

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
---	--	--

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	<u>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>		1b Three-digit plan number (PN) ▶ <u>003</u>
			1c Effective date of plan <u>01/01/1956</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<u>SENECA WIRE & MANUFACTURING COMPANY</u> <u>319 S. VINE STREET</u> <u>FOSTORIA, OH 44830</u>		2b Employer Identification Number (EIN) <u>34-4351780</u>
			2c Sponsor's telephone number <u>419-435-9261</u>
			2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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")

BOARD OF ADMINISTRATION

319 S. VINE STREET
FOSTORIA, OH 44830**3b** Administrator's EIN

34-1190558

3c Administrator's telephone number

419-435-9261

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

201

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**

15

b Retired or separated participants receiving benefits.....**6b**

62

c Other retired or separated participants entitled to future benefits.....**6c**

105

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

182

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

19

f Total. Add lines **6d** and **6e**.....**6f**

201

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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

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
--	--	---

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>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SENECA WIRE & MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>34-4351780</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>4391311</u>	
b Actuarial value	2b <u>4830442</u>	
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>77</u>	<u>3506280</u>
b For terminated vested participants	3b <u>106</u>	<u>1713303</u>
c For active participants:		
(1) Non-vested benefits	3c(1)	<u>14667</u>
(2) Vested benefits	3c(2)	<u>675530</u>
(3) Total active	3c(3) <u>18</u>	<u>690197</u>
d Total	3d <u>201</u>	<u>5909780</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>30100</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>
<u>RON VINCENT</u>	Signature of actuary	Date
<u>MCCREADY & KEENE, INC.</u>	Type or print name of actuary	Most recent enrollment number
<u>P. O. BOX 50460</u> <u>INDIANAPOLIS, IN 46250</u>	Firm name	<u>317-849-4333</u>
	Address of the firm	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)	45785	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).....	45785	0
10	Interest on item 9 using prior year's actual return of <u>-20.05</u> %	-9179	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		25380
b	Interest on (a) using prior year's effective rate of <u>6.21</u> %		1576
c	Total available at beginning of current plan year to add to prefunding balance		26956
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).....	36606	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.11 %
15	Adjusted funding target attainment percentage.....	15	81.11 %
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	86.13 %
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	42264				
01/14/2010	42264				
04/15/2010	42264				
07/14/2010	42264				
03/15/2011	102301				
			Totals ►	18(b)	271357
				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
		251491
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: %	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	30100
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1115944	209529
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	239629
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	239629
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	251491
38 Interest-adjusted excess contributions for current year (see instructions).....	38	11862
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 THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SENECA WIRE & MANUFACTURING COMPANY	D Employer Identification Number (EIN) 34-4351780

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

(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)

THE NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-1561860

(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?
19 21 27 28 49 50 52 68 72 99	NONE	41684	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 46250-0460

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	16137	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 THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SENECA WIRE & MANUFACTURING COMPANY				D Employer Identification Number (EIN) 34-4351780	
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 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) 709060		
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) 859682		
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) 568064		
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

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SENECA WIRE & MANUFACTURING COMPANY	D Employer Identification Number (EIN) 34-4351780	

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	31565	32266
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	73270	144565
(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)	2010196	2136806
(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)	2277799	2692583
(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	4392830	5006220

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	4392830	5006220
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	271357	
(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)		271357

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13332	
(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)		13332

(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)	18741	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		18741

(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)		320200
(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)		443012
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1066642

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	389181	
(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)		389181
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)	22387	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	41684	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		64071
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		453252

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		613390
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>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENECA WIRE & MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>34-4351780</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>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>2</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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): _____

**THE SENECA WIRE & MANUFACTURING
COMPANY - UAW RETIREMENT
INCOME PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED
JUNE 30, 2010 AND 2009**

See Independent Auditors' Report

TABLE OF CONTENTS

	<u>Page No.</u>
INDEPENDENT AUDITORS' REPORT.....	1
FINANCIAL STATEMENTS	
Statements of Assets Available for Benefits	2
Statements of Changes in Assets Available for Benefits.....	3
Notes to Financial Statements	4
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	12
Schedule H, Line 4j - Schedule of Reportable Transactions	13

SPILMAN,
HILLS &
HEIDEBRINK, Ltd.

CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

Plan Administrator
The Seneca Wire & Manufacturing Company -
UAW Retirement Income Plan
Fostoria, Ohio

We were engaged to audit the financial statements and supplemental schedules of The Seneca Wire & Manufacturing Company - UAW Retirement Income Plan (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

THE SENECA WIRE & MANUFACTURING COMPANY -
 UAW RETIREMENT INCOME PLAN
 STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
 JUNE 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Noninterest-bearing Cash (Note 4)	\$ 32,266	\$ 31,565
Investments, at Fair Value (Note 4)		
Common/collective trust funds	2,136,806	2,010,197
Mutual funds	<u>2,692,583</u>	<u>2,277,798</u>
Total Investments	4,829,389	4,287,995
Employer Contributions Receivable	<u>144,565</u>	<u>73,270</u>
Assets Available for Benefits	<u>\$ 5,006,220</u>	<u>\$ 4,392,830</u>

*See Independent Auditors' Report
 and Accompanying Notes*

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
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)	\$ 763,212	\$ (1,176,610)
Interest and dividends	<u>32,073</u>	<u>58,688</u>
Total Investment Income (Loss)	795,285	(1,117,922)
Employer Contributions	<u>271,357</u>	<u>203,993</u>
Total Investment Income (Loss) and Employer Contributions	1,066,642	(913,929)
Deductions from Assets Attributed to		
Benefit payments	389,181	407,657
Administrative expenses	<u>64,071</u>	<u>30,033</u>
Total Deductions	<u>453,252</u>	<u>437,690</u>
Change in Assets Available for Benefits	613,390	(1,351,619)
Assets Available for Benefits at Beginning of Year	<u>4,392,830</u>	<u>5,744,449</u>
Assets Available for Benefits at End of Year	<u>\$ 5,006,220</u>	<u>\$ 4,392,830</u>

*See Independent Auditors' Report
and Accompanying Notes*

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of The Seneca Wire & Manufacturing Company - UAW Retirement Income Plan (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 purpose of providing substantially all employees who are members of Local 775 of the UAW at The Seneca Wire & Manufacturing Company (the Company) Fostoria Plant with supplemental income upon retirement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The participants of the Plan are subject to a collective bargaining agreement which expired in July 2005. In December 2005, the Company implemented final working terms and conditions. As of the date of this report, there was no new signed agreement in place.

Effective January 31, 2006, 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), which are equal to specified normal rates multiplied by total years of credited service (maximum years of credited service of 40, 35, and 30 years for participants retiring before July 2, 2001, June 26, 1994, and July 1, 1981, respectively). The normal form of benefit is a qualified joint and survivor annuity (immediate life annuity for unmarried participants). Participants may also elect to receive their pension benefits in the form of a straight-life annuity, a 50% or 75% surviving spouse option, or a life annuity option with a 10-year minimum. If the present value of the participant's vested accrued benefit is not greater than \$5,000, the participant will receive a distribution of the benefit in a lump sum.

Participants are eligible for early retirement upon attaining age 60 with 10 years of credited service. Early retirement benefits are equal to the accrued normal retirement benefit reduced for retirement prior to age 65.

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Death Benefit - If an active participant passes away at age 60 or older, a death benefit in the form of a 50% surviving spouse life annuity is paid to the participant's spouse in lieu of the benefits noted above. In the event of the death of a retired participant receiving pension or disability benefits, the Plan pays a lump-sum payment of \$5,000 to the designated beneficiary of the deceased retired participant.

Disability Benefits - If an active participant with 10 or more years of credited service becomes totally and permanently disabled after the age of 48 and prior to attaining age 65, the participant will receive a disability pension of \$450 per month less any workers' compensation benefit payments to the participant for the disability or any payments to the participant from an insurance program to which the Company has contributed.

Plan Termination - The Company intends to continue the Plan as long as necessary to pay accumulated 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, employees 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 will 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 \$2,846,366 and \$2,677,640, respectively, in securities offered by parties related to Northern Trust.

See Independent Auditors' Report

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Party-in-Interest Transactions (Continued)

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 were 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.

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. See Note 5 for information regarding fair value of the Plan's investments.

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.

See Independent Auditors' Report

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Tax Status - The Plan has received a determination letter from the Internal Revenue Service (IRS), dated December 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.

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 administrator 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 estimates 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. Accumulated plan benefits 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, and (c) present employees or their beneficiaries.

See Independent Auditors' Report

THE SENECA WIRE & MANUFACTURING COMPANY -
 UAW RETIREMENT INCOME PLAN
 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 calculations 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	\$ 3,506,280
Other vested participants	<u>2,388,833</u>
Total Vested Benefits	5,895,113

Nonvested benefits	<u>14,667</u>
--------------------	---------------

Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 5,909,780</u>
---	---------------------

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

Actuarial Present Value of Accumulated Plan Benefits -

Beginning of Year	\$ 6,970,471
Increase (decrease) during the year attributable to:	
Change in assumptions	(967,913)
Actuarial gain	(117,987)
Interest due to the decrease in the discount period	432,866
Benefits paid	<u>(407,657)</u>
Net Decrease	<u>(1,060,691)</u>

Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 5,909,780</u>
---	---------------------

See Independent Auditors' Report

THE SENECA WIRE & MANUFACTURING COMPANY -
 UAW RETIREMENT INCOME PLAN
 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 assumptions are based on the presumption that the Plan will continue. Were the Plan were 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 the ERISA. Such information has not been audited by independent auditors.

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	\$ 568,064	\$ 536,748
NTGI-QM Collective Daily S&P 500 Equity Index Fund	709,060	666,887
NTGI-QM Collective Daily Aggregate Bond Index Fund-Lending	<u>859,682</u>	<u>806,562</u>
Total Common/Collective Trust Funds	<u>\$ 2,136,806</u>	<u>\$ 2,010,197</u>

See Independent Auditors' Report

THE SENECA WIRE & MANUFACTURING COMPANY -
 UAW RETIREMENT INCOME PLAN
 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: (Continued)

	<u>2010</u>	<u>2009</u>
Mutual Funds		
Northern Funds Large Cap Value Fund	\$ 355,068	\$ 333,948
Northern Institutional Funds Focused Growth Portfolio Fund	354,492	333,495
DFA Investment Dimensions Group, Inc., U.S. Micro Cap Portfolio Fund	<u>1,983,023</u>	<u>1,610,355</u>
Total Mutual Funds	<u>\$ 2,692,583</u>	<u>\$ 2,277,798</u>

Noninterest-bearing cash amounted to \$32,266 and \$31,565 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	\$ 320,200	\$ (775,268)
Mutual funds	<u>443,012</u>	<u>(401,342)</u>
Total	<u>\$ 763,212</u>	<u>\$(1,176,610)</u>

Interest and dividends amounted to \$32,073 and \$58,688 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.

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 and 2009.

See Independent Auditors' Report

THE SENECA WIRE & MANUFACTURING COMPANY -
 UAW RETIREMENT INCOME PLAN
 NOTES TO FINANCIAL STATEMENTS
 FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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 the 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.

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	\$ 2,136,806	\$ -	\$ 2,136,806	\$ -
Mutual funds	<u>2,692,583</u>	<u>2,692,583</u>	<u>-</u>	<u>-</u>
Total Investments at Fair Value	<u>\$ 4,829,389</u>	<u>\$ 2,692,583</u>	<u>\$ 2,136,806</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	\$ 2,010,197	\$ -	\$ 2,010,197	\$ -
Mutual funds	<u>2,277,798</u>	<u>2,277,798</u>	<u>-</u>	<u>-</u>
Total Investments at Fair Value	<u>\$ 4,287,995</u>	<u>\$ 2,277,798</u>	<u>\$ 2,010,197</u>	<u>\$ -</u>

See Independent Auditors' Report

SUPPLEMENTAL SCHEDULES

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
EMPLOYER IDENTIFICATION NO. 34-4351780
PLAN NO. 003
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	2,391 units	\$ 446,904	\$ 568,064
*	The Northern Trust Company NTGI-QM Collective Daily S&P 500 Equity Index Fund	236 units	555,618	709,060
*	The Northern Trust Company NTGI-QM Collective Daily Aggregate Bond Index Fund-Lending	2,021 units	728,076	859,682
*	Northern Funds Large Cap Value Fund	43,460 shares	444,125	355,068
*	Northern Institutional Funds Focused Growth Portfolio Fund	33,007 shares	367,745	354,492
	DFA Investment Trust Company DFA Investment Dimensions Group, Inc. U.S. Micro Cap Portfolio Fund	186,374 shares	<u>1,964,232</u>	<u>1,983,023</u>
	Total Investments		<u>\$4,506,700</u>	<u>\$4,829,389</u>
*	Party-in-interest investments			

THE SENECA WIRE & MANUFACTURING COMPANY -
UAW RETIREMENT INCOME PLAN
EMPLOYER IDENTIFICATION NO. 34-4351780

PLAN NO. 003

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	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 Aggregate Bond Index Fund-Lending	\$ 143,157	\$ -	\$ 143,157	\$ 143,157	\$ -		
	Purchases	-	175,304	150,725	175,304	24,579		
	Sales							

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Name: The Seneca Wire and Manufacturing Co. UAW Retirement Income Plan and Agreement

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

EIN: 34-4351780

PN: 003

Effective Interest Rate 7.55%

Current Valuation Date 7/1/2010

Interest Rate for Late Quarterlies 12.55%

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	\$ 42,264	10/14/2009	10/15/2009	7/1/2009	0	105	1.000000	0.979279	\$ 41,388	N/A	N/A	N/A	N/A
1	19c	42,264	1/14/2010	1/15/2010	7/1/2009	0	197	1.000000	0.961477	40,636	N/A	N/A	N/A	N/A
1	19c	42,264	4/15/2010	4/15/2010	7/1/2009	0	288	1.000000	0.944187	39,905	N/A	N/A	N/A	N/A
1	19c	42,264	7/14/2010	7/15/2010	7/1/2009	0	378	1.000000	0.927393	39,195	13	0.997411	\$ 42,155	\$ 42,264
2	19c	102,301	3/15/2011	3/15/2011	7/1/2009	0	622	1.000000	0.883349	90,368	257	0.950042	\$ 97,190	\$ 102,301

Total	\$ 271,357	\$ 251,492	\$ 139,345	\$ 144,565
-------	------------	------------	------------	------------

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: The Seneca Wire and Manufacturing Co. UAW
Retirement Income Plan and Agreement
EIN: 34-4351780**

**Plan Year: July 1, 2009 to June 30, 2010
PN: 003**

(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: The Seneca Wire and Manufacturing Co. UAW Retirement Plan Year: July 1, 2009 to June 30, 2010

Income Plan and Agreement

EIN: 34-4351780

PN: 003

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	\$ 1,012,261	Shortfall	\$ 169,057	6	\$ 878,864
7/1/2009	237,080	Shortfall	40,472	7	237,080
Total			\$ 209,529		\$ 1,115,944

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

Plan Name: The Seneca Wire and Manufacturing Co. UAW Retirement Plan Year: July 1, 2009 to June 30, 2010
Income Plan and Agreement
EIN: 34-4351780 PN: 003

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: The Seneca Wire and Manufacturing Co. UAW Retirement
Income Plan and Agreement
EIN: 34-4351780**

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

PN: 003

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

None Assumed

Termination

*

Retirement Age

Age 65

Percent Married

80%

Age Difference in Participant & Spouse

Males two years older than females

Administrative Expense

Anticipated Administrative Expenses

* Sarason T-2 Table after 5 Years

First 5 Years of Employment

<u>Year</u>	<u>Annual Rate</u>
1	20%
2	15%
3	12%
4	10%
5	8%

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: The Seneca Wire and Manufacturing Co. UAW Retirement Plan Year: July 1, 2009 to June 30, 2010

Income Plan and Agreement

EIN: 34-4351780

PN: 003

SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE

June 18, 1956

PARTICIPATION

Any person on the seniority list and in the bargaining unit described in the Collective Bargaining Agreement with the Employer.

ELIGIBILITY FOR BENEFITS:

Normal Retirement

Age 65 or 5 years of service

Early Retirement

Age 60 and 10 years of service

Late Retirement

Subject to continued employment after normal retirement (but not beyond age 70)

Disability

Age 50 and 10 years of service. Disability as determined for purposes of the Federal Social Security Act.

Termination

5 years of service

Death

5 years of service

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: The Seneca Wire and Manufacturing Co. UAW Retirement Plan Year: July 1, 2009 to June 30, 2010
Income Plan and Agreement
EIN: 34-4351780

PN: 003

SUMMARY OF PLAN PROVISIONS

AMOUNT OF BENEFITS:

Normal Retirement Benefit

The standard retirement is a monthly pension payable for life equal to the accrued benefit as of January 31, 2006. Benefits accrued to that date are based on the following formula:

\$20.50 multiplied by credited service for retirement on or after June 25, 2000 but before July 2, 2001.

\$21.50 multiplied by credited service for retirement on or after July 2, 2001 but before July 1, 2002.

\$22.50 multiplied by credited service for retirement on or after July 1, 2002 but before June 30, 2003.

\$23.00 multiplied by credited service for retirement on or after June 30, 2003 but before July 5, 2004.

\$23.50 multiplied by credited service for retirement on or after July 5, 2004 but before January 1, 2006.

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.

Early Retirement Benefit

The accrued retirement benefit as of the early retirement date shall be payable commencing at normal retirement. However, a participant may elect to have the benefit commence prior to normal retirement in a reduced monthly amount determined by applying a reduction of 0.6% for each month by which the commencement date precedes the normal retirement date.

Late Retirement Benefit

The standard retirement benefit as of the late retirement date but based on service as of the late retirement date.

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: The Seneca Wire and Manufacturing Co. UAW Retirement Plan Year: July 1, 2009 to June 30, 2010

Income Plan and Agreement

EIN: 34-4351780

PN: 003

SUMMARY OF PLAN PROVISIONS

AMOUNT OF BENEFITS:

Disability Retirement Benefit

A monthly benefit equal to \$450.00 per month less:

- (1) Workers's Compensation benefits payable to the employee.
- (2) Any benefit payable under any insurance program to which the company contributes.

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, plus a lump sum payment of \$5,000.

Forms of Payment

Life Annuity, Life Annuity with 10 Years Certain, Joint and 50%, 75%, 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 26--Schedule of Active Participant Data

Plan Name: The Seneca Wire and Manufacturing Company UAW Retirement Income Plan and Agreement

EIN: 34-4351780 Plan Number: 003

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF JULY 1,2009

Attained Age	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben	No. Avg. Accben
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	1	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	1	4	2	0
55 to 59	0	0	0	0	0	0	1	1	3	0
60 to 64	0	0	0	1	0	0	1	1	1	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

The plan is "hard frozen" and for any cell that has 20 or more participants, the average accrued benefit is also shown.

Schedule SB, Line 25 - Change in Method

Plan Name: The Seneca Wire and Manufacturing Co. UAW Retirement Plan Year: July 1, 2009 to June 30, 2010
Income Plan and Agreement
EIN: 34-4351780 PN: 003

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

THE SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN

B Three-digit
plan number (PN) ▶

003

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

SENECA WIRE & MANUFACTURING COMPANY

D Employer Identification Number (EIN)

34-4351780

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	4,391,311
b Actuarial value	2b	4,830,442

3 Funding target/participant count breakdown

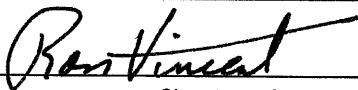
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	77	3,506,280
b For terminated vested participants	3b	106	1,713,303
c For active participants:			
(1) Non-vested benefits	3c(1)		14,667
(2) Vested benefits	3c(2)		675,530
(3) Total active	3c(3)	18	690,197
d Total	3d	201	5,909,780

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** 30,100**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)	45,785	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).....	45,785	0
10 Interest on item 9 using prior year's actual return of <u>(20.05)%</u>	(9,179)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		25,380
b Interest on (a) using prior year's effective rate of <u>6.21 %</u>		1,576
c Total available at beginning of current plan year to add to prefunding balance		26,956
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)	36,606	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	81.11 %
15 Adjusted funding target attainment percentage.....	15	81.11 %
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	86.13 %
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	42,264				
01/14/2010	42,264				
04/15/2010	42,264				
07/14/2010	42,264				
03/15/2011	102,301				
Totals ▶			18(b)	271,357	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	251,491

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	30,100
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,115,944	209,529
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	239,629
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	239,629
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	251,491
38 Interest-adjusted excess contributions for current year (see instructions)	38	11,862
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

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

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

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