

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY</u>	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>07/01/1986</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DIVESTED LITCHFIELD PARK PROPERTY, INC.</u> <u>200 INNOVATION WAY</u> <u>DEPT 610</u> <u>AKRON, OH 44316</u>	2b Employer Identification Number (EIN) <u>51-0304856</u> 2c Plan Sponsor's telephone number <u>330-796-2121</u> 2d Business code (see instructions) <u>326200</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2016</u>	<u>ANDREW JUVAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE GOODYEAR TIRE & RUBBER COMPANY 200 INNOVATION WAY DEPT. 610 AKRON, OH 44316-0001	3b Administrator's EIN 34-0253240
	3c Administrator's telephone number 330-796-2121
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 36
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 10
c Other retired or separated participants entitled to future benefits.....	6c 16
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 26
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 7
f Total. Add lines 6d and 6e	6f 33
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 3H 1I 1B	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	248300	
b Actuarial value	2b	247319	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	13	71673	71673
b For terminated vested participants	23	108138	108138
c For active participants	0	0	0
d Total	36	179811	179811
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.33%	
6 Target normal cost	6	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.

SIGN HERE		09/14/2016
Signature of actuary		Date
WILLIAM E. ROBERTS		14-05427
Type or print name of actuary		Most recent enrollment number
TOWERS WATSON DELAWARE INC.		216-937-4000
Firm name		Telephone number (including area code)
1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	96718
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	96718
10 Interest on line 9 using prior year's actual return of <u>11.86</u> %	0	11471
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.54</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	4719
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	103470

Part III Funding Percentages		
14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	137.54 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		
0		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☐ Prescribed - separate ☒ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-FIXED INCOME LD</u>		
b Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE & RUBBER COMPANY</u>		
c EIN-PN <u>34-1458060-008</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>218000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-TRUST CASH</u>		
b Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE & RUBBER COMPANY</u>		
c EIN-PN <u>34-1458060-003</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOODYEAR COMM TRST-ALTERNATIVES</u>		
b Name of sponsor of entity listed in (a): <u>THE GOODYEAR TIRE & RUBBER COMPANY</u>		
c EIN-PN <u>34-1458060-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF THE WINGFOOT FILMS COMPANY		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 DIVESTED LITCHFIELD PARK PROPERTY, INC.		D Employer Identification Number (EIN) 51-0304856

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	248300	234000
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	248300	234000
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	-6100	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		
e Benefits paid (including direct rollovers)	2e	8200	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		8200
k Net income (loss) (subtract line 2j from line 2d)	2k		-14300
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II Compliance Questions

4 During the plan year:	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.....		X		
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.).....		X		
e Was the plan covered by a fidelity bond?	X			30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X		
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III	Trust Information
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6a Name of trust**6b** Trust's EIN**6c** Name of trustee or custodian**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete 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:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Divested Litchfield Park Property, Inc.
EIN/PN	51-0304856/003
Plan Name	Pension Plan for Hourly Employees of Wingfoot Films Corporation
Valuation Date	January 1, 2015
Enrolled Actuary	William Roberts
Enrollment Number	14-05427

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, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2015

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, 2015

SCHEDULE SB ATTACHMENTS

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. 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

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, 2015

SCHEDULE SB ATTACHMENTS

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: 6.33%

Prior plan year PPA effective interest rate: 6.54%

Current Year Elections

Rate Format: 3-Segment Rates
Applicable Month: September

Without HATFA Corridor:

- First Segment Rate: 1.15%
- Second Segment Rate: 4.06%
- Third Segment Rate: 5.15%

With HATFA Corridor:

- First Segment Rate: 4.72%
- Second Segment Rate: 6.11%
- Third Segment Rate: 6.81%

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, 2015

SCHEDULE SB ATTACHMENTS

Mortality

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

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.

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.

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SCHEDULE SB ATTACHMENTS

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.

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

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation
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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 5.50%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.50%, and the applicable limitation for the plan year, equal to 6.99%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 4.75%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 4.75%, and the applicable limitation for the plan year, equal to 6.76%. 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, 2015 is used to determine the maximum deductible contribution for the tax year ending December 31, 2015.

Benefits not included in valuation

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

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

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, 2015

SCHEDULE SB ATTACHMENTS

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.

Assumptions Rationale – Significant Economic Assumptions

Interest rate The basis chosen was selected by the plan sponsor from among choices prescribed by law and regulation, all of which are based on observed market data over certain periods of time.

Assumptions Rationale - Significant Demographic Assumptions

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

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Divested Litchfield Park Property, Inc.

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 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.

(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.

Plan Name: Pension Plan for Hourly Employees of Wingfoot Films Corporation
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 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

- (ii) Carrolton 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.

- (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.

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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.

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.

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, 2015

SCHEDULE SB ATTACHMENTS

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, 2015

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	248,300
b Actuarial value		2b	247,319
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	13	71,673	71,673
b For terminated vested participants	23	108,138	108,138
c For active participants	0	0	0
d Total	36	179,811	179,811
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.33 %	
6 Target normal cost	6	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.

SIGN HERE	William E. Roberts <i>WR</i> Signature of actuary	September 14, 2016 Date
William E. Roberts Type or print name of actuary		14-05427 Most recent enrollment number
Towers Watson Delaware Inc. Firm name		(216) 937-4000 Telephone number (including area code)
1001 Lakeside Avenue, Suite 1500 Cleveland OH 44114-1172 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	96,718
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	96,718
10 Interest on line 9 using prior year's actual return of <u>11.86%</u>	0	11471
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.54%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	4719
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	103470

Part III Funding Percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	137.54 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☐ Prescribed - separate ☒ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Divested Litchfield Park Property, Inc.
EIN/PN	51-0304856/003
Plan Name	Pension Plan for Hourly Employees of Wingfoot Films Corporation
Valuation Date	January 1, 2015
Enrolled Actuary	William Roberts
Enrollment Number	14-05427

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, 2015

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2015

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.

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EIN / PN: 51-0304856 / 003
Plan Sponsor: Divested Litchfield Park Property, Inc.
Valuation Date: January 1, 2015

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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. 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

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, 2015

SCHEDULE SB ATTACHMENTS

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: 6.33%

Prior plan year PPA effective interest rate: 6.54%

Current Year Elections

Rate Format: 3-Segment Rates
Applicable Month: September

Without HATFA Corridor:

- First Segment Rate: 1.15%
- Second Segment Rate: 4.06%
- Third Segment Rate: 5.15%

With HATFA Corridor:

- First Segment Rate: 4.72%
- Second Segment Rate: 6.11%
- Third Segment Rate: 6.81%

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.

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Mortality

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

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.

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.

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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.

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

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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 5.50%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 5.50%, and the applicable limitation for the plan year, equal to 6.99%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 4.75%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 4.75%, and the applicable limitation for the plan year, equal to 6.76%. 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, 2015 is used to determine the maximum deductible contribution for the tax year ending December 31, 2015.

Benefits not included in valuation

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

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

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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.

Assumptions Rationale – Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law and regulation, all of which are based on observed market data over certain periods of time.
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Assumptions Rationale - Significant Demographic Assumptions

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

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

Divested Litchfield Park Property, Inc.

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 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.

(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.

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- (ii) Carrolton 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.

- (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.

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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.

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.

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Changes to Plan Provisions Since Prior Valuation

None.

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