Target</b></td></tr><tr><td><b>a</b> For retired participants and beneficiaries receiving payment.....</td><td><b>3a</b></td><td><u>12</u><br/><u>71809</u></td></tr><tr><td><b>b</b> For terminated vested participants.....</td><td><b>3b</b></td><td><u>117</u><br/><u>443810</u></td></tr><tr><td><b>c</b> For active participants:</td><td></td><td></td></tr><tr><td>    <b>(1)</b> Non-vested benefits.....</td><td><b>3c(1)</b></td><td><u>0</u></td></tr><tr><td>    <b>(2)</b> Vested benefits.....</td><td><b>3c(2)</b></td><td><u>0</u></td></tr><tr><td>    <b>(3)</b> Total active .....</td><td><b>3c(3)</b></td><td><u>0</u></td></tr><tr><td><b>d</b> Total .....</td><td><b>3d</b></td><td><u>129</u><br/><u>515619</u></td></tr></table> |                                                                           | <b>(1) Number of participants</b> | <b>(2) Funding Target</b> | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b> | <u>12</u><br><u>71809</u> | <b>b</b> For terminated vested participants..... | <b>3b</b> | <u>117</u><br><u>443810</u> | <b>c</b> For active participants: |  |  | <b>(1)</b> Non-vested benefits..... | <b>3c(1)</b> | <u>0</u> | <b>(2)</b> Vested benefits..... | <b>3c(2)</b> | <u>0</u> | <b>(3)</b> Total active ..... | <b>3c(3)</b> | <u>0</u> | <b>d</b> Total ..... | <b>3d</b> | <u>129</u><br><u>515619</u> |
|                                                                                                                                                                                                                 | <b>(1) Number of participants</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2) Funding Target</b>                                                 |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>12</u><br><u>71809</u>                                                 |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>117</u><br><u>443810</u>                                               |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>(1)</b> Non-vested benefits.....                                                                                                                                                                             | <b>3c(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>0</u>                                                                  |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>(2)</b> Vested benefits.....                                                                                                                                                                                 | <b>3c(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>0</u>                                                                  |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>0</u>                                                                  |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>129</u><br><u>515619</u>                                               |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>4</b>                                                                                                                                                                                                        | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/><br><table><tr><td><b>a</b> Funding target disregarding prescribed at-risk assumptions .....</td><td><b>4a</b></td><td></td></tr><tr><td><b>b</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 .....</td><td><b>4b</b></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                          | <b>a</b> Funding target disregarding prescribed at-risk assumptions ..... | <b>4a</b>                         |                           | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b> |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                   |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>5</b>                                                                                                                                                                                                        | Effective interest rate .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b>                                                                  | <u>7.18</u> %                     |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |
| <b>6</b>                                                                                                                                                                                                        | Target normal cost.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6</b>                                                                  | <u>0</u>                          |                           |                                                                                                                                                                                                                 |           |                           |                                                  |           |                             |                                   |  |  |                                     |              |          |                                 |              |          |                               |              |          |                      |           |                             |

**Statement by Enrolled Actuary**

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

|                                                                                         |                                                      |
|-----------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                                        |                                                      |
| Signature of actuary<br><u>WILLIAM E. ROBERTS</u>                                       | Date<br><u>11-05427</u>                              |
| Type or print name of actuary<br><u>TOWERS WATSON DELAWARE INC.</u>                     | Most recent enrollment number<br><u>216-937-4000</u> |
| Firm name<br><u>1001 LAKESIDE AVENUE, SUITE 1900</u><br><u>CLEVELAND, OH 44114-1172</u> | Telephone number (including area code)               |
| Address of the firm                                                                     |                                                      |

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

| Part II Beginning of Year Carryover Prefunding Balances |                                                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 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) .....                                                                                      | 0                     | 0                      |
| 10                                                      | Interest on line 9 using prior year's actual return of <u>0.21</u> % .....                                                        |                       |                        |
| 11                                                      | Prior year's excess contributions to be added to prefunding balance:                                                              |                       |                        |
| a                                                       | Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 102774                 |
| b                                                       | Interest on (a) using prior year's effective interest rate of <u>6.43</u> % except as otherwise provided (see instructions) ..... |                       | 6608                   |
| c                                                       | Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 109382                 |
| d                                                       | Portion of (c) to be added to prefunding balance .....                                                                            |                       | 73000                  |
| 12                                                      | Other reductions in balances due to elections or deemed elections .....                                                           | 0                     | 0                      |
| 13                                                      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                | 0                     | 73000                  |

| Part III Funding Percentages |                                                                                                                                                                  |    |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 100.19 % |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 114.35 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 | 73.28 %  |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/28/2013                                                                        | 170000                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 170000                          |
|                                                                                   |                                   |                                 |                          | 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                                                                 |         |
| 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                                                                 | 156880  |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |         |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| c If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                    |                                                                     |         |
| (1) 1st                                                                                                                       | (2) 2nd                                                             | (3) 3rd |
| 0                                                                                                                             |                                                                     | 0       |
|                                                                                                                               |                                                                     | 0       |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54% | 2nd segment:<br>6.85% | 3rd segment:<br>7.52 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 156880             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 156880             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |   |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               | 0 |  |

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                        |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY</u>                        | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>003</u> |
|                                                                                                                        |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>DIVESTED LITCHFIELD PARK PROPERTY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0304856</u> |            |

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

|                                                                                                 |                               |                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR TIRE &amp; RUBBER CO COMM TRST</u>   |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE &amp; RUBBER COMPANY</u> |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN <u>34-1458060-001</u>                                                           | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>     |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-TRUST CASH</u>             |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE &amp; RUBBER COMPANY</u> |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN <u>34-1458060-003</u>                                                           | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1758</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-GLOBAL EQUITIES</u>        |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE &amp; RUBBER COMPANY</u> |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN <u>34-1458060-004</u>                                                           | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5621</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-FIXED INCOME</u>           |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE &amp; RUBBER COMPANY</u> |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN <u>34-1458060-005</u>                                                           | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64543</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-ALTERNATIVES</u>           |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE &amp; RUBBER COMPANY</u> |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN <u>34-1458060-006</u>                                                           | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4454</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-WINGFOOT FILMS</u>         |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE &amp; RUBBER COMPANY</u> |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN <u>34-1458060-007</u>                                                           | <b>d</b> Entity code <u>M</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18683</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                  |                               |                                                                                                                  |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                               |                               |                                                                                                                  |  |
| <b>c</b> EIN-PN                                                                                 | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)              |  |

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY</u>                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>003</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DIVESTED LITCHFIELD PARK PROPERTY, INC.</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br><u>51-0304856</u>                    |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 127958                | 170000          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 457351                | 95059           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 585309                | 265059          |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |        |        |
|-----------------------------------------------------------|-----------|--------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 585309 | 265059 |
|-----------------------------------------------------------|-----------|--------|--------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 170000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 170000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 60553     |
| (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 <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 230553    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 550803 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 550803 |
| 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) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 0      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 550803 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -320250 |
| 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: **BOBER, MARKEY, FEDOROVICH & COMPANY**

(2) EIN: **34-1523030**

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                              | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                      | X   |    | 40000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                      |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                |     | X  |          |
| <b>j</b> 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  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                           |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                           |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                  |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                     |     |    |          |

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

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

**5b(1)** Name of plan(s)

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

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                 |                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY</u>                 | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DIVESTED LITCHFIELD PARK PROPERTY, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>51-0304856</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                       |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                 | <b>1</b>           |
| <b>2</b> 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):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |                    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                       | <b>3</b> <u>91</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES  
OF WINGFOOT FILMS CORPORATION

FINANCIAL STATEMENTS

December 31, 2012 and 2011

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF  
WINGFOOT FILMS CORPORATION

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



CERTIFIED PUBLIC ACCOUNTANTS BUSINESS ADVISORS  
A PROFESSIONAL CORPORATION

AKRON | CLEVELAND

## INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of  
Divested Litchfield Park Properties, Inc.  
Pension Plan for Hourly Employees  
of Wingfoot Films Corporation  
Akron, Ohio

### Report on the Financial Statements

We were engaged to audit the financial statements of Divested Litchfield Park Properties, Inc. Pension Plan for Hourly Employees of Wingfoot Films Corporation (the "Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

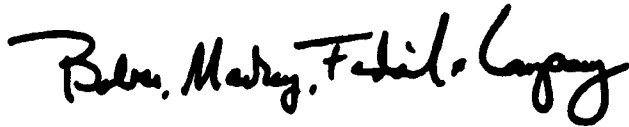
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Custodian as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Bober, Markey, Fedorovich & Company". The signature is written in a cursive, flowing style.

BOBER, MARKEY, FEDOROVICH & COMPANY  
Akron, Ohio

September 30, 2013

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
December 31, 2012 and 2011

Statements of Net Assets Available for Benefits

|                                   | December 31,<br>2012 | December 31,<br>2011 |
|-----------------------------------|----------------------|----------------------|
| Plan's Interest in Master Trust   | \$ 95,059            | \$ 457,351           |
| Employer Contribution Receivable  | 170,000              | 127,958              |
| Net Assets Available for Benefits | <u>\$ 265,059</u>    | <u>\$ 585,309</u>    |

Statement of Changes in Net Assets Available for Benefits

|                                                          | Year Ended<br>December 31, 2012 |
|----------------------------------------------------------|---------------------------------|
| Net Investment Gain from Plan's Interest in Master Trust | \$ 60,553                       |
| Employer Contributions                                   | 170,000                         |
| Benefits Paid to Participants or Their Beneficiaries     | <u>(550,803)</u>                |
| Net Decrease                                             | (320,250)                       |
| Net Assets Available for Benefits at Beginning of Year   | <u>585,309</u>                  |
| Net Assets Available for Benefits at End of Year         | <u>\$ 265,059</u>               |

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

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
December 31, 2012 and 2011

Statements of Accumulated Plan Benefits

|                                                       | December 31,<br>2012 | December 31,<br>2011 |
|-------------------------------------------------------|----------------------|----------------------|
| Actuarial Present Value of Accumulated Plan Benefits: |                      |                      |
| Vested Benefits for:                                  |                      |                      |
| Retirees                                              | \$ 71,031            | \$ 62,559            |
| Former Employees                                      | 79,488               | 344,456              |
|                                                       | <u>\$ 150,519</u>    | <u>\$ 407,015</u>    |

Statement of Changes in Accumulated Plan Benefits

|                                                                         | Year Ended<br>December 31, 2012 |
|-------------------------------------------------------------------------|---------------------------------|
| Actuarial Present Value of Accumulated Plan Benefits, December 31, 2011 | \$ 407,015                      |
| Increase (Decrease) During the Year Attributable to:                    |                                 |
| Plan Amendment                                                          | 269,664                         |
| Change in Actuarial Assumptions                                         | 5,096                           |
| Benefit Payments                                                        | (550,803)                       |
| Interest                                                                | 34,193                          |
| Experience                                                              | (14,646)                        |
| Net Decrease                                                            | <u>(256,496)</u>                |
| Actuarial Present Value of Accumulated Plan Benefits, December 31, 2012 | <u>\$ 150,519</u>               |

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

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
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NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Dissolution of Original Plan Sponsor

On June 30, 1992, all assets of Wingfoot Films Corporation, the former sponsor and administrator of the Pension Plan for Hourly Employees of Wingfoot Films Corporation were sold to an unrelated third party. Divested Litchfield Park Properties, Inc. assumed the responsibilities of the Plan Sponsor and Plan Administrator on this date. All participants are 100% vested at June 30, 1992, and no additional service accrues after this date.

Trust Assets

The Pension Plan for Hourly Employees of Wingfoot Films Corporation (the "Plan") participates in a Master Trust where Wingfoot Corporation is the Trustee and The Northern Trust Company (the "Custodian") is the Custodian for the Master Trust. The Master Trust holds investments for pension plans sponsored by The Goodyear Tire & Rubber Company and certain subsidiaries (the "Company" or "Goodyear"). As of December 31, 2012 and 2011, the Plan's interest in the Master Trust was 0.01% and less than 0.01%, respectively. See discussion of significant accounting policies related to the Master Trust in Note 7.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits include benefits expected to be paid to:

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

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

The significant actuarial assumptions used in the valuation of accumulated plan benefits as of December 31, 2012 and 2011 were:

- a) Life Expectancy - The mortality basis is derived from the mortality experience of the Goodyear hourly non-disabled population for the period 2007-2011 (as of December 31, 2012) and 2002-2005 (as of December 31, 2011).
- b) Retirement Age - Age 65.
- c) Discount Rate - Obligations of the Plan are assumed to be settled at a rate of 8.5%.

Basis of Accounting

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

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
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Contributions and Funding

During the 2012 Plan year, sponsor contributions met or exceeded the minimum funding requirements specified in the Employee Retirement Income Security Act of 1974 ("ERISA"). Sponsor contributions are recognized as they accrue. See Note 6.

In anticipation of the one-time lump sum window, described in Note 2, the Company contributed \$100,000 in excess of ERISA minimum funding requirements on September 14, 2012. For purposes of these financial statements, this additional Plan contribution was accrued for as part of the Employer Contribution Receivable at December 31, 2011.

Expenses

All expenses incurred in the asset custody and management of the Plan are charged to and paid by the Master Trust. Other administrative expenses of the Plan are paid by the Plan Sponsor.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investments in partnership interests within the Master Trust are not traded on an active market; therefore, the values of these investments as of any particular date are not necessarily indicative of amounts that may ultimately be realized as a result of future sales or other dispositions. The estimated values may differ significantly from the values that would have been used had an active market for the securities existed.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Reclassification

For comparability, certain amounts in the 2011 financial statements have been reclassified to conform to the 2012 financial statement presentation.

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2013, the date the financial statements were available to be issued. There were no subsequent events which required recognition or disclosure in the financial statements, other than the events disclosed in Note 6.

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2012 and 2011

NOTE 2 - GENERAL DESCRIPTION AND OPERATION OF THE PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of ERISA.

Participation and Benefits

The Plan is a defined benefit plan covering former hourly employees of Wingfoot Films Corporation. On December 11, 2011 the Plan was restated as of January 1, 2011 which included an amendment that provides for pension and death benefits calculated under formulas principally based on service. Participants may elect to receive their plan benefits in various forms of an immediate or deferred annuity.

Normal retirement age is 65; however, a reduced benefit is available to former employees who have attained age 55.

On September 14, 2012, the Plan was amended to allow terminated vested participants of the Plan who were not currently receiving pension benefits the one-time opportunity to voluntarily elect either a lump sum payment of their pension benefit or an immediate commencement of monthly pension benefits in December 2012.

Vesting

Pension benefits are fully vested.

Termination Provisions

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

- a) The Plan's interest in the Master Trust shall serve to discharge any liability presently incurred and the net assets shall be applied for the exclusive benefit of the participants and beneficiaries of the Plan, provided that after satisfaction of all liabilities, residual assets of the Plan are distributable to the Plan Sponsor, or to other plans within the Master Trust.
- b) To the extent unfunded vested benefits exist, benefits up to specified limitations are insured by the Pension Benefit Guaranty Corporation.

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
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NOTE 3 - TAX STATUS

The Internal Revenue Service (IRS") has determined and informed the Plan Sponsor by a letter dated December 20, 2011 that the Plan is qualified and the trust established for the Plan is exempt from Federal Income Tax under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Company and Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4 - FINANCIAL DATA CERTIFIED BY THE NORTHERN TRUST COMPANY

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information is certified complete and accurate or derived from information certified complete and accurate by the Custodian, with the exception of partnership interests within the Master Trust as of December 31, 2012 and 2011. As of December 31, 2012 and 2011, the fair value of these investments within the Master Trust was \$255,728,476 and \$219,293,973, respectively, with related net appreciation of \$21,861,485 for the year ended December 31, 2012.

NOTE 5 - PARTY-IN-INTEREST

Certain Plan investments are managed by the Custodian and, therefore, these transactions are party-in-interest transactions. Fees are paid by the Master Trust for asset custody and management to parties-in-interest. These fees are pursuant to arrangements exempted from the prohibited transactions rules.

NOTE 6 - SUBSEQUENT EVENTS

On February 28, 2013, the Company made a contribution of \$170,000 to fully fund the Plan as determined by the accounting basis used for the Company's financial statements. For purposes of these financial statements this contribution was accrued as an Employer Contribution Receivable at December 31, 2012. On March 29, 2013, the target asset allocation of the Plan was changed to a portfolio of substantially all fixed income securities.

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
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In February 2013, the Master Trust entered into short term zero cost interest rate swaptions in order to significantly reduce the volatility of the Plan's funded status as recorded on the Company's financial statements. At the same time, the Master Trust entered into short term zero cost equity collars that cap upside and limit downside on a portion of the Master Trust's equity portfolio related to other participating plans. The Plan was specifically excluded from these transactions.

#### NOTE 7 - MASTER TRUST

##### Investment Valuation and Income Recognition

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

Effective November 1, 2012, the Master Trust utilizes a tiered allocation structure, whereby the Master Trust assets are grouped into investment pools ("Investment Pool"). Each plan which participates in the Master Trust may have a different allocation percentage among the Investment Pools depending on the target asset allocation of the plan. At December 31, 2012, the Plan's ownership interest in each Investment Pool was consistent with the Plan's ownership interest in the total Master Trust.

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

##### Partnership Interests

At December 31, 2012 and 2011, the Master Trust had investments of \$255,728,476 and \$219,293,973, respectively, in partnership interests. These partnership interests include \$193,095,620 and \$157,354,939, respectively, in venture, buyout and special situation private equity funds which cannot be redeemed and are liquidated over the stated life of the fund. At December 31, 2012 and 2011, the Master Trust had \$146,000,000 and \$121,000,000, respectively, in unfunded commitments related to these investments. Additionally, the partnership interests consist of \$62,632,856 and \$61,939,034, respectively, at December 31, 2012 and 2011, in an enhanced equity investment partnership which can generally be redeemed on a quarterly basis with one month notice.

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
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Financial Instruments

Certain investment managers retained by the Master Trust are authorized to use derivative financial instruments within specific guidelines established by the Company. Interest rate, foreign exchange and credit contracts are held to manage the risk inherent in certain investments. Equity contracts are held as an alternative to purchasing securities. Commodities contracts are held to gain exposure to various commodities markets. The Company has established a control environment which includes policies and procedures for risk assessment and the approval, reporting, and monitoring of derivative financial instruments. The counterparties to the derivative financial instrument contracts are substantial and credit worthy multinational commercial banks or other financial institutions. Neither the risks of counterparty non-performance nor the economic consequence of counterparty non-performance associated with these contracts are considered by the Company to be significant. In addition, the Master Trust does not anticipate any material adverse effect on its financial position resulting from its involvement in these instruments. The notional amounts generally exceed the cash requirements relating to the financial instruments. The Plan's share of the net fair value of derivative financial instruments is included in the Plan's Interest in Master Trust in the Statements of Net Assets Available for Benefits. The Plan's share of the income and realized and unrealized gains and losses resulting from derivative financial instruments is included in Net Investment Gain from Plan's Interest in Master Trust in the Statement of Changes in Net Assets Available for Benefits.

The following tables present the notional market value and fair value of asset and liability derivative financial instruments at December 31, 2012 and 2011:

December 31, 2012

(Dollars in Thousands)

|                              | <u>Notional Market Value</u> | <u>Fair Value</u> |
|------------------------------|------------------------------|-------------------|
| <u>Asset Derivatives</u>     |                              |                   |
| Interest Rate Contracts      | \$ (26,252)                  | \$ 5,710          |
| Equity Contracts             | 98,981                       | -                 |
| Commodity Contracts          | 36,263                       | -                 |
| Credit Contracts             | -                            | 422               |
|                              | <u>\$ 108,992</u>            | <u>6,132</u>      |
| <u>Liability Derivatives</u> |                              |                   |
| Interest Rate Contracts      | \$ -                         | (4,784)           |
| Commodity Contracts          | 24,471                       | -                 |
| Credit Contracts             | -                            | (358)             |
|                              | <u>\$ 24,471</u>             | <u>(5,142)</u>    |
| Net Fair Value               |                              | <u>\$ 990</u>     |

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
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December 31, 2011

(Dollars in Thousands)

|                                  | <u>Notional Market Value</u> | <u>Fair Value</u>   |
|----------------------------------|------------------------------|---------------------|
| <u>Asset Derivatives</u>         |                              |                     |
| Interest Rate Contracts          | \$ 18,086                    | \$ 1,137            |
| Equity Contracts                 | (7,453)                      | -                   |
| Commodity Contracts              | 35,758                       | -                   |
| Credit Contracts                 | -                            | 1,826               |
|                                  | <u>\$ 46,391</u>             | <u>2,963</u>        |
| <br><u>Liability Derivatives</u> |                              |                     |
| Interest Rate Contracts          | \$ -                         | (3,495)             |
| Equity Contracts                 | 95,198                       | -                   |
| Commodity Contracts              | 24,792                       | -                   |
| Credit Contracts                 | -                            | (166)               |
|                                  | <u>\$ 119,990</u>            | <u>(3,661)</u>      |
| <br>Net Fair Value               |                              | <br><u>\$ (698)</u> |

The following table presents the net appreciation (depreciation) in fair value of derivative financial instruments for the year ended December 31, 2012:

(Dollars in Thousands)

|                            | <u>Net Appreciation</u> |
|----------------------------|-------------------------|
| Interest Rate Contracts    | \$ (969)                |
| Foreign Exchange Contracts | 32                      |
| Equity Contracts           | 14,093                  |
| Commodity Contracts        | (49)                    |
| Credit Contracts           | (1,968)                 |
|                            | <u>\$ 11,139</u>        |

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
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Securities Lending

The Master Trust participates in The Northern Trust Company Securities Lending Program under which The Northern Trust Company as Custodian and Agent is authorized to lend securities of the Master Trust, as part of a pool of securities from other participating lenders, to borrowers selected by the Custodian and approved by the Trustee. Under the terms of the program, participating lenders receive cash, letters of credit, or government securities as collateral for loans of their securities, which must be equal to or greater than 102% of the market value of the borrowed securities or not less than 105% if the borrowed securities and non-cash collateral are denominated in different currencies. The amount of Master Trust securities on loan is capped at eight percent of lendable investments. The market value of the borrowed securities and collateral are revalued daily and the borrower is required to deliver additional collateral when necessary to meet the minimum requirements. Cash collateral received by the Custodian is invested in obligations issued by the U.S. Government, corporate bonds, and certain other instruments that meet The Northern Trust Company Securities Lending Program's guidelines intended to maximize current income, while maintaining the preservation of capital and maintenance of liquidity. Upon termination of the loan, the borrower is required to return loaned securities in exchange for the return of the related collateral. The Master Trust realized \$500,117 of additional net gain from these activities during 2012. The Trustee does not anticipate any material adverse effect on the financial position of the Master Trust resulting from its involvement in The Northern Trust Company Securities Lending Program.

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
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Master Trust Net Assets

The following provides a summary of the Master Trust net assets at December 31, 2012 and 2011 and changes in net assets for the year ended December 31, 2012:

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

|                                                           | 2012                | 2011                |
|-----------------------------------------------------------|---------------------|---------------------|
| Assets                                                    |                     |                     |
| Investments:                                              |                     |                     |
| Cash and Short Term Securities                            | \$ 217,675          | \$ 106,727          |
| Common and Preferred Stock                                | 742,418             | 630,259             |
| Corporate Bonds                                           | 508,189             | 397,576             |
| Government Bonds                                          | 269,406             | 267,665             |
| Partnership Interests                                     | 255,728             | 219,294             |
| Common/Collective Trusts                                  | 1,716,309           | 1,550,780           |
| 103-12 Investment Entities                                | 151,674             | 131,215             |
| Mutual Funds                                              | 16,424              | 6,573               |
| Derivative Financial Instruments                          | 990                 | (698)               |
| Asset Backed Securities                                   | 53,467              | 54,830              |
| Real Estate                                               | 47,954              | 36,086              |
|                                                           | <u>3,980,234</u>    | <u>3,400,307</u>    |
| Investments on Loan Under Securities Lending Program:     |                     |                     |
| Common and Preferred Stock                                | 42,956              | 37,703              |
| Corporate Bonds                                           | 10,509              | 11,743              |
| Government Bonds                                          | 62,576              | 61,372              |
|                                                           | <u>116,041</u>      | <u>110,818</u>      |
| Total Investments                                         | 4,096,275           | 3,511,125           |
| Receivables:                                              |                     |                     |
| Pending Trades                                            | 6,518               | 32,249              |
| Accrued Income and Reimbursements                         | 12,835              | 23,543              |
|                                                           | <u>19,353</u>       | <u>55,792</u>       |
| Total Assets                                              | 4,115,628           | 3,566,917           |
| Liabilities:                                              |                     |                     |
| Pending Trades                                            | (11,992)            | (42,035)            |
| Accrued Expenses                                          | (3,663)             | (3,402)             |
| Total Liabilities                                         | <u>(15,655)</u>     | <u>(45,437)</u>     |
| Securities Lending Program:                               |                     |                     |
| Investment of Collateral Under Securities Lending Program | 119,081             | 113,716             |
| Payable for Collateral Under Securities Lending Program   | <u>(119,081)</u>    | <u>(113,716)</u>    |
| Net Assets Available for Benefits                         | <u>\$ 4,099,973</u> | <u>\$ 3,521,480</u> |

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
PENSION PLAN FOR HOURLY EMPLOYEES OF WINGFOOT FILMS CORPORATION  
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Statement of Changes in Net Assets Available for Benefits - Master Trust  
(Dollars in Thousands)

|                                                      |                            |
|------------------------------------------------------|----------------------------|
| Contributions                                        | \$ 454,330                 |
| Investment Gain:                                     |                            |
| Interest                                             | 31,639                     |
| Dividends                                            | 22,655                     |
| Net Appreciation in Fair Value of Investments        | 456,872                    |
|                                                      | <u>511,166</u>             |
| Securities Lending:                                  |                            |
| Total Earnings                                       | 348                        |
| Rebates Earned                                       | 485                        |
| Bank Fees                                            | (333)                      |
|                                                      | <u>500</u>                 |
| Benefits Paid to Participants or Their Beneficiaries | (374,061)                  |
| Other Receipts                                       | 51                         |
| Administrative Expenses                              | (13,493)                   |
|                                                      | <u></u>                    |
| Net Increase                                         | 578,493                    |
| Net Assets Available at Beginning of Year            | <u>3,521,480</u>           |
| Net Assets Available for Benefits at End of Year     | <u><u>\$ 4,099,973</u></u> |

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During 2012, the Master Trust's investments appreciated in fair value by \$456,871,639, which was due to realized and unrealized gains (losses) related to the following types of investments:

(Dollars in Thousands)

|                                  | Year Ended<br>December 31, 2012 |
|----------------------------------|---------------------------------|
| Cash and Short Term Securities   | \$ 22                           |
| Common and Preferred Stock       | 116,233                         |
| Corporate Bonds                  | 35,487                          |
| Government Bonds                 | 13,673                          |
| Partnership Interests            | 21,862                          |
| Common/Collective Trusts         | 223,040                         |
| 103-12 Investment Entities       | 26,049                          |
| Derivative Financial Instruments | 11,139                          |
| Asset Backed Securities          | 2,814                           |
| Real Estate                      | 7,029                           |
| Other                            | (476)                           |
|                                  | <u>\$ 456,872</u>               |

Fair Value Measurements

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

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

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Valuation methodologies used for assets and liabilities measured at fair value are as follows:

*Cash and Short Term Securities:* Cash and cash equivalents consist of U.S. and foreign currencies. Foreign currencies are reported in U.S. dollars based on currency exchange rates readily available in active markets. Short term securities are valued at the net asset value of units held at year end, as determined by the investment manager.

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
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*Common and Preferred Stock:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate and Government Bonds and Asset Backed Securities:* Valued based on institutional bid evaluations using proprietary models.

*Partnership Interests:* Priced based on valuations using the partnership's available financial statements coinciding with the Plan's year-end, adjusted for any cash transactions which occurred between the date of these financial statements and the Plan's year end.

*Common/Collective Trusts and 103-12 Investment Entities:* Valued at the net asset value ("NAV") of units held at year end, as determined by a pricing vendor or the fund family. The NAV, as provided by the trustee of each common collective trust fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. If the Plan were to initiate a full redemption of any common collective trust or 103-12 investment entity, each investment manager reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner. The investments in common collective trust funds and 103-12 investment entities had a fair value of \$1,867,983,000 and \$1,681,995,000 as of December 31, 2012 and 2011, respectively, with no unfunded commitments, daily pricing frequency, and full redemption notice periods that extend no greater than 30 days. Common/collective trusts invested in equity securities and 103-12 investment entities are invested to earn returns that match or exceed U.S. equity indexes. Common/collective trusts invested in debt securities are invested to earn returns that match or exceed U.S. fixed income indexes.

*Mutual Funds:* Valued at the net asset value ("NAV") of shares held at year end, as determined by the pricing vendor or the fund family. The NAV, as provided by the trustee of each mutual fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by each fund less its liabilities. This practical expedient would not be used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. If the Plan were to initiate a full redemption of any mutual fund, each investment manager reserves the right to temporarily delay withdrawal to ensure that securities liquidation will be carried out in an orderly business manner. The investments in mutual funds had a fair value of \$16,424,000 and \$6,573,000 as of December 31, 2012 and 2011, respectively, with no unfunded commitments, daily pricing frequency, and full redemption notice periods that extend no greater than 30 days. Mutual funds invested in equity securities are invested to earn returns that match or exceed U.S. equity indexes. Mutual funds invested in debt securities are invested to earn returns that match or exceed U.S. fixed income indexes.

*Derivative Financial Instruments:* Primarily valued using independent pricing sources which utilize industry standard derivative valuation models.

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*Real Estate:* Real estate investment trusts are valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Master Trust's investments at fair value as of December 31, 2012 and 2011:

| December 31, 2012                |                     |                     |                   |                     |
|----------------------------------|---------------------|---------------------|-------------------|---------------------|
| (Dollars in Thousands)           | Level 1             | Level 2             | Level 3           | Total               |
| Cash and Short Term Securities   | \$ 207,428          | \$ 10,247           | \$ -              | \$ 217,675          |
| Common and Preferred Stock       |                     |                     |                   |                     |
| U.S. Companies                   | 64,075              | -                   | 399               | 64,474              |
| Non-U.S. Companies               | 714,767             | 6,133               | -                 | 720,900             |
| Corporate Bonds                  | -                   | 518,225             | 473               | 518,698             |
| Government Bonds                 | -                   | 331,982             | -                 | 331,982             |
| Partnership Interests            | -                   | 62,633              | 193,095           | 255,728             |
| Common/Collective Trusts         |                     |                     |                   |                     |
| Equity Securities                | -                   | 1,335,089           | -                 | 1,335,089           |
| Debt Securities                  | -                   | 381,220             | -                 | 381,220             |
| 103-12 Investment Entities       | -                   | 151,674             | -                 | 151,674             |
| Mutual Funds                     |                     |                     |                   |                     |
| Equity Securities                | -                   | 54                  | -                 | 54                  |
| Debt Securities                  | -                   | 16,370              | -                 | 16,370              |
| Derivative Financial Instruments | -                   | 990                 | -                 | 990                 |
| Asset Backed Securities          | -                   | 53,359              | 108               | 53,467              |
| Real Estate                      | 47,954              | -                   | -                 | 47,954              |
| Total Investments at Fair Value  | <u>\$ 1,034,224</u> | <u>\$ 2,867,976</u> | <u>\$ 194,075</u> | <u>\$ 4,096,275</u> |

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
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| December 31, 2011                |                   |                     |                   |                     |
|----------------------------------|-------------------|---------------------|-------------------|---------------------|
| (Dollars in Thousands)           |                   |                     |                   |                     |
|                                  | Level 1           | Level 2             | Level 3           | Total               |
| Cash and Short Term Securities   | \$ 106,727        | \$ -                | \$ -              | \$ 106,727          |
| Common and Preferred Stock       |                   |                     |                   |                     |
| U.S. Companies                   | 57,910            | -                   | 405               | 58,315              |
| Non-U.S. Companies               | 606,402           | 3,245               | -                 | 609,647             |
| Corporate Bonds                  | -                 | 408,857             | 462               | 409,319             |
| Government Bonds                 | -                 | 327,954             | 1,083             | 329,037             |
| Partnership Interests            | -                 | 61,939              | 157,355           | 219,294             |
| Common/Collective Trusts         |                   |                     |                   |                     |
| Equity Securities                | -                 | 1,191,625           | -                 | 1,191,625           |
| Debt Securities                  | -                 | 359,155             | -                 | 359,155             |
| 103-12 Investment Entities       | -                 | 131,215             | -                 | 131,215             |
| Mutual Funds                     |                   |                     |                   |                     |
| Equity Securities                | 62                | -                   | -                 | 62                  |
| Debt Securities                  | -                 | 6,511               | -                 | 6,511               |
| Derivative Financial Instruments | (47)              | 991                 | (1,642)           | (698)               |
| Asset Backed Securities          | -                 | 54,830              | -                 | 54,830              |
| Real Estate                      | 36,086            | -                   | -                 | 36,086              |
| Total Investments at Fair Value  | <u>\$ 807,140</u> | <u>\$ 2,546,322</u> | <u>\$ 157,663</u> | <u>\$ 3,511,125</u> |

The following table sets forth a summary of changes in fair value of the Master Trust's Level 3 investments for the year ended December 31, 2012:

(Dollars in Thousands)

|                                                   | Corporate<br>Bonds | Partnership<br>Interests | Asset Backed<br>Securities | Other         |
|---------------------------------------------------|--------------------|--------------------------|----------------------------|---------------|
| Balance, Beginning of Year                        | \$ 462             | \$ 157,355               | \$ -                       | \$ (154)      |
| Realized (Losses) Gains                           | (32)               | 3,884                    | -                          | -             |
| Unrealized Gains (Losses) Relating to Investments |                    |                          |                            |               |
| Still Held at the Reporting Date                  | 61                 | 1,717                    | -                          | (7)           |
| Purchases                                         | -                  | 46,080                   | -                          | -             |
| Sales                                             | (491)              | -                        | -                          | -             |
| Settlements                                       | -                  | (15,941)                 | -                          | -             |
| Transfers into Level 3                            | 473                | -                        | 108                        | -             |
| Transfers out of Level 3                          | -                  | -                        | -                          | 560           |
| Balance, End of Year                              | <u>\$ 473</u>      | <u>\$ 193,095</u>        | <u>\$ 108</u>              | <u>\$ 399</u> |

DIVESTED LITCHFIELD PARK PROPERTIES, INC.  
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All assets have been valued using a market approach, except for Level 3 assets. Fair values for assets in Level 2 are calculated using quoted market prices for similar assets in markets that are not active. The following table describes the valuation techniques used to calculate fair values for assets in Level 3. For Level 3 assets, the Company's Treasury department determines the fair value measurement valuation policies and procedures as described in Note 4. At least annually, the Treasury department determines if the current valuation techniques used in the fair value measurements are still appropriate and evaluates and adjusts the unobservable inputs used in the fair value measurements based on current market conditions and third-party information. There were no changes in the valuation techniques during the current year.

Quantitative Information about Level 3 Fair Value Measurements  
(Dollars in Thousands)

|                          | Fair Value at<br>December 31, 2012 | Valuation<br>Technique        | Unobservable<br>Input     |
|--------------------------|------------------------------------|-------------------------------|---------------------------|
| Partnership<br>Interests | \$193,095                          | Owned share of<br>partnership | Partnership fair<br>value |

The significant unobservable input used in the fair value measurement of the Company's partnership interests is the fair value of the individual partnerships, which are not traded or based on trades in an active market. Significant increases (decreases) in this input in isolation would result in a significantly higher (lower) fair value measurement.

Changes in Fair Value Levels

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

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total Master Trust net assets available for benefits. For the year ended December 31, 2012, there were no significant transfers in or out of levels 1, 2 or 3.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                                 |
|--------------------------|-----------------------------------------------------------------|
| <b>Plan Sponsor</b>      | Divested Litchfield Park Property, Inc.                         |
| <b>EIN/PN</b>            | 51-0304856/003                                                  |
| <b>Plan Name</b>         | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| <b>Valuation Date</b>    | January 1, 2012                                                 |
| <b>Enrolled Actuary</b>  | William E. Roberts                                              |
| <b>Enrollment Number</b> | 11-05427                                                        |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                 |                                                                 |
|-----------------|-----------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| EIN / PN:       | 51-0304856 / 003                                                |
| Plan Sponsor:   | Divested Litchfield Park Property, Inc.                         |
| Valuation Date: | January 1, 2012                                                 |

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2012**

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 is assumed to be age 65, which is the plan's normal retirement age.

|                 |                                                                 |
|-----------------|-----------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| EIN / PN:       | 51-0304856 / 003                                                |
| Plan Sponsor:   | Divested Litchfield Park Property, Inc.                         |
| Valuation Date: | January 1, 2012                                                 |

## SCHEDULE SB ATTACHMENTS

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### Schedule SB, Line23 Information on Use of Substitute Mortality Tables

The assumed mortality is The Goodyear Tire & Rubber Company Hourly Substitute Mortality Table with separate male and female rates, as allowed under Section 430(h)(3)(C) of the Internal Revenue Code. The tables are developed based on the mortality experience of the Goodyear hourly disabled and non-disabled population for the period 2002-2006. These tables are generational based on the IRS-prescribed projection scale, with a base year of 2003. The mortality rates are applied to both non-disabled and disabled participants. The IRS has approved use of this table for the period beginning with the 2008 plan year, and ending with the 2017 plan year. Sample rates, per 1,000 lives are shown below.

| Attained Age | Males  | Females |
|--------------|--------|---------|
| 25           | 0.365  | 0.198   |
| 30           | 0.434  | 0.256   |
| 35           | 1.072  | 0.459   |
| 40           | 1.844  | 0.675   |
| 45           | 2.417  | 2.573   |
| 50           | 3.532  | 7.367   |
| 55           | 4.958  | 9.420   |
| 60           | 8.875  | 13.368  |
| 65           | 16.015 | 18.717  |
| 70           | 25.153 | 24.718  |

|                 |                                                                 |
|-----------------|-----------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| EIN / PN:       | 51-0304856 / 003                                                |
| Plan Sponsor:   | Divested Litchfield Park Property, Inc.                         |
| Valuation Date: | January 1, 2012                                                 |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions and Methods

### Plan Sponsor

Divested Litchfield Park Property, Inc.

### EIN/PN

51-0304856/003

### Discount Rates for Funding

Current plan year PPA effective interest rate: 7.18%

Prior plan year PPA effective interest rate: 6.43%

### Current Year Elections

Rate Format: 3-Segment Rates

Applicable Month: September 2011

Reflect MAP-21 Interest Rate Corridor: Yes, for both funding and benefit restrictions.

Before Reflecting MAP-21 Corridor:

- First Segment Rate: 2.06%
- Second Segment Rate: 5.25%
- Third Segment Rate: 6.32%

After Reflecting MAP-21 Corridor:

- First Segment Rate: 5.54%
- Second Segment Rate: 6.85%
- Third Segment Rate: 7.52%

### Discount Rate for ASC 960

8.50%

### Assumed cost of living adjustments

None.

### Administrative expenses

No administrative expenses are paid from the trust. The Company has determined that investment fees will not be considered plan-related expenses, pending guidance from the IRS.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation  
EIN / PN: 51-0304856 / 003  
Plan Sponsor: Divested Litchfield Park Property, Inc.  
Valuation Date: January 1, 2012

# SCHEDULE SB ATTACHMENTS

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## Mortality

Funding liability: The assumed mortality is The Goodyear Tire & Rubber Company Hourly Substitute Mortality Table with separate male and female rates, as allowed under Section 430(h)(3)(C) of the Internal Revenue Code. The tables are developed based on the mortality experience of the Goodyear hourly disabled and non-disabled population for the period 2002-2006. These tables are generational based on the IRS-prescribed projection scale, with a base year of 2003. The mortality rates are applied to both non-disabled and disabled participants. The IRS has approved use of this table for the period beginning with the 2008 plan year, and ending with the 2017 plan year. The following rates are illustrative for the base year:

| Attained Age | Percentage of Participants Expected to Die Within One Year |         |
|--------------|------------------------------------------------------------|---------|
|              | Males                                                      | Females |
| 25           | .0365                                                      | .0198   |
| 30           | .0434                                                      | .0256   |
| 35           | .1072                                                      | .0459   |
| 40           | .1844                                                      | .0675   |
| 45           | .2417                                                      | .2573   |
| 50           | .3532                                                      | .7367   |
| 55           | .4958                                                      | .9420   |
| 60           | .8875                                                      | 1.3368  |
| 65           | 1.6015                                                     | 1.8717  |
| 70           | 2.5153                                                     | 2.4718  |
| 75           | 4.2028                                                     | 3.7324  |
| 80           | 7.5588                                                     | 6.1004  |
| 85           | 12.9962                                                    | 9.7972  |
| 90           | 20.3289                                                    | 18.1436 |

ASC 960 liability: The assumed non-disabled mortality is the Goodyear Hourly Substitute Nondisabled Mortality Table with separate male and female rates. The tables are developed based on the mortality experience of the Goodyear non-disabled population for the period 2002-2006. For disabled retirees, unisex rates are assumed equal to non-disabled male mortality rates increased by 0.02 at each age up to 65 and by 0.03 at ages 65 and over. No mortality projection is used.

## Retirement

There are no longer any active participants in the plan. All vested exits are assumed to retire at age 65.

## Disability rates

Not applicable.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation  
EIN / PN: 51-0304856 / 003  
Plan Sponsor: Divested Litchfield Park Property, Inc.  
Valuation Date: January 1, 2012

# **SCHEDULE SB ATTACHMENTS**

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## **Representative termination rates (per 100 employees) not due to disability, retirement or mortality**

Not applicable. All participants are considered vested exits or retirees as of June 30, 1992.

## **Form of payment**

Participants are assumed to elect the normal form.

## **Marriage**

For purposes of valuing the pre-retirement surviving spouse's benefit, 85% of male participants and 50% of female participants are assumed to be married.

## **Employees**

It is assumed that there will be no new or rehired employees.

## **At-risk assumptions**

For at-risk calculations, all participants eligible to commence benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

## **Timing of benefit payments**

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement.

## **Funding Target**

Present value of accrued benefits.

## **Target normal cost**

Present value of benefits expected to accrue during the plan year.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation  
EIN / PN: 51-0304856 / 003  
Plan Sponsor: Divested Litchfield Park Property, Inc.  
Valuation Date: January 1, 2012

# SCHEDULE SB ATTACHMENTS

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## ASC 960 cost method

The Unit Credit actuarial cost method has been used for ASC 960 purposes. This is a method under which the projected benefit of each individual included in the actuarial valuation is allocated to valuation years on the basis of the service of the individual (adjusted to reflect rates of benefit accruals).

The actuarial present value of benefits allocated to the valuation year is called the normal cost. The actuarial present value of benefits allocated to all periods prior to the valuation year is called the actuarial accrued liability.

## Asset method

The asset method is three-year smoothing with assumed return. Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.57%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.50%, and the applicable limitation for the plan year, equal to 6.57%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.82%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.50%, and the applicable limitation for the plan year, equal to 6.82%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.3. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

## Participant data

Employee data were supplied by the employer as of the census date.

## Tax policy

The actuarial valuation performed for the plan year ending December 31, 2012 is used to determine the maximum deductible contribution for the tax year ending December 31, 2012.

## Benefits not included in valuation

None. Service Awards and Special Distributions are not applicable to any current participants.

|                 |                                                                 |
|-----------------|-----------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| EIN / PN:       | 51-0304856 / 003                                                |
| Plan Sponsor:   | Divested Litchfield Park Property, Inc.                         |
| Valuation Date: | January 1, 2012                                                 |

# SCHEDULE SB ATTACHMENTS

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## Nature of actuarial calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply a level of precision beyond that which is inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are truncated to be consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

## Changes in Methods since Last Actuarial Valuation

None.

## Changes in Assumptions since Last Actuarial Valuation

None.

## Subsequent Events

The lump sum window for terminated vested participants is not reflected in this valuation because it was not anticipated at January 1, 2012.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation  
EIN / PN: 51-0304856 / 003  
Plan Sponsor: Divested Litchfield Park Property, Inc.  
Valuation Date: January 1, 2012

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Principal Plan Provisions

### Plan Sponsor:

Divested Litchfield Park Property, Inc.

### Plan:

Pension Plan for Hourly Employees of Wingfoot Films Corporation.

### Effective Date:

July 1, 1986. Amended effective February 2, 1992. Further amended effective June 30, 1992 for the sale of all assets of Wingfoot Films Corporation.

### Plan Year:

The twelve month period ending December 31, 2012.

### Plan Participation:

Any Wingfoot Films employee who is either:

- (i) represented by a participating collective bargaining unit, or
- (ii) hourly-rated at a location designated by the Company.

### Continuous Service:

All service, after the effective date of the Plan, from date of hire to date of retirement or termination, computed to the nearest 1/12th year. Effective June 30, 1992 no further service is credited.

For purposes of benefit eligibility, "service" includes periods of employment prior to the effective date of the Plan, but excludes service with the successor company after June 30, 1992.

### Normal Retirement

#### (a) Eligibility:

Age 65. Employees hired after January 1, 1988 and also after attaining age 60 become eligible on the fifth anniversary of their employment.

|                 |                                                                 |
|-----------------|-----------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| EIN / PN:       | 51-0304856 / 003                                                |
| Plan Sponsor:   | Divested Litchfield Park Property, Inc.                         |
| Valuation Date: | January 1, 2012                                                 |

## SCHEDULE SB ATTACHMENTS

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(b) Benefit:

The benefit is based on the benefit unit in effect (up to \$14.50) at the date of exit from the successor company.

- (i) Bowling Green location - \$14.50 per month per year of Continuous Service, effective July 1, 1993.
- (ii) Carrollton location - \$14.50 per month per year of Continuous Service effective February 2, 1994.

### Early Retirement

(a) Eligibility:

Age 55 with 10 years of service.

(b) Benefit:

The accrued normal retirement benefit, reduced by 4/10 of 1% for each month retirement precedes the earlier of the month in which the employee attains age 62 or 37 years of continuous service.

### Disability Retirement

(a) Eligibility:

Permanent incapacity while an employee and under age 65 with 10 years of service.

(b) Benefit:

The accrued normal retirement benefit, commencing during the sixth month following permanent incapacity.

### Deferred Vested Termination

(a) Eligibility:

Any age with 5 years of service. Effective June 30, 1992 all active participants are fully vested and, if not eligible for retirement, become deferred vested participants.

(b) Benefit:

The accrued normal retirement benefit, commencing at age 65. For participants with 10 years of service, payments may begin as early as age 55, but on an actuarially reduced basis.

|                 |                                                                 |
|-----------------|-----------------------------------------------------------------|
| Plan Name:      | Pension Plan for Hourly Employees of Wingfoot Films Corporation |
| EIN / PN:       | 51-0304856 / 003                                                |
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| Valuation Date: | January 1, 2012                                                 |

## SCHEDULE SB ATTACHMENTS

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(c) Pre-Retirement Benefit:

Upon death prior to commencement of benefits, the surviving spouse will receive, commencing upon the later of the participant's date of death or the earliest date on which the participant is eligible to receive a benefit, 50% of the benefit the participant would have received had he then retired with the Special 50% Joint and Survivor Option in effect. The otherwise payable deferred vested benefit will be reduced by 0.2% for each year that this coverage is in effect prior to age 55, and 0.6% for each year thereafter.

### **Pre-Retirement Survivor Benefit**

Upon the death of an employee with 5 years of service, the surviving spouse will receive, commencing upon the later of the participant's date of death or earliest retirement date, 50% of the benefit the participant would have received had he then retired with the special 50% Joint and Survivor option in effect.

### **Service Award**

(a) Eligibility:

Employee's service terminates or is terminated because the employee is no longer able to meet the requirements of the job, after five years of service, with no other retirement benefits payable except a normal, early or deferred vested pension.

(b) Benefit:

A lump sum payment equal to an amount representing the single sum present value of such normal, early or deferred vested pension at termination of employment.

### **Special Distribution**

(a) Eligibility:

Upon termination of employment due to a plant closure, an employee with at least 5 years of continuous service, who is not eligible for a Service Award or any other retirement benefits except for a normal, early or deferred vested pension, may receive a single payment distribution in lieu of any other benefits from the Plan.

(b) Benefit:

A lump-sum payment equal to the present value of such normal, early or deferred vested pension at termination of employment.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation  
EIN / PN: 51-0304856 / 003  
Plan Sponsor: Divested Litchfield Park Property, Inc.  
Valuation Date: January 1, 2012

# SCHEDULE SB ATTACHMENTS

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## Form of Payment

If the participant does not elect an option or file a written revocation, retirement benefits will be paid on a 50% Joint and Survivor basis if married, or on a five-year certain basis if unmarried. Available options are: Option A - Joint and Survivor (spouse only) with five-year certain; Option B - 50% joint and survivor (spouse only) with five-year certain; and Option C - period certain (10, 15 or 20 years certain). Options available to a participant who commences payment from deferred vested status are a Single-Life Annuity (no certain period), 50% Qualified Joint and Survivor and 75% Qualified Optional Joint and Survivor.

## Benefits Not Valued

None. Service Awards and Special Distributions are not applicable to any current participants.

## Changes to Plan Provisions since prior valuation

None.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation  
EIN / PN: 51-0304856 / 003  
Plan Sponsor: Divested Litchfield Park Property, Inc.  
Valuation Date: January 1, 2012

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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.

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><br>Pension Plan for Hourly Employees of Wingfoot Films Company                                                                | <b>B</b> Three-digit plan number (PN) ▶                         | 003 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Divested Litchfield Park Property, Inc.                                 | <b>D</b> Employer Identification Number (EIN)<br><br>51-0304856 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

|                                                                                                                                                                                                          |              |                                   |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------|---------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |              |                                   |                           |
| <b>1</b> Enter the valuation date:    Month <u>1</u> Day <u>1</u> Year <u>2012</u>                                                                                                                       |              |                                   |                           |
| <b>2</b> Assets:                                                                                                                                                                                         |              |                                   |                           |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>    |                                   | 580,297                   |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    |                                   | 589,613                   |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                     |              | <b>(1) Number of participants</b> | <b>(2) Funding Target</b> |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b>    | 12                                | 71,809                    |
| b For terminated vested participants.....                                                                                                                                                                | <b>3b</b>    | 117                               | 443,810                   |
| c For active participants:                                                                                                                                                                               |              |                                   |                           |
| (1) Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> |                                   | 0                         |
| (2) Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> |                                   | 0                         |
| (3) Total active.....                                                                                                                                                                                    | <b>3c(3)</b> | 0                                 | 0                         |
| d Total.....                                                                                                                                                                                             | <b>3d</b>    | 129                               | 515,619                   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |              |                                   |                           |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                                   |                           |
| 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 ..... | <b>4b</b>    |                                   |                           |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>     |                                   | 7.18                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                         | <b>6</b>     |                                   | 0                         |

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

|                  |                                                                                                                                                                                                                                                                      |                                                                                                                                              |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | William E. Roberts <i>WR</i><br><br>Signature of actuary<br><br>William E Roberts<br><br>Type or print name of actuary<br><br>Towers Watson Delaware Inc.<br><br>Firm name<br>1001 LAKESIDE AVENUE, SUITE 1900<br><br>Cleveland, OH 44114<br><br>Address of the firm | October 7, 2013<br><br>Date<br>11-05427<br><br>Most recent enrollment number<br>(216) 937-4000<br><br>Telephone number (including area code) |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover Prefunding Balances**

|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>0.21</u> % .....                                                       |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 102,774                |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.43</u> % except as otherwise provided (see instructions) ..... |                       | 6,608                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 109,382                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 73,000                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                               | 0                     | 73,000                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.19 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 114.35 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 73.28 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/28/2013               | 170,000                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 170,000                           | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> |         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 156,880 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.54 % | 2nd segment:<br>6.85 % | 3rd segment:<br>7.52 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input checked="" type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 0             |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   |                     |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>         |                     | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>         |                     | 156,880       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 156,880       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>         |                     | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>         |                     | 0             |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |           |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |           |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                |           | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               |           | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b> | 0                                                                                                                       |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b> | 0                                                                                                                       |  |