

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN FOR BROOKHAVEN, MS	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1967</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/1967	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/1967					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) KEYSTONE-SENECA WIRE CLOTH COMPANY 319 S. VINE STREET FOSTORIA, OH 44830	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 23-0760745</td> </tr> <tr> <td>2c Sponsor's telephone number 419-435-9261</td> </tr> <tr> <td>2d Business code (see instructions) 332900</td> </tr> </table>	2b Employer Identification Number (EIN) 23-0760745	2c Sponsor's telephone number 419-435-9261	2d Business code (see instructions) 332900	
2b Employer Identification Number (EIN) 23-0760745					
2c Sponsor's telephone number 419-435-9261					
2d Business code (see instructions) 332900					

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.	04/15/2011	KEVIN SHUMAKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2011	KEVIN SHUMAKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") KEYSTONE-SENECA WIRE CLOTH COMPANY ADVISORY COMMITTEE 319 S. VINE STREET FOSTORIA, OH 44830	3b Administrator's EIN 34-1190561 3c Administrator's telephone number 419-435-9261
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	130
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	47
c Other retired or separated participants entitled to future benefits.....	6c	73
d Subtotal. Add lines 6a , 6b , and 6c	6d	120
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	10
f Total. Add lines 6d and 6e	6f	130
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 1I

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

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

a Pension Schedules

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

b General Schedules

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

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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN FOR BROOKHAVEN, MS</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KEYSTONE-SENECA WIRE CLOTH COMPANY</u>	D Employer Identification Number (EIN) <u>23-0760745</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1250645</u>
b	Actuarial value 2b <u>1375035</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>55</u> <u>1213208</u>
b	For terminated vested participants 3b <u>75</u> <u>515183</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>130</u> <u>1728391</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.55</u> %
6	Target normal cost 6 <u>18700</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>04/01/2011</u>
Signature of actuary	Date
<u>RON VINCENT</u>	<u>11-04510</u>
Type or print name of actuary	Most recent enrollment number
<u>MCCREADY & KEENE, INC.</u>	<u>317-849-4333</u>
Firm name	Telephone number (including area code)
<u>P.O. BOX 50460</u> <u>INDIANAPOLIS, IN 46250</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	26470	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	26470	0
10 Interest on item 9 using prior year's actual return of <u>-19.10</u> %	-5055	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		6984
b Interest on (a) using prior year's effective rate of <u>6.23</u> %		435
c Total available at beginning of current plan year to add to prefunding balance		7419
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	21415	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	78.31 %
15 Adjusted funding target attainment percentage.....	15	78.31 %
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	81.30 %
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
10/14/2009	16962				
01/14/2010	16962				
04/15/2010	16962				
07/14/2010	16962				
03/15/2011	34423				
			Totals ►	18(b)	18(c)
				102271	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 95073
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	18700
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	374771	71613
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	90313
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	90313
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	95073
38 Interest-adjusted excess contributions for current year (see instructions).....	38	4760
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A Name of plan KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN FOR BROOKHAVEN, MS	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSTONE-SENECA WIRE CLOTH COMPANY	
D Employer Identification Number (EIN) 23-0760745	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NORTHERN TRUST CORPORATION	50 SOUTH LASALLE STREET CHICAGO, IL 60603
36-2723087	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
NORTHERN TRUST INVESTMENTS, N.A.	50 SOUTH LASALLE STREET CHICAGO, IL 60603
36-3608252	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE NORTHERN TRUST COMPANY	50 SOUTH LASALLE STREET CHICAGO, IL 60603
36-1561860	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DIMENSIONAL FUND ADVISORS LP	6300 BEE CAVE ROAD, BUILDING ONE AUSTIN, TX 78746
30-0447847	

(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)

NORTHERN TRUST COMPANY

50 S. LASALLE ST., FLOOR B-4
CHICAGO, IL 60603

36-0727633

(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?
21 50	NONE	13788	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MCCREADY & KEENE, INC.

7941 CASTLEWAY DRIVE
P.O. BOX 50460
INDIANAPOLIS, IN 46250

35-0500670

(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 50	NONE	12085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPILMAN, HILLS & HEIDEBRINK, LTD

5555 AIRPORT HWY STE 200
TOLEDO, OH 43615

34-1833111

(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	NONE	6250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 2009 This Form is Open to Public Inspection.	
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010					
A Name of plan KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN FOR BROOKHAVEN, MS				B Three-digit plan number (PN) ► 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KEYSTONE-SENECA WIRE CLOTH COMPANY				D Employer Identification Number (EIN) 23-0760745	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLLECTIVE DAILY EXTENDED					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.					
c EIN-PN 45-6138589-052		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206371		
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLTV DAILY S&P 500					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.					
c EIN-PN 45-6138589-001		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257594		
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLLECTIVE DAILY AGGREGATE					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.					
c EIN-PN 45-6138589-029		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312262		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

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

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

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

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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN FOR BROOKHAVEN, MS	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 KEYSTONE-SENECA WIRE CLOTH COMPANY	D Employer Identification Number (EIN) 23-0760745	

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	10075	10135
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	29428	51385
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	715968	776227
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	495174	575641
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	1250645	1413388

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1250645	1413388
---	-----------	---------	---------

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)	102271	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		102271
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5154	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5154
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4863	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4863
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		115090
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		85565
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		312943

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118078	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		118078
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	18335	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	13787	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32122
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		150200

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		162743
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SPILMAN, HILLS & HEIDEBRINK, LTD

(2) EIN: 34-1833111

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN FOR BROOKHAVEN, MS</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KEYSTONE-SENECA WIRE CLOTH COMPANY</u>	D Employer Identification Number (EIN) <u>23-0760745</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>36-0727633</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**KEYSTONE-SENECA WIRE CLOTH COMPANY
PENSION PLAN FOR HOURLY EMPLOYEES
AT BROOKHAVEN, MISSISSIPPI PLANT
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED
JUNE 30, 2010 AND 2009**

See Independent Auditors' Report

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SPILMAN,
HILLS &
HEIDEBRINK, Ltd.

CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

Plan Administrator
Keystone-Seneca Wire Cloth Company
Pension Plan for Hourly Employees
at Brookhaven, Mississippi Plant
Fostoria, Ohio

We were engaged to audit the financial statements and supplemental schedules of the Keystone-Seneca Wire Cloth Company Pension Plan for Hourly Employees at Brookhaven, Mississippi Plant (the Plan) as of June 30, 2010 and 2009, and for the years then ended, as listed in the table of contents. These financial statements and schedules are the responsibility of the Plan's management.

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 4, which was certified by The Northern Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, 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.

Spilman, Hills & Heidebrink, Ltd.

January 19, 2011

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Noninterest-bearing Cash (Note 4)	\$ 10,135	\$ 10,075
Investments at Fair Value (Note 4)		
Common/collective trust funds	776,227	715,968
Mutual funds	<u>575,641</u>	<u>495,174</u>
Total Investments at Fair Value	1,351,868	1,211,142
Employer Contributions Receivable	<u>51,385</u>	<u>29,428</u>
Assets Available for Benefits	<u><u>\$ 1,413,388</u></u>	<u><u>\$ 1,250,645</u></u>

*See Independent Auditors' Report
and Accompanying Notes*

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Additions to Assets Attributed to		
Investment income (loss) (Note 4)		
Net realized and unrealized gains (losses)	\$ 200,655	\$ (311,982)
Interest and dividends	<u>10,017</u>	<u>13,183</u>
Total Investment Income (Loss)	210,672	(298,799)
Employer Contributions	<u>102,271</u>	<u>78,627</u>
Total Investment Income (Loss) and Contributions	312,943	(220,172)
Deductions from Assets Attributed to		
Benefit payments	118,078	120,290
Administrative expenses	<u>32,122</u>	<u>18,605</u>
Total Deductions	<u>150,200</u>	<u>138,895</u>
Change in Assets Available for Benefits	162,743	(359,067)
Assets Available for Benefits at Beginning of Year	<u>1,250,645</u>	<u>1,609,712</u>
Assets Available for Benefits at End of Year	<u><u>\$ 1,413,388</u></u>	<u><u>\$ 1,250,645</u></u>

*See Independent Auditors' Report
and Accompanying Notes*

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Keystone-Seneca Wire Cloth Company Pension Plan for Hourly Employees at Brookhaven, Mississippi Plant (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General - The Plan is a defined benefit plan established for the principal purpose of providing hourly employees of Keystone-Seneca Wire Cloth Company (the Company) at Brookhaven, Mississippi, with supplemental income upon retirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2003, the Board of Directors of the Company froze participation and further accrual of benefits under the plan.

Vesting - Participants are vested after the completion of five years of credited service.

Pension Benefits - Participants are entitled to monthly pension benefits beginning at normal retirement age (the later of age 65 or the fifth anniversary of joining the Plan) equal to the participant's years of credited service multiplied by an amount set forth in the plan agreement. This amount ranges from \$2 for certain participants who terminated prior to April 1, 1980, to \$14 for participants who retire after December 31, 1997. The normal form of benefit is a joint and 50% survivor annuity (life annuity for unmarried participants). Participants may elect to waive the 50% surviving spouse option and receive their pension benefits in the form of a straight-line annuity or a 100% surviving spouse option. If the present value of the participant's vested accrued benefit does not exceed \$5,000, such amount may be distributed in a lump sum.

Participants are eligible for early retirement upon attaining age 55 with 10 years of credited service. Early retirement benefits are equal to the accrued normal retirement benefit reduced for retirement prior to age 65.

Death Benefit - If a vested participant dies before commencement of retirement benefits, the participant's surviving spouse will receive a death benefit in the form of a pre-retirement survivor annuity.

Disability Benefits - If an active participant with 15 or more years of service becomes totally and permanently disabled prior to age 65, the participant will receive a disability pension calculated in the same manner as a normal retirement pension.

See Independent Auditors' Report

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Plan Termination - The Company intends to continue the Plan as long as necessary to pay accumulated plan benefits. However, the Company reserves the right to modify, amend or terminate the Plan at any time.

If termination of the Plan occurs, the rights of each participant to benefits accrued, to the extent funded, become non-forfeitable. Plan assets, after providing for expenses of administration, would be allocated to pay benefits to retirees or their surviving spouses, and vested former employees pursuant to applicable law. Any residual assets would be distributed to the Company.

The Plan is insured by the Pension Benefit Guaranty Corporation (the PBGC). In the event of Plan termination, the PBGC generally guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Should the Plan terminate, the payment of certain benefits not covered by the PBGC would depend on the sufficiency of the Plan's assets.

Party-in-Interest Transactions - Certain mutual funds and the common/collective trust funds are managed by affiliates of Northern Trust Company (Northern Trust). Northern Trust is the trustee of the Plan and, therefore, transactions related to these investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules. At June 30, 2010 and 2009, the Plan held investments with a fair value of \$1,033,982 and \$953,691, respectively, in securities offered by parties related to Northern Trust.

Administrative expenses related to the Plan are paid from plan assets or by the Company at the discretion of the plan administrator. Fees paid for actuarial, auditing, investment advisory, and other services rendered by parties-in-interest are based on customary and reasonable rates for services. Fees for actuarial, auditing, and investment advisory services were paid by the Plan during 2010 and are included as administrative expenses in the statements of changes in assets available for benefits. During 2009, fees for actuarial and investment advisory services were paid by the Plan and fees for auditing services were paid by the Company.

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accounts of the Plan are maintained on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Contributions - The employer makes minimum contributions in amounts sufficient to fund the Plan's target normal cost, any shortfall amortization payment and interest on both until the final contribution deadline. The minimum required contribution preserves any carryover or prefunding balance reported at the prior year-end if quarterly contributions are made when due. The Company contributes such amounts as are deemed necessary on an actuarial basis (based on the unit credit cost method) to provide assets sufficient to meet the benefits to be paid to plan participants. The Company has met the minimum funding requirements of ERISA and the Pension Protection Act of 2006 for the years ended June 30, 2010 and 2009. Contributions are recorded in the period in which they become a liability of the Company.

Benefit Payments - Benefit payments to participants or their beneficiaries are recorded when paid.

Valuation of Investments and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For further information regarding fair value of the Plan's assets, refer to Note 5.

The Plan's investment income is recorded as earned on the accrual basis, and dividend income is recorded on the ex-dividend date. Net realized and unrealized gains (losses) include the Plan's gains and losses on investments bought, sold and held during the year.

Income Tax Status - The Plan has received a determination letter from the Internal Revenue Service (IRS), dated November 10, 1998, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

See Independent Auditors' Report

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the values of these securities, it is at least reasonably possible that changes in values will occur in the near term and that these changes could materially affect the amounts reported in the Plan's financial statements.

Subsequent Events - The Plan's management has evaluated subsequent events for recognition or disclosure in the financial statements through January 19, 2011, the date the financial statements were available to be issued.

Estimates and Assumptions - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the recorded amounts of assets, liabilities and changes therein, the disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

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

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments to which participants are entitled under the Plan's provisions based on services rendered to the valuation date. These include benefits expected to be paid to (a) retired, disabled or terminated vested participants or their beneficiaries and (b) beneficiaries of vested participants who have died.

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

The Plan's actuary, McCready and Keene, Inc., estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of benefit payments (by means of decrements for death, disability, or retirement) between the valuation date and the expected date of payment. The calculation of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended July 1, 2009, the most recent actuarial valuation available, is as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits

Participants currently receiving benefit payments	\$ 1,213,208
Other vested participants	<u>515,183</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 1,728,391</u>

Changes in the actuarial present value of accumulated plan benefits are as follows for the year ended July 1, 2009:

Actuarial Present Value of Accumulated Plan

Benefits - Beginning of Year	\$ 2,031,470
Increase (decrease) during the year attributable to:	
Change in assumptions	(282,403)
Actuarial gain	(26,947)
Interest due to the decrease in the discount period	126,561
Benefits paid	<u>(120,290)</u>
Net Decrease	<u>(303,079)</u>

Actuarial Present Value of Accumulated Plan

Benefits - End of Year	<u>\$ 1,728,391</u>
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See Independent Auditors' Report

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(Continued)

The significant actuarial assumptions used in the valuation of the Plan at July 1, 2009 are summarized as follows:

Actuarial cost method	Accrued benefit (unit credit)
Discount Rate	March 2009 Full Yield Curve (effective rate 7.55%)
Mortality basis	2009 Combined Mortality Table
Retirement age	At normal retirement age (65)

The actuarial assumptions are the same in 2009 as in the prior year, except for the following: the discount rate was updated from the three segment yield curve to the March 2009 full yield curve as permitted by IRS Notice 2009-39; the 2009 Combined Mortality Table was used for participants' rates of mortality versus the 2008 Combined Mortality Table.

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 4 - INVESTMENTS AND NONINTEREST-BEARING CASH

The following summary of the Plan's investment and noninterest-bearing cash information included in the accompanying financial statements has been certified by Northern Trust to be complete and accurate in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Such information has not been audited by independent auditors.

See Independent Auditors' Report

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 4 - INVESTMENTS AND NONINTEREST-BEARING CASH (Continued)

The fair value of the Plan's investments was as follows at June 30:

	<u>2010</u>	<u>2009</u>
Common/Collective Trust Funds		
NTGI-QM Collective Daily Extended Equity Market Index Fund-Lending	\$ 206,371	\$ 191,171
NTGI-QM Collective Daily S&P 500 Equity Index Fund	257,595	237,527
NTGI-QM Collective Daily Aggregate Bond Index Fund-Lending	<u>312,261</u>	<u>287,270</u>
Total Common/Collective Trust Funds	<u>\$ 776,227</u>	<u>\$ 715,968</u>
Mutual Funds		
Northern Funds Large Cap Value Fund	\$ 128,982	\$ 118,942
Northern Institutional Funds Focused Growth Portfolio Fund	128,773	118,781
DFA Investment Dimensions Group, Inc. U.S. Micro Cap Portfolio Fund	<u>317,886</u>	<u>257,451</u>
Total Mutual Funds	<u>\$ 575,641</u>	<u>\$ 495,174</u>

Noninterest-bearing cash amounted to \$10,135 and \$10,075 at June 30, 2010 and 2009, respectively.

The net realized and unrealized gains (losses) on the Plan's investments (including investments bought, sold, and held during the year) consisted of the following for the years ended June 30:

	<u>2010</u>	<u>2009</u>
Common/collective trust funds	\$ 115,090	\$ (141,659)
Mutual funds	<u>85,565</u>	<u>(170,323)</u>
Total	<u>\$ 200,655</u>	<u>\$ (311,982)</u>

Interest and dividends amounted to \$10,017 and \$13,183 for the years ended June 30, 2010 and 2009, respectively.

The financial information in the supplemental schedules has been derived from information certified by Northern Trust.

See Independent Auditors' Report

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan utilizes fair value measurements to record fair value adjustments to its investments and to determine fair value disclosures. Common/collective trust funds and mutual funds are recorded at fair value on a recurring basis. There were no other assets or liabilities measured at fair value at June 30, 2010 or 2009.

The Plan classifies its investments at fair value in three levels based on the markets in which the investments are traded and the reliability of the assumptions used to determine fair value. Level 1 refers to securities valued using quoted prices in active markets for identical assets. Level 2 refers to securities not traded in an active market but for which observable market inputs are readily available. Level 3 refers to securities valued based on significant unobservable inputs.

The Plan has classified its investments as follows:

Level 1 Fair Value Measurements: The fair value of mutual funds is based on the quoted net asset values of shares held by the Plan at year-end.

Level 2 Fair Value Measurements: Common/collective trust funds are investment vehicles valued using the unit values provided by the administrators of the funds. The unit values are based on the fair value of the underlying assets owned by the funds, minus their liabilities, divided by the number of units outstanding.

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The tables below present, by level within the fair value hierarchy, the recorded amount of the Plan's investments measured at fair value on a recurring basis.

June 30, 2010				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/collective trust funds	\$ 776,227	\$ -	\$ 776,227	\$ -
Mutual funds	<u>575,641</u>	<u>575,641</u>	<u>-</u>	<u>-</u>
Total Investments at Fair Value	<u>\$1,351,868</u>	<u>\$ 575,641</u>	<u>\$ 776,227</u>	<u>\$ -</u>

June 30, 2009				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/collective trust funds	\$ 715,968	\$ -	\$ 715,968	\$ -
Mutual funds	<u>495,174</u>	<u>495,174</u>	<u>-</u>	<u>-</u>
Total Investments at Fair Value	<u>\$1,211,142</u>	<u>\$ 495,174</u>	<u>\$ 715,968</u>	<u>\$ -</u>

See Independent Auditors' Report

SUPPLEMENTAL SCHEDULES

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
EMPLOYER IDENTIFICATION NO. 23-0760745
PLAN NO. 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment (Shares/Units)	Cost	Fair Value
*	The Northern Trust Company NTGI-QM Collective Daily Extended Equity Market Index Fund-Lending	869 units	\$ 170,215	\$ 206,371
*	The Northern Trust Company NTGI-QM Collective Daily S&P 500 Equity Index Fund	86 units	214,860	257,595
*	The Northern Trust Company NTGI-QM Collective Daily Aggregate Bond Index Fund-Lending	734 units	265,340	312,261
*	Northern Funds Large Cap Value Fund	15,787 shares	161,099	128,982
*	Northern Institutional Funds Focused Growth Portfolio Fund	11,990 shares	135,306	128,773
	DFA Investment Trust Company DFA Investment Dimensions Group, Inc. U.S. Micro Cap Portfolio Fund	29,876 shares	313,921	317,886
	Total Investments		<u>\$1,260,741</u>	<u>\$1,351,868</u>
*	Party-in-interest investments.			

KEYSTONE-SENECA WIRE CLOTH COMPANY PENSION PLAN
FOR HOURLY EMPLOYEES AT BROOKHAVEN, MISSISSIPPI PLANT
EMPLOYER IDENTIFICATION NO. 23-0760745

PLAN NO. 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED JUNE 30, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Fair Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
The Northern Trust Company	NTGI-QM Collective Daily Extended Equity					
	Market Index Fund-Lending	\$	\$	\$	\$	
	Purchases	19,679	-	19,679	19,679	-
	Sales	-	53,404	43,078	53,404	10,326
The Northern Trust Company	NTGI-QM Collective Daily Aggregate Bond					
	Index Fund-Lending					
	Purchases	56,519	-	56,519	56,519	-
	Sales	-	62,341	53,674	62,341	8,667

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for Hourly Employees at Brookhaven, Mississippi Plant

EIN: 23-0760745

PN: 002

Effective Interest Rate 7.55%

Interest Rate for Late Quarterlies 12.55%

Plan Year: July 1, 2009 to June 30, 2010

Current Valuation Date

7/1/2010

Next Valuation Date

7/1/2011

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Plan Year Beginning	Days Late	Days to Discount to 7/1/2009	Late Discount	Remaining Discount	Discounted Value	Days to Discount to 7/1/2010	Discount Factor	Discounted Value	Undiscounted Value
1	19c	\$ 16,962	10/14/2009	10/15/2009	7/1/2009	0	105	1.000000	0.979279	\$ 16,611	N/A	N/A	N/A	N/A
1	19c	16,962	1/14/2010	1/15/2010	7/1/2009	0	197	1.000000	0.961477	16,309	N/A	N/A	N/A	N/A
1	19c	16,962	4/15/2010	4/15/2010	7/1/2009	0	288	1.000000	0.944187	16,015	N/A	N/A	N/A	N/A
1	19c	16,962	7/14/2010	7/15/2010	7/1/2009	0	378	1.000000	0.927393	15,730	13	0.997411	\$ 16,918	\$ 16,962
2	19c	34,423	3/15/2011	3/15/2011	7/1/2009	0	622	1.000000	0.883349	30,408	257	0.950042	\$ 32,703	\$ 34,423

Total	\$ 102,271	\$ 95,073	\$ 49,621	\$ 51,385
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Classification	Description	Schedule SB Line
1	Quarterly contribution	19c
2	Other contributions for minimum funding	19c
3	Contributions to avoid benefit restrictions (not included in prefunding balance)	19b
4	Contributions to meet funding deficiency (minimum funding requirements from prior years)	19a
5	Contributions necessary to meet liquidity requirements	19c

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for Hourly Employees at Brookhaven, Mississippi Plant
EIN: 23-0760745

Plan Year: July 1, 2009 to June 30, 2010
PN: 002

(a)	(b)	(c)	
Retirement Age	Retirement Rate	Survival Rate	(a) x (b) x (c)
65	1.0000	1.0000	65.0000
AVERAGE RETIREMENT AGE			65

Schedule SB, Line 32 - Schedule of Amortization Bases

**Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for
Hourly Employees at Brookhaven, Mississippi Plant**

Plan Year: July 1, 2009 to June 30, 2010

EIN: 23-0760745

PN: 002

SHORTFALL AMORTIZATION CHARGE

<u>Date Base Established</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Shortfall Amortization Installment</u>	<u>Years Remaining</u>	<u>Present Value of Remaining Installments 7/1/2009</u>
7/1/2008	\$ 406,249	Shortfall	\$ 67,847	6	\$ 352,711
7/1/2009	22,060	Shortfall	<u>3,766</u>	7	<u>22,060</u>
Total			\$ 71,613		\$ 374,771

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

**Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for
Hourly Employees at Brookhaven, Mississippi Plant
EIN: 23-0760745**

Plan Year: July 1, 2009 to June 30, 2010

PN: 002

ACTUARIAL METHODS

	<u>PPA Funding</u>	<u>Suggested Maximum Contribution</u>	<u>FAS #35</u>
ACTUARIAL COST METHOD	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)
ASSET VALUATION METHOD	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

The funding target is equal to the sum of the individual accrued liabilities for all participants. The individual's accrued liability is the present value of the benefit accrued in prior plan years. The target normal cost is the present value of benefits accruing in the plan year. Experience gains and losses are included in the calculation of the funding target and are amortized as part of the shortfall amortization.

Actuarial Value of Assets

For 2008 - The Actuarial Value of Assets is a 24-month average determined in accordance with Proposed Regulations issued on December 28, 2007. Actuarial Value of Assets must fall within 90% to 110% of market value.

For 2009 - The Actuarial Value of Assets is a 24-month average determined in accordance with Notice 2009-22. Actuarial Value of Assets must fall within 90% to 110% of market value.

Assumed rate of return is the lesser of 7.00% or the segment rate specified in Notice 2009-22.

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods

**Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for
Hourly Employees at Brookhaven, Mississippi Plant
EIN: 23-0760745**

Plan Year: July 1, 2009 to June 30, 2010

PN: 002

ACTUARIAL ASSUMPTIONS

FAS #35, PPA Funding,
and Maximum

Segmented Interest Rates

Full Yield Curve

See IRS Notice 2009-39

Applicable Month

March

Current Liability Interest Rate (prior law)

6.47%

Effective Interest Rate

7.55%

Future Salary Increases

None

Mortality

2009 Applicable Table (combined)

Disability

50% UAW

Termination

*

Retirement Age

Age 65

Percent Married

80%

Age Difference in Participant & Spouse

Males two years older than females

Administrative Expense

Anticipated Administrative Expenses

* First 5 Years of Employment

<u>Year</u>	<u>Annual Percentage</u>
-------------	--------------------------

1	20%
---	-----

2	15%
---	-----

3	12%
---	-----

4	10%
---	-----

5	8%
---	----

Sarason T-2 after 5 years of employment

Schedule SB, Part V - Summary of Plan Provisions

**Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for
Hourly Employees at Brookhaven, Mississippi Plant
EIN: 23-0760745**

Plan Year: July 1, 2009 to June 30, 2010

PN: 002

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	January 1, 1967
PARTICIPATION	Completion of 1,000 hours of service per year. Entry occurs on date of hire if employee completes 1,000 hours in the year beginning on employee's date of hire or on the July 1 of the first plan year during which employee works 1,000 hours.
ELIGIBILITY FOR BENEFITS:	
Normal Retirement	Age 65 and 5 years of participation
Early Retirement	Age 55 and 10 years of service
Late Retirement	Subject to continued employment after normal retirement (but only with the employer's approval after age 70)
Disability	15 years of service and has become disabled as determined for purposes of the Federal Social Security Act
Termination	5 years of service
Death	5 years of service

AMOUNT OF BENEFITS:

Normal Retirement Benefit	The standard retirement benefit is a monthly pension payable for life equal to \$14.00 multiplied by credited service
---------------------------	---

Note that all benefit accruals are frozen on December 31, 2003.

The normal form of retirement benefit for married participants shall be an actuarially equivalent reduced monthly pension which provides for a 50% continuation of monthly payments to a surviving spouse. However, a participant may elect to receive the standard retirement benefit or various optional benefits in lieu of this form of annuity.

Schedule SB, Part V - Summary of Plan Provisions

**Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for
Hourly Employees at Brookhaven, Mississippi Plant
EIN: 23-0760745**

Plan Year: July 1, 2009 to June 30, 2010

PN: 002

SUMMARY OF PLAN PROVISIONS

AMOUNT OF BENEFITS:

Early Retirement Benefit

This benefit is the accrued retirement benefit determined as of the early retirement date and payable commencing at normal retirement date. However, a participant may elect to have the benefit commence prior to normal retirement date in a reduced monthly amount.

Late Retirement Benefit

An individual shall be entitled to receive greater of 1) his normal retirement benefit based upon his service at his late retirement date or 2) the actuarial equivalent of the Standard Retirement Benefit otherwise payable had the participant retired on the Normal Retirement Date and payable commencing as of the Late Retirement Date.

Disability Retirement Benefit

The accrued retirement benefit as of the disability date payable immediately.

Termination Benefit

The accrued retirement benefit as of the termination date, multiplied by the vested percentage, shall be payable at normal retirement date. The vested percentage is based on the following table:

<u>Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 or more years	100%

Death Benefit

The death benefit payable to a participant's surviving spouse is the benefit that would be payable if the participant had retired or terminated the day before death with a joint and survivor option (with 50% continuing to the spouse) in effect.

Forms of Payment

Life Annuity and Joint and 50% or 100% Survivor Annuity

NOTE: If information given in this Summary disagrees or appears to disagree with the provisions of the plan legal document, the provisions of the document prevail.

Schedule SB, Line 25 - Change in Method

**Plan Name: Keystone-Seneca Wire Cloth Company Pension Plan for
Hourly Employees at Brookhaven, Mississippi Plant
EIN: 23-0760745**

**Plan Year: July 1, 2009 to June 30, 2010
PN: 002**

The asset valuation method has been changed from the 24-month average determined in accordance with Proposed Regulations issued on December 28, 2007 to the 24-month average determined in accordance with 2009-22.

The employer has elected to change the basis for selecting the interest rate from the segment rates for the month of July (without phase-in) to the March 2009 Yield Curve.

The IRS approval is automatically granted for these changes. The plan sponsor has also agreed to the changes as shown on Schedule R, line 8.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **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**

KEYSTONE-SENECA WIRE CLOTH CO. PENSION PLAN FOR BROOKHAVEN, MS

**B Three-digit
plan number (PN)**

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

KEYSTONE-SENECA WIRE CLOTH COMPANY

D Employer Identification Number (EIN)

23-0760745

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 7 Day 1 Year 2009**2 Assets:**

a Market value.....	2a	1,250,645
b Actuarial value.....	2b	1,375,035

3 Funding target/participant count breakdown

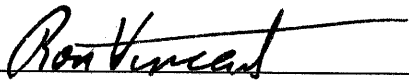
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	55	1,213,208
b For terminated vested participants.....	3b	75	515,183
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	130	1,728,391

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 7.55 %**6** Target normal cost..... **6** 18,700**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

RON VINCENT

Type or print name of actuary

McCready & Keene, Inc.

Firm name

P.O. BOX 50460

Indianapolis

IN 46250

Address of the firm

04/01/2011

Date

11-04510

Most recent enrollment number

(317) 849-4333

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	26,470	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	26,470	0
10 Interest on item 9 using prior year's actual return of <u>(19.10)</u> %	(5,055)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		6,984
b Interest on (a) using prior year's effective rate of <u>6.23</u> %		435
c Total available at beginning of current plan year to add to prefunding balance		7,419
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	21,415	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	78.31 %
15 Adjusted funding target attainment percentage.....	15	78.31 %
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	81.30 %
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
10/14/2009	16,962				
01/14/2010	16,962				
04/15/2010	16,962				
07/14/2010	16,962				
03/15/2011	34,423				
Totals ▶			18(b)	102,271	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 contribution from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 95,073

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	18,700
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	374,771	71,613
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	90,313
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	90,313
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	95,073
38 Interest-adjusted excess contributions for current year (see instructions)	38	4,760
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

The required attachment is included as part of the Accountant's Opinion

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