

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</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>THE RCA RUBBER COMPANY PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>10/01/1975</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>10/01/1975</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>RCA RUBBER COMPANY</u> <u>1833 E MARKET STREET</u> <u>AKRON, OH 44305-4214</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0476810</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-784-1291</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0476810</u>	2c Plan Sponsor's telephone number <u>330-784-1291</u>	2d Business code (see instructions) <u>326200</u>	
2b Employer Identification Number (EIN) <u>34-0476810</u>					
2c Plan Sponsor's telephone number <u>330-784-1291</u>					
2d Business code (see instructions) <u>326200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/11/2017	LINDSEY BONDLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/11/2017	LINDSEY BONDLOW
	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) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	242
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)	45
a(2) Total number of active participants at the end of the plan year		6a(2)	41
b Retired or separated participants receiving benefits		6b	112
c Other retired or separated participants entitled to future benefits.....		6c	41
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	194
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	41
f Total. Add lines 6d and 6e		6f	235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	4
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: 1B 1I			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> 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)**

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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015		
A Name of plan THE RCA RUBBER COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 RCA RUBBER COMPANY	D Employer Identification Number (EIN) 34-0476810	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	713931	235	10/01/2014	09/30/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	7863649

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

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

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

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

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

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year.....	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2014			
2 Assets:			
a Market value	2a	9222768	
b Actuarial value	2b	8993216	
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	149	7139823	7139823
b For terminated vested participants	42	641726	641726
c For active participants	52	1115144	1260831
d Total	243	8896693	9042380
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	6.37%	
6 Target normal cost	6	168445	

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	06/24/2016
Signature of actuary	Date
DAVID M. DAVALA	14-07402
Type or print name of actuary	Most recent enrollment number
FINDLEY DAVIES, INC.	216-875-1900
Firm name	Telephone number (including area code)
1300 E. 9TH STREET SUITE 850 CLEVELAND, OH 44114-1516	
Address of the firm	

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

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	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>10.54</u> %	0	0
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>6.21</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	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	99.45 %
15 Adjusted funding target attainment percentage	15	99.45 %
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	94.34 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is 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	552838
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	552838

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	168445	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	49164	18504	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	186949	
	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	186949	
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	186949	
40 Unpaid minimum required contributions for all years	40	739787	

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning **10/01/2014** and ending **09/30/2015**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

42-0127290

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ZACHARY KLEHR **201 ROUSE BLVD**
PHILADELPHIA, PA 19112

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANESSA GERMAIN **10 COMMERCE DRIVE**
CRANFORD, NJ 07016-3572

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CRAIG SMALL **4100 EMBASSY PARKWAY**
SUITE 100
AKRON, OH 44333-1515

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	6953	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FINDLEY DAVIES

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 50	ACTUARY	32926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PEASE & ASSOCIATES INC

36-4267431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	10180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FISHER & PHILLIPS LLP

58-0619559

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	13753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NFP SECURITIES INC

74-2794194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	23089	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NFP SECURITIES INC	27 99	23089

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

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

Part I	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>PRIN INTL EMERG MARKETS SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>143321</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN U.S. PROPERTY SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>440803</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2070992</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68074</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>181770</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI LONG DURATION SA-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-104</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2179573</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL OVERSEAS SEP ACCT-R2</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-116</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>592113</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL DIV REAL ASSET SA-R2****b** Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 374948
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LDI SHORT DUR SEP ACCT-R2****b** Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297058
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LDI INTRM DUR SEP ACCT-R2****b** Name of sponsor of entity listed in (a): **PRINCIPAL LIFE INSURANCE COMPANY**

c EIN-PN 42-0127290-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1514997
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>THE RCA RUBBER COMPANY PENSION PLAN</u>		B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RCA RUBBER COMPANY</u>		D Employer Identification Number (EIN) <u>34-0476810</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	3275
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1030000	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7641421	7863649
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	551165	317674

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9222586	8184598

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9222586	8184598
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	46666	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		46666
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-78894	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-78894

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-128196
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		10630
d Total income. Add all income amounts in column (b) and enter total.....	2d		-149792

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	788998	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		788998
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	56860	
(2) Contract administrator fees.....	2i(2)	6953	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	35385	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		99198
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		888196

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1037988
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: HOBE & LUCAS, CPAS

(2) EIN: 34-1488076

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	0
4b		X	0

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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>42-0127290</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>2</u>

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

- 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): _____

THE RCA RUBBER COMPANY PENSION PLAN
FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED
SEPTEMBER 30, 2015 AND 2014

THE RCA RUBBER COMPANY PENSION PLAN

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Hobe & Lucas

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Independence, Ohio 44131 Fax: (216) 524.8777
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INDEPENDENT AUDITORS' REPORT

To The Trustees and Participants of the RCA Rubber
Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the The RCA Rubber Company Pension Plan, which comprises the statement of net assets available for benefits as of September 30, 2015 and 2014, and the related statements of changes in net assets available for benefits, accumulated plan benefits, and changes in accumulated plan benefits, for the years ended September 30, 2015 and 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 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 10, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal"), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 and for the years ended September 30, 2015 and 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Independent Member

B K R

INTERNATIONAL

Firms In Principal Cities Worldwide

Disclaimer of Opinion

Because of the significance of the matters 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.

Other Matter – Supplemental Schedules

The supplemental schedule of assets -- held at year end as of September 30, 2015 and the schedule of reportable transactions for the year ended September 30, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and schedules, 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.

Nobe & Lucas
Certified Public Accountants, Inc.

June 17, 2016

Independent Member

B K R

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THE RCA RUBBER COMPANY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2015 AND 2014

	<u>September 30,</u> <u>2015</u>	<u>September 30,</u> <u>2014</u>
<u>Assets</u>		
Cash, interest bearing	\$ 3,275	\$ -
Investments, at fair value:		
Common stock	-	1,030,000
Pooled separate accounts	7,863,649	7,641,421
	<u>7,863,649</u>	<u>8,671,421</u>
Investments, at estimated fair value:		
Real estate investment trust	<u>317,674</u>	<u>551,165</u>
Net assets available for benefits	<u>\$ 8,184,598</u>	<u>\$ 9,222,586</u>

See accompanying notes to financial statements.

THE RCA RUBBER COMPANY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	<u>September 30,</u> <u>2015</u>	<u>September 30,</u> <u>2014</u>
<u>Additions</u>		
Additions to net assets attributed to:		
Dividends	\$ 46,666	\$ 69,957
Net appreciation (depreciation) in investments	(196,458)	861,234
Total Additions	<u>(149,792)</u>	<u>931,191</u>
<u>Deductions</u>		
Deductions from net assets attributed to:		
Distributions to participants	788,998	773,496
Administrative expenses	99,198	104,336
Total Deductions	<u>888,196</u>	<u>877,832</u>
<u>Net Increase (Decrease) in Net Assets Available for Benefits</u>	(1,037,988)	53,359
<u>Net Assets Available for Benefits, Beginning of Year</u>	<u>9,222,586</u>	<u>9,169,227</u>
<u>Net Assets Available for Benefits, End of Year</u>	<u>\$ 8,184,598</u>	<u>\$ 9,222,586</u>

See accompanying notes to financial statements.

THE RCA RUBBER COMPANY PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	<u>September 30,</u> <u>2015</u>	<u>September 30,</u> <u>2014</u>
<u>Actuarial Present Value of Accumulated Plan Benefits:</u>		
Non-Vested Benefits	\$ 89,921	\$ 90,252
Vested Benefits:		
Participants currently receiving benefits	6,423,978	6,350,407
Other participants	1,305,181	1,446,305
Total Vested Benefits	<u>7,729,159</u>	<u>7,796,712</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 7,819,080</u>	<u>\$ 7,886,964</u>

See accompanying notes to financial statements.

THE RCA RUBBER COMPANY PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014

	<u>September 30,</u> <u>2015</u>	<u>September 30,</u> <u>2014</u>
<u>Actuarial Present Value of Accumulated Plan</u> <u>Benefits, Beginning of Year</u>	\$ 7,886,964	\$ 8,053,023
<u>Increase (Decrease) during the Year Attributable to:</u>		
Accumulation of benefits	132,266	(6,460)
Interest due to decrease in discount period	599,583	613,897
Plan amendments	-	-
Change in actuarial assumptions	-	-
Benefit payments	(799,733)	(773,496)
Total Increase in Accumulated Plan Benefits	<u>(67,884)</u>	<u>(166,059)</u>
<u>Actuarial Present Value of Accumulated Plan</u> <u>Benefits, End of Year</u>	<u>\$ 7,819,080</u>	<u>\$ 7,886,964</u>

See accompanying notes to financial statements.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting, in conformity with generally accepted accounting principles.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator and management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Valuation of Investments

The Plan's investments are administered by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal") and are stated at fair value. Units held in pooled separate accounts are reported at fair value based on the unit prices quoted by the fund, representing the fair value of the underlying investments. Units held in the Real Estate Investment Trust ("REIT") are reported at estimated fair value as determined by the REIT's management utilizing various valuation estimates and third-party appraisers. Units held in common stock are reported at fair value based on the closing price reported on the NYSE Market on which the individual security is traded. Cash is valued at carrying value.

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

Administrative Services

The expenses necessary to administer the Plan including, but not limited to, those involved in retaining necessary professional assistance from an attorney, an accountant, an actuary, or an investment adviser, are paid by the Plan unless paid by the Company at its discretion. Fees related to the administration of the Plan are included in administrative expenses.

Risk and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value in the near term would materially affect participant account balances and the amounts reported in the statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Benefit Distributions

Benefit distributions are recorded when paid to participants.

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of September 30, 2015 and 2014 were: (a) life expectancy of participants (the RP-2000 static, non-generational Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 64), and (c) investment return. The 2015 and 2014 valuations included assumed average rates of return of 8%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 2 - DESCRIPTION OF PLAN

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

General

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

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 2 - DESCRIPTION OF PLAN (CONTINUED)

General (Continued)

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

Eligibility

The Plan is a noncontributory pension plan established for the current and former employees regularly employed within the bargaining units. Qualifying employees become participants in the Plan after one continuous year of service. Participants vest in Plan benefits based upon total years of service as of their termination date. Effective April 30, 2015, the Plan was frozen as to participation and there will be no new participants.

Vesting

Participants are vested 20% per year of service, beginning after three years, and are 100% vested after seven years of service. Effective April 30, 2015, the Plan was frozen as to benefit accruals and there will be no further accrual of benefits.

Benefit Payments

Participants in the Plan who have reached the age of 65 are eligible to retire and receive a monthly, normal retirement benefit equal to their years of credited service times the benefit level in effect on their last day of employment. Pulaski participants are eligible for benefit levels ranging from \$14 to \$25 multiplied by their years of service. RCA participants are eligible for benefit levels ranging from \$17 to \$30 multiplied by their years of service. RCA participants who have at least 30 years of service and attained the age of 62 are eligible to elect an early retirement pension benefit. RCA participants who were participants on or before September 30, 1993 are eligible to elect an early retirement pension benefit at a reduced benefit amount if they have at least 10 years of service and attain the age of 55. Effective April 30, 2015, the Plan was frozen as to benefit accruals and there will be no further accrual of benefits.

The normal form of benefits under the Plan consists of payments during the life of the participant. If a participant is married, the normal form of benefit payment is a qualified joint and survivor annuity, unless the participant elects and the spouse consents otherwise. Participants may elect the following optional forms of payment: (a) five year certain and continuous, (b) 50% qualified joint and survivor annuity, and (c) 75% qualified joint and survivor annuity.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 2 - DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

If an active employee with a surviving spouse of at least one year dies after completing at least three years of credited service (or reached age 65 while employed by RCA or Pulaski), and before any benefit has started, their spouse will be entitled to a pre-retirement survivor annuity equal to 50% of the benefit vested on the date of death, adjusted as appropriate for the 50% Joint and Survivor annuity form of payment.

For Pulaski participants who are single and die after completing at least three years of credited service, and before any benefit has started, a designated beneficiary will receive sixty monthly payments equal to the benefit vested on the date of death.

Active employees who become totally disabled receive monthly disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age.

NOTE 3 - FUNDING POLICY

Until June 15, 2013, the Company generally contributed to the Plan the actuarially determined amount necessary to satisfy the minimum funding requirements of the Internal Revenue Code and ERISA.

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

As of September 30, 2011, the Plan was underfunded because the projected actuarial present value of all future benefits (accrued and yet-to-be accrued, based upon the respective benefit levels) for the current group of participants exceeded the value of Plan assets. As a result, the Plan was required to contribute \$225,197 by June 15, 2013 to remain in compliance with minimum funding requirements. The Company has not made the required minimum contribution and is currently negotiating with the United Steelworkers of America unions and the Pension Benefit Guaranty Corporation ("PBGC") regarding an appropriate resolution to this matter. Additionally, as of June, 2016, the plan has not made its required minimum quarterly contributions for the Plan years ended September 30, 2013 through September 30, 2015. As of the latest valuation, the Plan is underfunded by a total of \$739,787.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 4- PLAN TERMINATION

The Plan can be terminated in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its' applicable regulations, and with the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC Guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of the benefits to be paid, and the level and type of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 5 - INCOME TAX STATUS

The Internal Revenue Service has determined that the Plan meets the requirements of Section 401(a) of the Internal Revenue Code and is exempt for federal income tax under Section 501(a) of the code.

The Plan obtained its latest determination letter on July 10, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and, with the exception of minimum contribution funding, is currently being operated in compliance with the applicable provision of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 6 – INVESTMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as those held during the year) increased (decreased) in value by \$(196,458) and \$861,234 during the years ended September 31, 2015 and 2014, respectively as follows:

	<u>2015</u>	<u>2014</u>
Common Stock	\$ (56,235)	\$ 14,547
Pooled Separate Accounts	(128,196)	808,188
Real Estate Investment Trust	(12,027)	39,404
Insurance Company Investment Contract	<u>-0-</u>	<u>(905)</u>
Total Net Appreciation	<u>\$ (196,458)</u>	<u>\$ 861,234</u>

NOTE 7– TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain plan investments are pooled separate accounts managed by Principal or their affiliated entities. Principal is the custodian of the Plan and therefore, these transactions qualify as party-in-interest transactions. Certain fees for investment management, recordkeeping and administrative expenses are with the custodian and are not considered prohibited transactions under ERISA.

NOTE 8– INSURANCE COMPANY INVESTMENT CONTRACTS

The Plan is partially funded with a group annuity contract issued by Principal, the custodian of a portion of the Plan's assets. The contract offers several variable investment options through Principal pooled separate accounts. Each investment sub-account is invested by Principal exclusively in shares of the specific fund directed by the plan. Amounts allocated to a variable investment account are credited to the Plan's account in the form of accumulated units.

NOTE 9 – PLAN AMENDMENTS

Effective April 30, 2015 the plan was frozen and no new participants will be allowed nor will there be any further accrual of benefits.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 10 - INFORMATION CERTIFIED BY THE CUSTODIAN

At September 30, 2015 and 2014, a portion of the Plan's investments were held by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company ("Principal"). The following is a summary of the Plan's financial information based on information certified by Principal as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for reporting with Disclosure under the Employee Retirement Income Security Act of 1974.

The fair value of investments at September 30, 2015 and 2014 as reported by the custodian are:

	<u>2015</u>	<u>2014</u>
Principal International Emerging Markets Fund	\$ 143,321	\$ 146,954
Principal LDI Intermediate Duration Fund	1,514,997	1,402,746
Principal LDI Long Duration Fund	2,179,573	2,089,158
Principal LDI Short Duration Fund	297,058	274,151
Principal Large Cap S&P 500 Fund	2,070,992	1,886,926
Principal Mid Cap S&P 400 Fund	181,770	230,609
Principal Small Cap S&P 600 Fund	68,074	226,482
Principal US Property Fund	440,803	400,293
Principal Diversified Real Asset Fund	374,948	381,699
Principal Overseas Fund	592,113	602,403

The income relating to pooled separate accounts reported in the statements of changes in net assets available for plan benefits for the years ended September 30, 2015 and 2014, were certified by Principal. The expenses reported in the statements of changes in net assets available for plan benefits for the years ended September 30, 2015 and 2014, were certified by Principal.

NOTE 11 - FAIR VALUE MEASUREMENTS

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

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 11 - FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2015 and 2014.

Pooled Separate Accounts: Valued at the unit value calculated based on the net asset value of the underlying pool of securities that are mutual funds. Mutual funds trade on one or more U.S. or foreign exchanges and the fair value is derived based on the closing prices for the underlying securities.

Common stock: Valued at the closing price reported on the NYSE Market on which the individual security is traded.

Real Estate Investment Trust ("REIT"): Not actively traded and significant other observable inputs are not available. The fair value of the REIT is determined by the REIT's management utilizing various valuation estimates and third-party appraisers.

Cash: Valued at carrying value

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 11 - FAIR VALUE MEASUREMENTS (CONTINUED)

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 Plan's assets at fair value as of September 30, 2015 and September 30, 2014:

Assets at Fair Value as of September 30, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled Separate Accounts	\$	\$ 7,863,649	\$	\$ 7,863,649
Cash	3,275			3,275
Real Estate Investment Trust			317,674	317,674
Total Assets at Fair Value	<u>\$ 3,275</u>	<u>\$ 7,863,649</u>	<u>\$ 317,674</u>	<u>\$ 8,184,598</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended September 30, 2015:

	<u>Real Estate Investment Trust</u>
Balance, beginning of year	\$ 551,165
Dividend Reinvestment	4,302
Unrealized gains/(losses) relating To instruments still held at the reporting date	(12,027)
Sales	(6,618)
Spinoffs	<u>(219,148)</u>
Balance, end of year	<u>\$ 317,674</u>

In February, 2015, a portion of the Real Estate Investment Trust was incorporated and spun off.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 11 - FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of September 30, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled Seperate Accounts	\$	\$ 7,641,421	\$	\$ 7,641,421
Common stock	1,030,000			1,030,000
Real Estate Investment Trust			551,165	551,165
Total Assets at Fair Value	<u>\$ 1,030,000</u>	<u>\$ 7,641,421</u>	<u>\$ 551,165</u>	<u>\$ 9,222,586</u>

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended September 30, 2014:

	<u>Real Estate Investment Trust</u>	<u>Business Development Company</u>
Balance, beginning of year	\$ 518,380	\$ 960,043
Dividend Reinvestment	32,024	
Unrealized gains/(losses) relating To instruments still held at the reporting date	761	
Transfers to level 1	<u> </u>	<u>(960,043)</u>
Balance, end of year	<u>\$ 551,165</u>	<u>\$ -0-</u>

In April, 2014, the Business Development Company went public and its' stock is now traded on the NYSE market.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 11 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on NAV per share as of September 30, 2015.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts:				
Int'l Emerging Markets Fund	\$ 143,321	n/a	See (a)	None
LDI Intermediate Duration Fund	\$ 1,514,997	n/a	See (a)	None
LDI Long Duration Fund	\$ 2,179,573	n/a	See (a)	None
LDI Short Duration Fund	\$ 297,058	n/a	See (a)	None
Large Cap S&P 500 Fund	\$ 2,070,992	n/a	See (a)	None
Mid Cap S&P 400 Fund	\$ 181,770	n/a	See (a)	None
Small Cap S&P 600 Fund	\$ 68,074	n/a	See (a)	None
US Property Fund	\$ 440,803	n/a	See (a)	None
Diversified Real Asset Fund	\$ 374,948	n/a	See (a)	None
Overseas Fund	\$ 592,113	n/a	See (a)	None
Real Estate Investment Trust	\$ 317,674	n/a	See (b)	None

(a) Redeemed daily. Participants are limited to one transaction every 30 days.

(b) Effective February 24, 2015 the share repurchase program will remain suspended indefinitely until further notice.

Events that would limit the pooled separate accounts to transact at the NAV may include, but are not limited to, the following: mergers, mass layoffs, plan terminations, and implementation of early retirement incentive programs.

THE RCA RUBBER COMPANY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2015 AND 2014

NOTE 12 - SUBSEQUENT EVENTS

Subsequent events were reviewed through June 17, 2016, the date the financial statements were available for issuance. There were no subsequent events to report as of that date.

NOTE 13 – RECLASSIFICATIONS

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

SUPPLEMENTAL SCHEDULES

THE RCA RUBBER COMPANY PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS - HELD AT YEAR END
PLAN NUMBER: 005, EIN: 34-0476810
SEPTEMBER 30, 2015

(a) Party In Interest (*)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity date	(d) Cost	(e) Current Value
	<u>Cash</u>			
	Citibank	Interest Bearing	\$ 3,275	\$ 3,275
	<u>Pooled Separate Account - Sub Accounts</u>			
*	Principal Life Insurance Co	International Emerging Markets Fund	176,682	143,321
*	Principal Life Insurance Co	LDI Intermediate Duration Fund	1,449,526	1,514,997
*	Principal Life Insurance Co	LDI Long Duration Fund	2,138,496	2,179,573
*	Principal Life Insurance Co	LDI Short Duration Fund	293,286	297,058
*	Principal Life Insurance Co	Largecap S&P 500 Index Fund	2,045,254	2,070,992
*	Principal Life Insurance Co	Midcap S&P 400 Index Fund	187,035	181,770
*	Principal Life Insurance Co	Smallcap S&P 600 Index Fund	69,667	68,074
*	Principal Life Insurance Co	U.S. Property Fund	345,203	440,803
*	Principal Life Insurance Co	Diversified Real Asset Fund	417,745	374,948
*	Principal Life Insurance Co	Overseas Fund	643,198	592,113
	Total Pooled Separate Accounts		<u>7,766,092</u>	<u>7,863,649</u>
	<u>Real Estate Investment Trust</u>			
	Inland Real Estate	Inland American Real Estate Investment Trust	483,114	317,674
	Total Investments		<u>\$ 8,252,481</u>	<u>\$ 8,184,598</u>

THE RCA RUBBER COMPANY PENSION PLAN
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
PLAN NUMBER: 005, EIN: 34-0476810
FOR THE YEAR ENDED SEPTEMBER 30, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Principal Financial Group	Principal LDI Long Duration SE	\$ 982,691	\$ -	\$ -	\$ -	\$ 982,691	\$ 982,691	\$ -
Principal Financial Group	Principal LDI Long Duration SE	-	902,663	-	-	853,327	902,663	49,336
Principal Financial Group	Principal LargeCap S&P 500	379,512	-	-	-	379,512	379,512	-
Principal Financial Group	Principal LargeCap S&P 500	-	148,162	-	-	132,850	148,162	15,312

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

T R C A R C P P

EIN 34 0476810
 PLAN NUMBER 005
 PLAN YEAR 10/01/2014 TO 09/30/2015

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Symphony Financial Services, Inc.	Interest Bearing Cash Insured Cash Account	\$ 0.00	\$ 3,275.00
	Inland Real Estate	Other Inventrust Properties Corp	\$ 0.00	\$ 317,674.00
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL EMERG MARKETS SA-R2	\$ 176,682.24	\$ 143,320.88
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI INTRM DUR SEP ACCT-R2	\$ 1,449,525.63	\$ 1,514,997.04
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI LONG DURATION SA-R2	\$ 2,137,839.45	\$ 2,179,572.57
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LDI SHORT DUR SEP ACCT-R2	\$ 293,285.62	\$ 297,057.78
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-R2	\$ 2,045,253.65	\$ 2,070,992.29
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-R2	\$ 187,034.69	\$ 181,769.98
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-R2	\$ 69,667.45	\$ 68,073.86
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN U.S. PROPERTY SEP ACCT-R2	\$ 345,202.81	\$ 440,803.38
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL DIV REAL ASSET SA-R2	\$ 417,745.59	\$ 374,948.06
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL OVERSEAS SEP ACCT-R2	\$ 643,198.13	\$ 592,113.23

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

T RCA R C P P
EIN 34 0476810
PLAN NUMBER 005
PLAN YEAR 10/01/2014 TO 09/30/2015

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LDI LONG DURATION SE	18		\$ 982,691.24		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI LONG DURATION SE		42		\$ 902,662.64	\$ 49,336.48
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND	11		\$ 379,511.52		\$ 0.00
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND		1		\$ 148,162.16	\$ 15,311.99

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>			
► Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			
A Name of plan The R.C.A. Rubber Company Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">005</td> </tr> </table>	B Three-digit plan number (PN) ►	005
B Three-digit plan number (PN) ►	005		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF R.C.A. Rubber Company	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-0476810</td> </tr> </table>	D Employer Identification Number (EIN) 34-0476810	
D Employer Identification Number (EIN) 34-0476810			
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	9222768	
b Actuarial value	2b	8993216	
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.....	149	7139823	7139823
b For terminated vested participants.....	42	641726	641726
c For active participants.....	52	1115144	1260831
d Total.....	243	8896693	9042380
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	6.37%	
6 Target normal cost.....	6	168445	

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

SIGN HERE	 Signature of actuary	 Date 1407402
David M. Davala Type or print name of actuary Findley Davies, Inc. Firm name 1300 E. 9th Street Suite 850 Cleveland OH 44114-1516 Address of the firm		Most recent enrollment number 216-875-1900 Telephone number (including area code)

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	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>10.54</u> %	0	0
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>6.21</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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.45%
15	Adjusted funding target attainment percentage	15	99.45%
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	94.34%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is 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	552838
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	552838

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	168445	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	49164		18504
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	186949	
	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	186949	
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	186949	
40 Unpaid minimum required contributions for all years	40	739787	

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, line 22 – Description of Weighted Average Retirement Age
The R.C.A. Rubber Company Pension Plan
October 1, 2014 Valuation
EIN/PN: 34-0476810 / 005

Rates of Retirement

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

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

Schedule SB, line 32 – Schedule of Amortization Bases
The R.C.A. Rubber Company Pension Plan
October 1, 2014 Valuation
EIN/PN: 34-0476810 / 005

Exhibit VII

Schedule of Amortization Bases

	Plan Year Beginning			10/01/2014
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
Shortfall Amortization Bases	10/01/2014	\$ (419,357)	7	\$ (70,183)
	10/01/2013	<u>468,521</u>	6	<u>88,687</u>
	Total	\$ 49,164		\$ 18,504
Waiver Amortization Bases	10/01/2014	\$ 0		\$ 0

Appendix B

Statement of Actuarial Assumptions and Methods

Interest Rates

Funding: 24-month segment rates averaged through the end of May 2014 and published in June 2014:

	Pre- MAP-21/ <u>HATFA</u>	Reflecting MAP-21/ <u>HATFA</u>
a. First Rate, Years 1-5	1.16%	4.99%
b. Second Rate, Years 5-20	4.04%	6.32%
c. Third Rate, Years 20+	5.11%	6.99%
d. Effective Interest Rate using the above rates	4.17%	6.37%
e. Interest rate for developing expected value of assets, (limited by statute)		8.00%

Mortality

Healthy: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, male and female, with different rates for annuitants and nonannuitants.

Disabled: Funding: all four Disabled Tables of Revenue Ruling 96-7. These are applied conditionally as specified in 96-7 which means that **healthy mortality rates will be used for disableds unless** the disabled retiree i) receives Social Security Disability Income **and** ii) receives extra benefits beyond those they could have elected without being disabled. 100% of retirees entitled to current and future disability benefits are assumed to be entitled to Social Security Disability Income. Employees projected to become disabled beyond age 65 are subject to the “healthy” mortality rates due to not receiving extra benefits due to disablement.

Rates of Disability

1985 Disability Study – Blake-Tradesman, Foreman, Nonhazardous (male and female).

<u>Age</u>	<u>Rate</u>
25	.096%
40	.357
55	1.490

Appendix B (Continued)

Rates of Turnover

Based on age and length of service as follows:

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

Assumptions Made In Valuing Spouse's Benefit

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

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

Optional Form Election

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

Standing Elections

R.C.A. Rubber Company has signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirements.

Provision for Expenses

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

Appendix B (Continued)

Asset Method

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

Employees Valued

Only participants as of the valuation date were valued.

Selection of Assumptions

The segment rates and mortality table used to determine minimum funding and funded ratios were based on methodology mandated by Internal Revenue Code and rates published by the Internal Revenue Service to effect it.

A complete review of non-economic assumptions, to satisfy ASOP 35, was last done for the October 1, 2011 valuation report.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The segmented interest rates used for determining the funding target were 4.94%, 6.15%, and 6.76%. These rates were updated to the rates required for the current plan year and also reflect MAP-21/HATFA.

The healthy mortality table for the funding target was changed as required under PPA '06.

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Schedule SB, Line 26 - Schedule of Active Participant Data

October 1, 2014 Valuation
R.C.A. Rubber Company Pension Plan
(EIN: 34-0476810; PN: 005)

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

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

Appendix A-1

Summary of Principal Plan Provisions Former Pulaski Hourly Employees

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

Appendix A-1 (Continued)

**Normal Retirement
Benefit
(continued)**

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

**Late Retirement
Benefit**

Eligibility:

Over age 65.

Monthly Benefit:

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

**Early Retirement
Benefit**

None.

**Disability Retirement
Benefit**

Eligibility:

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

Monthly Benefit:

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

Termination Benefit

Eligibility:

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

Appendix A-1 (Continued)

Termination Benefit (Continued)

Monthly Benefit:

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

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

Death Benefit

a. Eligibility:

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

Monthly Benefit:

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

b. Eligibility:

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

Monthly Benefit:

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

Maximum Benefit Limit

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

Optional Forms of Payment

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

The conversion factors are based on the 1983 Group Annuity Table (male) set back 4 years for beneficiaries and 7.50% interest.

Schedule SB, Part V – Summary of Plan Provisions
The R.C.A. Rubber Company Pension Plan
October 1, 2014 Valuation
EIN/PN: 34-0476810 / 005

Appendix A-1 (Continued)

***Benefits Available as
Lump Sums***

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

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

***Changes in Plan
Provisions***

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

Appendix A-2

Summary of Principal Plan Provisions

R.C.A. Hourly Employees

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

Appendix A-2 (Continued)

Normal Retirement Benefit (Continued)

All scheduled benefit units were generally reflected in the calculations for contributions.

However, only the \$30.00 benefit unit in effect on the September 30, 2010 “Benefit Information Date” per paragraph 6.c of ASC 960-20 was used to determine the value of vested benefits for active employees. Also, funding target used in determining the contribution levels are based only on benefit units in effect during the applicable plan year.

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

Late Retirement Benefit

Eligibility:

Over age 65.

Monthly Benefit:

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

Early Retirement Benefit

A. Eligibility:

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

Monthly Benefit:

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

Appendix A-2 (Continued)

Early Retirement Benefit (Continued)

B. Eligibility:

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

Monthly Benefit:

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

Disability Retirement Benefit

Eligibility:

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

Monthly Benefit:

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

Termination Benefit

Eligibility:

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

Monthly Benefit:

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

Appendix A-2 (Continued)

Termination Benefit (Continued)

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

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

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

Death Benefit

Eligibility:

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

Monthly Benefit:

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

Maximum Benefit Limit

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

Optional Forms of Payment

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

The conversion factors are based on the 1983 Group Annuity Table (male) set back 4 years for beneficiaries and 7.50% interest.

Schedule SB, Part V – Summary of Plan Provisions
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EIN/PN: 34-0476810 / 005

Appendix A-2 (Continued)

***Benefits Available as
Lump Sums***

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

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

***Changes in Plan
Provisions***

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