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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2014</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                         |
| <b>1a</b> Name of plan<br><u>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u><br><b>1c</b> Effective date of plan<br><u>01/01/1956</u>                                                                                           |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>SENECA WIRE &amp; MANUFACTURING COMPANY</u><br><br><u>319 S. VINE STREET</u><br><u>FOSTORIA, OH 44830</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-4351780</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>419-435-9261</u><br><b>2d</b> Business code (see instructions)<br><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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 04/21/2016 | KEVIN SHUMAKER                                               |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 04/21/2016 | KEVIN SHUMAKER                                               |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                   |            | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>BOARD OF ADMINISTRATION<br><br>319 S. VINE STREET<br>FOSTORIA, OH 44830                                                                                                                                                                                                                                                          | <b>3b</b> Administrator's EIN<br>34-1190558                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3c</b> Administrator's telephone number<br>419-435-9261                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               | <b>6a(1)</b> 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   | <b>6b</b> 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ....                                                                                                                                                                                                                                                                                                                                                          | <b>6d</b> 88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            | <b>6e</b> 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                                                                                                                                                                              | <b>6f</b> 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                            | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 1I                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

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

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

|                                                                                                                          |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</div>                       | <div>B Three-digit plan number (PN) 003</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>SENECA WIRE &amp; MANUFACTURING COMPANY</div> | <div>D Employer Identification Number (EIN)<br/>34-4351780</div> |

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 07 Day 01 Year 2014                                                                                                                                              |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                          |                            |                           |                          |
| a Market value                                                                                                                                                                                     | 2a                         | 4829199                   |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 4999914                   |                          |
| 3 Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment                                                                                                                                     | 82                         | 3972423                   | 3972423                  |
| b For terminated vested participants                                                                                                                                                               | 13                         | 338326                    | 338326                   |
| c For active participants                                                                                                                                                                          | 11                         | 583404                    | 583404                   |
| d Total                                                                                                                                                                                            | 106                        | 4894153                   | 4894153                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5 Effective interest rate                                                                                                                                                                          | 5                          | 6.35%                     |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          | 49500                     |                          |

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.

|                      |                                                                                                                                                                                                                                               |                                                                                                                                                                              |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>Signature of actuary</div> <div>RON VINCENT</div> <div>Type or print name of actuary</div> <div>MCCREADY &amp; KEENE, INC.</div> <div>Firm name</div> <div>P.O. BOX 6094<br/>INDIANAPOLIS, IN 46206</div> <div>Address of the firm</div> | <div>04/07/2016</div> <div>Date</div> <div>14-04510</div> <div>Most recent enrollment number</div> <div>317-849-4333</div> <div>Telephone number (including area code)</div> |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ☐

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>4.97</u> % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 102.16 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.16 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 104.69 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

|                                                                                                                                                                                                               |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                                          |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                                          | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                                            | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                                       | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                                   |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |            |         |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                                               |            |         |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                                                    |            |         |
| (1) 1st                                                                                                                                                                                                       | (2) 2nd    | (3) 3rd |
|                                                                                                                                                                                                               |            |         |
|                                                                                                                                                                                                               |            |         |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 49500              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 49500              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

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

For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

|                                                                                                                 |                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</b>            | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SENECA WIRE &amp; MANUFACTURING COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-4351780</b> |

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

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

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

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |  |
|-------------------------------------------------------------------------------------------------------------------|--|

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

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

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

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

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

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

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

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

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**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)<br>Service<br>Code(s)           | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 19 21 27 28<br>49 50 52 68<br>72 99 | NONE                                                                                                          | 26659                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | 0                                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                      |

**(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)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 11 50                     | NONE                                                                                                          | 12337                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

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

REHMANN ROBSON LLC

5555 AIRPORT HWY STE 200  
TOLEDO, OH 43615

38-3635706

| (b)<br>Service<br>Code(s) | (c)<br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | (d)<br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | (e)<br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | (f)<br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | (g)<br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | (h)<br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|---------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 10 50                     | NONE                                                                                                          | 7200                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                              | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   |                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                 |

**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)

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

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

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

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

|                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                         |     |  |  |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|--|--|
| <b>A</b> Name of plan<br><u>THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►       </td> <td style="width: 20%; padding: 5px; text-align: center;">003</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | 003 |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                | 003                                                                                                                                                                                                                                                                                                         |                                         |     |  |  |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                         |     |  |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SENECA WIRE &amp; MANUFACTURING COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-4351780</u>                                                                                                                                                                                                                                          |                                         |     |  |  |

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

|                                                                                           |                               |                                                                                                                    |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTCC COLLECTIVE LARGE CAP NL FUND</u>   |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-6275604-170</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTCC COLLECTIVE INTL EQUITY NL FUND</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-6275604-192</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114872</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTCC COLLECTIVE SMALL CAP NL FUND</u>   |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>06-6275604-201</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53982</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&amp;P500 INDEX FUND</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>45-6138589-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>352691</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE AGGREGATE BOND INDEX</u>  |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>45-6138589-029</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1163367</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE ACWI EX-US FUND</u>       |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>45-6138589-039</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>90270</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE EMERGING MKTS INDEX F</u> |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>45-6138589-040</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28754</u>   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GLOBAL REAL ESTATE IN

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

|                                |                        |                                                                                                           |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-6138589-082 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61927 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INV FUND

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-6138589-084 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134011 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE 1-5 YR CREDIT BD INDE

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-6138589-123 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1322305 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2014 or fiscal plan year beginning <span style="color: blue;">07/01/2014</span> and ending <span style="color: blue;">06/30/2015</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">THE SENECA WIRE AND MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</span>                                | <b>B</b> Three-digit plan number (PN) ►                                                       | <span style="color: blue;">003</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">SENECA WIRE &amp; MANUFACTURING COMPANY</span>                     | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">34-4351780</span> |                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                              |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b>                    |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>                    | <span style="color: blue;">0</span>       |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>                 | <span style="color: blue;">0</span>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>                 | <span style="color: blue;">1823</span>    |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b>              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                        | <b>1c(3)(B)</b>              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b>              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b>              |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>                 |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>                 | <span style="color: blue;">3631463</span> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>                |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>                |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>                |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>                | <span style="color: blue;">1195769</span> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>                |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>                | <span style="color: blue;">1076909</span> |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4829055               | 4399113         |

**Liabilities**

|                                                                           |           |      |   |
|---------------------------------------------------------------------------|-----------|------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | -145 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | -145 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4829200 | 4399113 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 29212      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 29212     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 67163     |
| (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) |            | -88105    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 8270      |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 392161 |        |
| (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) |        | 392161 |
| 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) | 33859  |        |
| (2) Contract administrator fees.....                                                | 2i(2) | 12337  |        |
| (3) Investment advisory and management fees.....                                    | 2i(3) |        |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 46196  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 438357 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -430087 |
| 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: REHMANN ROBSON LLC

(2) EIN: 38-3635706

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

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

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |         |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

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

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

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

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

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>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<br>SENECA WIRE & MANUFACTURING COMPANY                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>34-4351780                                            |
| 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 0                                                                                             |
| 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):<br><br>EIN(s): 36-1561860                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 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 0                                                                                             |
| 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)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                             | Amendments                                                                                                                                                                                                                                                                                      |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2014 v. 140124                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

The Seneca Wire & Manufacturing  
Company - UAW Retirement  
Income Plan

Years Ended  
June 30,  
2015 and 2014

Financial  
Statements  
and  
Supplementary  
Information

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

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**INDEPENDENT AUDITORS' REPORT**

April 15, 2016

Plan Administrator  
The Seneca Wire & Manufacturing Company -  
UAW Retirement Income Plan  
Fostoria, Ohio**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of *The Seneca Wire & Manufacturing Company - UAW Retirement Income Plan* (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

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

***Independent Auditors' Responsibility***

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

***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 information summarized in Note 3, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 certifications from the trustee as of and for the years ended June 30, 2015 and 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Supplemental Schedules***

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

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

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

*Lehmann Lohman LLC*

**THE SENECA WIRE & MANUFACTURING COMPANY -  
UAW RETIREMENT INCOME PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| ASSETS                                                           | June 30             |                     |
|------------------------------------------------------------------|---------------------|---------------------|
|                                                                  | 2015                | 2014                |
| <b>Investments at fair value</b>                                 |                     |                     |
| Collective trust funds                                           | \$ 3,322,179        | \$ 3,631,463        |
| Mutual funds                                                     | 503,372             | 631,552             |
| Exchange traded funds                                            | 573,537             | 564,217             |
| <b>Total investments at fair value</b>                           | <b>4,399,088</b>    | <b>4,827,232</b>    |
| <b>Other assets</b>                                              |                     |                     |
| Accrued interest                                                 | 25                  | 1,823               |
| Other receivable                                                 | -                   | 145                 |
| <b>Total assets (equal to net assets available for benefits)</b> | <b>\$ 4,399,113</b> | <b>\$ 4,829,200</b> |

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

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

|                                                              | Year Ended June 30  |                     |
|--------------------------------------------------------------|---------------------|---------------------|
|                                                              | 2015                | 2014                |
| <b>Additions to net assets attributed to</b>                 |                     |                     |
| Net (depreciation) appreciation in fair value of investments | \$ (20,942)         | \$ 205,914          |
| Interest and dividends                                       | 29,212              | 32,447              |
| <b>Total additions</b>                                       | <b>8,270</b>        | <b>238,361</b>      |
| <b>Deductions from net assets attributed to</b>              |                     |                     |
| Benefits paid to participants                                | 392,161             | 399,670             |
| Administrative expenses                                      | 46,196              | 49,436              |
| <b>Total deductions</b>                                      | <b>438,357</b>      | <b>449,106</b>      |
| <b>Net decrease</b>                                          | <b>(430,087)</b>    | <b>(210,745)</b>    |
| <b>Net assets available for benefits</b>                     |                     |                     |
| Beginning of year                                            | 4,829,200           | 5,039,945           |
| <b>End of year</b>                                           | <b>\$ 4,399,113</b> | <b>\$ 4,829,200</b> |

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

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

### 1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief description of *The Seneca Wire & Manufacturing Company - UAW Retirement Income Plan* (the "Plan") is provided for general information purposes only. Additional information about the Plan agreement, vesting and benefit provisions, and the Pension Benefit Guarantee Corporation's ("PBGC") benefit guarantee is contained in the Plan agreement.

#### Description of the Plan

##### *General*

The Plan is a defined benefit plan that was established for the purpose of providing substantially all employees who were members of Local 775 of the UAW at *The Seneca Wire & Manufacturing Company* (the "Company") Fostoria Plant with supplemental income upon retirement. The participants of the Plan were subject to a collective bargaining agreement which expired in December 2015 at which time manufacturing was discontinued at the Fostoria plant. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 31, 2006, the Board of Directors of the Company froze participation and further accrual of benefits under the Plan.

##### *Funding Policy*

The Company makes 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 Plan has met the minimum funding requirements prescribed by ERISA.

##### *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

### *Death and Disability Benefits*

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 pension 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.

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 and any payments to the participant from an insurance program to which the Company has contributed.

### *Vesting*

A participant becomes fully vested after five years of service.

### *Administrative Expenses*

Certain of the Plan's administrative expenses, including salaries related to administration of the Plan and legal fees, are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fees for trustee, investment advisory, actuarial and auditing services are paid by the Plan.

## **Summary of Significant Accounting Policies**

### *Basis of Accounting*

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

### *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## ■ NOTES TO FINANCIAL STATEMENTS

### *Investment Valuation and Income Recognition*

Investments are reported 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. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for a discussion of fair value measurements.

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

Management fees and operating expenses charged to the Plan for investments in collective trust funds, mutual funds and exchange traded funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a reduction of net appreciation or an addition to net depreciation in the fair value of such investments.

### *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 date that the accrual of benefits under the Plan was frozen. Accumulated plan benefits include benefits expected to be paid to (a) retired, disabled or terminated vested participants, (b) beneficiaries of vested participants who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by McCready and Keene, Inc., the Plan's independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 30, 2015 are as follows:

|                                 |                                                                                                            |
|---------------------------------|------------------------------------------------------------------------------------------------------------|
| Actuarial cost method           | Accrued benefit (unit credit)                                                                              |
| Discount rate                   | 2015 three segment yield curve as required by the Pension Protection Act of 2006 (4.72%, 6.11%, and 6.81%) |
| Life expectancy of participants | 2015 Combined Mortality Table in 2015                                                                      |
| Retirement age assumptions      | Normal retirement assumed to occur at age 65                                                               |

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

The actuarial assumptions are the same in 2015 as in the prior year, except that the 2015 Combined Mortality Table was used for participants' rates of mortality versus the 2014 Combined Mortality Table and the discount rate assumption has been changed to use the 2015 three segment yield curve applicable for the June 30, 2015 valuation versus the 2014 three segment yield curve applicable for the June 30, 2014 valuation.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

### *Contributions*

Contributions are recorded in the period in which they become the obligations of the Company.

### *Payment of Benefits*

Benefit payments to participants are recorded when paid.

### *Subsequent Events*

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to June 30, 2015, the most recent statement of net assets available for benefits presented herein, through April 15, 2016, the date these financial statements were available to be issued. No such significant events or transactions were identified, with the exception of the matter discussed above.

## 2. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The calculation of the estimated present value of accumulated plan benefits attributable to participants in the Plan is as follows as of June 30:

|                                                                   | 2015                       | 2014                       |
|-------------------------------------------------------------------|----------------------------|----------------------------|
| <b>Actuarial present value of accumulated plan benefits</b>       |                            |                            |
| Participants currently receiving payments                         | \$ 4,933,820               | \$ 4,760,633               |
| Other participants                                                | <u>1,229,080</u>           | <u>1,240,410</u>           |
| <b>Total actuarial present value of accumulated plan benefits</b> | <b><u>\$ 6,162,900</u></b> | <b><u>\$ 6,001,043</u></b> |

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

The changes in the actuarial present value of accumulated Plan benefits are as follows for the year ended June 30, 2015:

|                                                             |                            |
|-------------------------------------------------------------|----------------------------|
| <b>Increase (decrease) during the year attributable to</b>  |                            |
| Decrease in the discount period                             | \$ 248,443                 |
| Change in actuarial assumptions                             | 353,545                    |
| Benefits paid                                               | (392,016)                  |
| Actuarial gains                                             | <u>(48,115)</u>            |
| <b>Net increase</b>                                         | <b>161,857</b>             |
| <b>Actuarial present value of accumulated plan benefits</b> |                            |
| Beginning of year                                           | <u>6,001,043</u>           |
| <b>End of year</b>                                          | <b><u>\$ 6,162,900</u></b> |

### 3. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Northern Trust Company ("Northern"), the Plan trustee, has certified the completeness and accuracy of all investment information reflected in (1) the accompanying statements of net assets available for benefits as of June 30, 2015 and 2014, (2) the June 30, 2015, supplemental schedules of assets (held at end of year) and reportable transactions for the year then ended, (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2015 and 2014, and (4) information summarized below. The trustee has also certified the completeness and accuracy of the accrued interest as of June 30, 2015 and 2014.

Investments representing 5% or more of the Plan's net assets available for benefits are as follows at June 30:

|                                                                                              | 2015                       | 2014                       |
|----------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Collective trust funds                                                                       |                            |                            |
| NT Collective S&P 500 Index Fund - Non-lending                                               | \$ 352,691                 | \$ *                       |
| NT Collective Aggregate Bond Index Fund - Non-lending                                        | 1,163,367                  | 1,212,964                  |
| NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending                       | 1,322,305                  | 1,394,513                  |
| Mutual funds                                                                                 |                            |                            |
| Northern Multi Manager High Yield Opportunity Fund                                           | 370,826                    | *                          |
| PIMCO High Yield Fund Institutional Class                                                    | -                          | 386,558                    |
| Exchange traded fund                                                                         |                            |                            |
| FlexShares iBoxx 3 Year Target Duration TIPS Index Fund                                      | 453,574                    | 481,795                    |
| Other investments, individually less than 5% of the Plan's net assets available for benefits | <u>736,325</u>             | <u>1,351,402</u>           |
| <b>Total</b>                                                                                 | <b><u>\$ 4,399,088</u></b> | <b><u>\$ 4,827,232</u></b> |

\*Investment did not represent more than 5% of the Plan's net assets available for benefits at end of year.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

The Plan's investments (including gains and losses on investments bought, sold, as well as held during the year) (depreciated) appreciated in fair value as follows for the years ended June 30:

|                                                                         | 2015                      | 2014                     |
|-------------------------------------------------------------------------|---------------------------|--------------------------|
| Collective trust funds                                                  | \$ 67,163                 | \$ 136,874               |
| Mutual funds                                                            | (52,918)                  | 55,433                   |
| Exchange traded funds                                                   | <u>(35,187)</u>           | <u>13,607</u>            |
| <b>Net (depreciation) appreciation in fair value<br/>of investments</b> | <b><u>\$ (20,942)</u></b> | <b><u>\$ 205,914</u></b> |

### 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodologies used at June 30, 2015 and 2014.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

*Collective trust funds:* These investments are valued using the net asset value ("NAV") of units held by the Plan at year end. The NAV, as provided by the sponsor of the fund, is used as a practical expedient to estimate fair value, and these investments are classified as Level 2. The NAV is based on the fair value of the underlying net assets owned by the fund, divided by the number of units outstanding.

*Mutual funds:* Shares held in mutual funds are valued at quoted market prices that represent NAV of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of the underlying assets owned by the fund, less its liabilities then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Exchange traded funds:* Fair value is based upon closing prices reported on the active market in which the individual securities are traded and are classified as Level 1.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30:

| 2015                                    | Level 1             | Level 2             | Level 3     | Total               |
|-----------------------------------------|---------------------|---------------------|-------------|---------------------|
| <b>Collective trust funds</b>           |                     |                     |             |                     |
| Emerging markets                        | \$ -                | \$ 28,754           | \$ -        | \$ 28,754           |
| Fixed income                            | -                   | 2,485,672           | -           | 2,485,672           |
| International                           | -                   | 205,142             | -           | 205,142             |
| Large                                   | -                   | 352,691             | -           | 352,691             |
| Real estate                             | -                   | 61,927              | -           | 61,927              |
| Small                                   | -                   | 53,982              | -           | 53,982              |
| Short-term fixed income                 | -                   | 134,011             | -           | 134,011             |
| <b>Total collective trust funds</b>     | -                   | 3,322,179           | -           | 3,322,179           |
| <b>Mutual funds</b>                     |                     |                     |             |                     |
| Emerging markets                        | 68,015              | -                   | -           | 68,015              |
| Fixed income                            | 370,826             | -                   | -           | 370,826             |
| International                           | 64,531              | -                   | -           | 64,531              |
| <b>Total mutual funds</b>               | 503,372             | -                   | -           | 503,372             |
| <b>Exchange traded funds</b>            |                     |                     |             |                     |
| Fixed income                            | 453,574             | -                   | -           | 453,574             |
| Natural resources                       | 119,963             | -                   | -           | 119,963             |
| <b>Total exchange traded funds</b>      | 573,537             | -                   | -           | 573,537             |
| <b>Total investments, at fair value</b> | <b>\$ 1,076,909</b> | <b>\$ 3,322,179</b> | <b>\$ -</b> | <b>\$ 4,399,088</b> |

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

| 2014                             | Level 1             | Level 2             | Level 3     | Total               |
|----------------------------------|---------------------|---------------------|-------------|---------------------|
| Collective trust funds           |                     |                     |             |                     |
| Emerging markets                 | \$ -                | \$ 40,763           | \$ -        | \$ 40,763           |
| Fixed income                     | -                   | 2,607,477           | -           | 2,607,477           |
| International                    | -                   | 243,990             | -           | 243,990             |
| Large                            | -                   | 431,828             | -           | 431,828             |
| Real estate                      | -                   | 84,284              | -           | 84,284              |
| Small                            | -                   | 52,396              | -           | 52,396              |
| Short-term fixed income          | -                   | 170,725             | -           | 170,725             |
| Total collective trust funds     | -                   | 3,631,463           | -           | 3,631,463           |
| Mutual fund                      |                     |                     |             |                     |
| Commodities                      | 82,794              | -                   | -           | 82,794              |
| Emerging markets                 | 73,675              | -                   | -           | 73,675              |
| Fixed income                     | 386,558             | -                   | -           | 386,558             |
| International                    | 88,525              | -                   | -           | 88,525              |
| Total mutual funds               | 631,552             | -                   | -           | 631,552             |
| Exchange traded funds            |                     |                     |             |                     |
| Fixed income                     | 481,795             | -                   | -           | 481,795             |
| Natural resources                | 82,422              | -                   | -           | 82,422              |
| Total exchange traded funds      | 564,217             | -                   | -           | 564,217             |
| Total investments, at fair value | <u>\$ 1,195,769</u> | <u>\$ 3,631,463</u> | <u>\$ -</u> | <u>\$ 4,827,232</u> |

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of June 30:

| Investment Type         | Fair Value |           | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|-------------------------|------------|-----------|----------------------|----------------------|--------------------------|
|                         | 2015       | 2014      |                      |                      |                          |
| Collective trust funds  |            |           |                      |                      |                          |
| Emerging markets        | \$ 28,754  | \$ 40,763 | \$ -                 | Daily                | Daily                    |
| Fixed income            | 2,485,674  | 2,607,477 | -                    | Daily                | Daily                    |
| International           | 205,142    | 243,990   | -                    | Daily                | Daily                    |
| Large                   | 352,691    | 431,828   | -                    | Daily                | Daily                    |
| Real estate             | 61,927     | 84,284    | -                    | Daily                | Daily                    |
| Small                   | 53,982     | 52,396    | -                    | Daily                | Daily                    |
| Short-term fixed income | 134,011    | 170,725   | -                    | Daily                | Daily                    |

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

The following is a description of the investment strategies for the collective trust funds at June 30, 2015 and 2014:

*Emerging markets:* The primary objective is to provide investment results that replicate the overall performance of the MSCI Emerging Markets Equity Index. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure, and may not participate in securities lending.

*Fixed income:* These funds seek results that approximate the overall performance of the Barclay's Capital U.S. Aggregate Bond Index and Barclay's Capital U.S. 1-5 Year Credit Bond Index. These funds may make limited use of interest rate futures and/or options for the purpose of maintaining market exposure, and may not participate in securities lending.

*International:* These funds shall invest primarily in non-U.S. equity markets directly or through funds and may seek to provide results that approximate the overall performance of the MSCI ACWI ex-US Investable Market Index. These funds will not participate in securities lending.

*Large:* The primary objective of this fund is to approximate the risk and return characterized by the S&P 500 Index, which is commonly used to represent the large cap segment of the U.S. equity market. The fund will invest predominately in U.S. equity securities, but may invest in other asset classes including short-term investment funds and cash equivalents. The fund will not participate in securities lending.

*Real estate:* The primary objective of the fund is to provide investment results that approximate the overall performance of the Financial Times Stock Exchange European Public Realtors Association/National Association of Real Estate Investment Trusts Global Real Estate Index. The fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This fund does not participate in securities lending.

*Small:* The policy of this fund shall be to invest in U.S. equity markets directly or through funds that have a small market capitalization core orientation and may be highly concentrated in specific sectors or securities.

*Short-term fixed income:* The fund in this category invests in high-grade, short term, money market instruments. The primary objective is principal preservation, with liquidity management to provide for redemption of units on any business day.

## 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Northern or its affiliates. Northern is the trustee of the Plan and, therefore, these investment transactions qualify as party-in-interest which are exempt from the prohibited transaction rules. Fees paid by the Plan for trustee, investment advisory, actuarial and auditing services amounted to \$46,196 in 2015 and \$49,436 in 2014.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## NOTES TO FINANCIAL STATEMENTS

### 6. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated April 26, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of June 30, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan may be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years ended prior to June 30, 2012.

### 7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to certain provisions of ERISA. In the event the Plan terminates, 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.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

### 8. RISKS AND UNCERTAINTIES

The Plan invests in collective trust funds, mutual funds, and exchange traded funds with the underlying assets consisting of any combination of stocks, bonds, fixed income securities, and other 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, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

## THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

### ■ NOTES TO FINANCIAL STATEMENTS

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain 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 would be material to the financial statements.

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## **SUPPLEMENTARY INFORMATION**

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

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

JUNE 30, 2015

PLAN #003

EIN 34-4351780

| (a)                                 | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost            | (e) Current<br>Value |
|-------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| <b>Collective Trust Funds</b>       |                                                                 |                                                                                                                      |                     |                      |
| *                                   | The Northern Trust Company                                      | NT Collective MSCI Emerging Markets Fund - Non-lending, 188 units                                                    | \$ 28,664           | \$ 28,754            |
| *                                   | The Northern Trust Company                                      | NT Collective MSCI ACWI Ex-US Index Fund - Non-lending, 628 units                                                    | 86,993              | 90,270               |
| *                                   | The Northern Trust Company<br>of Connecticut                    | NTCC International Equity NL Fund FEBT, 781 units                                                                    | 106,504             | 114,872              |
| *                                   | The Northern Trust Company                                      | NT Collective S&P 500 Index Fund - Non-lending, 53 units                                                             | 328,156             | 352,691              |
| *                                   | The Northern Trust Company<br>of Connecticut                    | NTCC Small Cap NL Fund AFEFT, 266 units                                                                              | 50,000              | 53,982               |
| *                                   | The Northern Trust Company                                      | NT Collective Aggregate Bond Index Fund - Non-lending, 8,847 units                                                   | 1,104,544           | 1,163,367            |
| *                                   | Northern Trust Global<br>Investments                            | NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund -<br>Non-lending, 11,165 units                              | 1,287,740           | 1,322,305            |
| *                                   | The Northern Trust Company                                      | NT Collective Global Real Estate Index Fund - Non-lending, 373 units                                                 | 54,573              | 61,927               |
| *                                   | The Northern Trust Company                                      | Collective Short-term Investment Fund, 134,011 units                                                                 | 134,011             | 134,011              |
| <b>Total collective trust funds</b> |                                                                 |                                                                                                                      | <b>3,181,185</b>    | <b>3,322,179</b>     |
| <b>Mutual Funds</b>                 |                                                                 |                                                                                                                      |                     |                      |
| *                                   | Northern Funds                                                  | Northern Multi Manager Emerging Markets Equity Fund, 3,715 shares                                                    | 70,715              | 68,015               |
| *                                   | Northern Funds                                                  | Northern Multi Manager Global Listed Infrastructure Fund, 5,460 shares                                               | 64,811              | 64,531               |
| *                                   | Northern Funds                                                  | Northern Multi Manager High Yield Opportunity Fund, 37,157 shares                                                    | 394,583             | 370,826              |
| <b>Total mutual funds</b>           |                                                                 |                                                                                                                      | <b>530,109</b>      | <b>503,372</b>       |
| <b>Exchange Traded Funds</b>        |                                                                 |                                                                                                                      |                     |                      |
|                                     | FlexShares                                                      | FlexShares Morningstar Global Upstream Natural Resources Index Fund,<br>4,031 shares                                 | 134,112             | 119,963              |
|                                     | FlexShares                                                      | FlexShares iBoxx 3 Year Target Duration TIPS Index Fund, 18,468 shares                                               | 460,777             | 453,574              |
| <b>Total exchange traded funds</b>  |                                                                 |                                                                                                                      | <b>594,889</b>      | <b>573,537</b>       |
| <b>Total investments</b>            |                                                                 |                                                                                                                      | <b>\$ 4,306,183</b> | <b>\$ 4,399,088</b>  |

a) An asterisk in this column identifies a person known to be a party-in-interest.

The above information has been certified by The Northern Trust Company, trustee of the Plan, as complete and accurate.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2015

PLAN #003

EIN 34-4351780

| (a) Identity of Party Involved                                                                                                                                             | (b) Description of Asset<br>(Including Interest Rate and<br>Maturity in Case of a Loan) | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost<br>of Asset | (h) Current Value<br>of Asset on<br>Transaction Date | (i) Net Gain<br>or (Loss) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|------------------------------------------------------|---------------------------|
| a) A single transaction in excess<br>of 5% of the current value of<br>Plan assets:                                                                                         |                                                                                         |                       |                      |                      |                                                      |                           |
| Northern Funds                                                                                                                                                             | Northern Multi Manager<br>High Yield Opportunity Fund                                   | \$ 375,000            | \$ -                 | \$ 375,000           | \$ 375,000                                           | \$ -                      |
| PIMCO Investments                                                                                                                                                          | PIMCO High Yield Fund Institutional<br>Class                                            | -                     | 379,436              | 380,228              | 379,436                                              | (792)                     |
| c) A series of transactions with<br>respect to securities of the<br>same issue which amount in<br>the aggregate to more than<br>5% of the current value<br>of Plan assets: |                                                                                         |                       |                      |                      |                                                      |                           |
| Northern Funds                                                                                                                                                             | Northern Multi Manager<br>High Yield Opportunity Fund                                   |                       |                      |                      |                                                      |                           |
|                                                                                                                                                                            | 1 sale                                                                                  | -                     | 5,000                | 5,289                | 5,000                                                | (289)                     |
|                                                                                                                                                                            | 14 purchases                                                                            | 399,872               | -                    | 399,872              | 399,872                                              | -                         |

There were no reportable transactions under categories b) or d) during 2015.

The above information has been certified by The Northern Trust Company, trustee of the Plan, as complete and accurate.

**Schedule SB, Part V - Summary of Plan Provisions**

**Plan Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780      Plan Number: 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. Note that participation in this Plan was frozen January 31, 2006.

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 Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780      Plan Number: 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.

Note that all benefit accruals were frozen effective January 31, 2006.

**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.

**Schedule SB, Part V - Summary of Plan Provisions**

**Plan Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780      Plan Number: 003**

**SUMMARY OF PLAN PROVISIONS**

**AMOUNT OF BENEFITS:**

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

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. The beneficiary of a deceased retired participant receives a benefit based on the election of the retiree at the time of retirement, 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 Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780      Plan Number: 003**

Analysis Of Employees By Age And Service As Of July 1, 2014

| Attained<br>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.<br>Accben | No.    | Avg.<br>Accben | No.    | Avg.<br>Accben | No.      | Avg.<br>Accben | No.      | Avg.<br>Accben | No.      | Avg.<br>Accben | No.      | Avg.<br>Accben | No.      | Avg.<br>Accben | No.      | Avg.<br>Accben | No.     | Avg.<br>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        |                | 0        |                | 0        |                | 0        |                | 0       |                |
| 45 to 49        | 0                         |                | 0      |                | 0      |                | 0        |                | 0        |                | 1        |                | 0        |                | 0        |                | 0        |                | 0       |                |
| 50 to 54        | 0                         |                | 0      |                | 0      |                | 0        |                | 0        |                | 0        |                | 0        |                | 0        |                | 0        |                | 0       |                |
| 55 to 59        | 0                         |                | 0      |                | 0      |                | 0        |                | 1        |                | 1        |                | 5        |                | 1        |                | 0        |                | 0       |                |
| 60 to 64        | 0                         |                | 0      |                | 0      |                | 0        |                | 0        |                | 0        |                | 1        |                | 1        |                | 0        |                | 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 22 - Description of Weighted Average Retirement Age**

**Plan Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780**

**Plan Number: 003**

| <b>(a)</b><br><b>Retirement Age</b> | <b>(b)</b><br><b>Retirement Rate</b> | <b>(c)</b><br><b>Survival Rate</b> | <b>(a) x (b) x (c)</b> |
|-------------------------------------|--------------------------------------|------------------------------------|------------------------|
| 65                                  | 1.0000                               | 1.0000                             | 65.0000                |
| <b>AVERAGE RETIREMENT AGE</b>       |                                      |                                    | 65                     |

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

**Plan Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780 Plan Number: 003**

**ACTUARIAL METHODS**

|                        | <u>PPA<br/>Funding</u>           | <u>Suggested<br/>Maximum<br/>Contribution</u> | <u>FASB ASC</u>                  |
|------------------------|----------------------------------|-----------------------------------------------|----------------------------------|
| Actuarial Cost Method  | Accrued Benefit<br>(Unit Credit) | Accrued Benefit<br>(Unit Credit)              | Accrued Benefit<br>(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**

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. The assumed rate of return for determining the actuarial value of assets 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 Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780      Plan Number: 003**

**ACTUARIAL ASSUMPTIONS**

|                                            | <u>PPA Funding<br/>(MAP-21/HATFA)</u> | <u>Maximum<br/>and FASB ASC</u>     |
|--------------------------------------------|---------------------------------------|-------------------------------------|
| Segmented Interest Rates                   |                                       |                                     |
| Segment 1 (0-5 years)                      | 4.99%                                 | 1.20%                               |
| Segment 2 (5-20 years)                     | 6.32%                                 | 4.06%                               |
| Segment 3 (20+ years)                      | 6.99%                                 | 5.10%                               |
| Applicable Month                           | March                                 | March                               |
| Effective Interest Rate                    | 6.35%                                 | 4.14%                               |
| Benefit Multiplier Increases               | None Assumed                          | None Assumed                        |
| Mortality                                  | 2014 Applicable Table (Combined)      | 2014 Applicable Table (Combined)    |
| Mortality Improvement                      | None Assumed                          | None Assumed                        |
| Disability                                 | None Assumed                          | None Assumed                        |
| Termination                                | *                                     | *                                   |
| Assumed Retirement Age (Active)            | Age 65                                | Age 65                              |
| Assumed Retirement Age (Terminated Vested) | Age 65                                | Age 65                              |
| Percent Married                            | 80%                                   | 80%                                 |
| Age Difference in Participant & Spouse     | Males two years older than females    | Males two years older than females  |
| Administrative Expense                     | Anticipated Administrative Expenses   | 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%                 |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>► <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

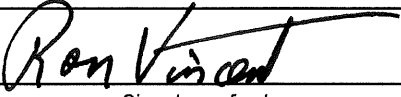
► **Round off amounts to nearest dollar.**

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>THE SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN                                                   | <b>B</b> Three-digit plan number (PN) ►<br><br>003                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>SENECA WIRE & MANUFACTURING COMPANY                       | <b>D</b> Employer Identification Number (EIN)<br><br>34-4351780                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2014</u>                                                                                                                                 |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 4,829,199                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 4,999,914                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 82                         | 3,972,423                 | 3,972,423                |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 13                         | 338,326                   | 338,326                  |
| <b>c</b> For active participants.....                                                                                                                                                                           | 11                         | 583,404                   | 583,404                  |
| <b>d</b> Total.....                                                                                                                                                                                             | 106                        | 4,894,153                 | 4,894,153                |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 6.35 %                    |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b>                   | 49,500                    |                          |

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

|                               |                                                                                     |                                        |
|-------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>              |  | <u>4/7/16</u>                          |
| RON VINCENT                   |                                                                                     | Date                                   |
| Type or print name of actuary |                                                                                     | 14-04510                               |
| MCCREADY & KEENE, INC.        |                                                                                     | Most recent enrollment number          |
| Firm name                     |                                                                                     | (317) 849-4333                         |
| P.O. BOX 6094                 |                                                                                     | Telephone number (including area code) |
| INDIANAPOLIS IN 46206         |                                                                                     |                                        |
| Address of the firm           |                                                                                     |                                        |

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

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

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>4.97%</u> .....                                                                                 |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.20%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 102.16 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.16 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 104.69 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.99 %2nd segment:  
6.32 %3rd segment:  
6.99 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) .....☒

Prescribed - combined

☐

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....☒

Yes

☐

No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....☒

Yes

☐

No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

49,500

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

49,500

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

0

0

**b** Waiver amortization installment.....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....**34**

0

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement.....

0

0

0

**36** Additional cash requirement (line 34 minus line 35) .....**36**

0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years .....**40**

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected .....☐

2 plus 7 years

☐

15 years

**b** Eligible plan year(s) for which the election in line 41a was made .....☐

2008

☐

2009

☐

2010

☐

2011

**42** Amount of acceleration adjustment .....**42****43** Excess installment acceleration amount to be carried over to future plan years .....**43**

**Schedule SB, Line 25 - Change in Method**

**Plan Year: July 1, 2014 - June 30, 2015**

**Plan Name: The Seneca Wire and Manufacturing Company - U A W Retirement Income Plan and Agreement**

**EIN: 34-4351780**

**Plan Number: 003**

A change in funding method under § 430 occurred for the 2014 plan year as a result of a change in the valuation software used to determine the liabilities for this plan by McCready and Keene, Inc., the business organization that provides actuarial services to this plan.

This change in funding method under § 430 qualifies for automatic approval by the IRS since the change in valuation software satisfies all the conditions that are required for automatic approval as stated in IRS Announcement 2010-3.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

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

JUNE 30, 2015

PLAN #003

EIN 34-4351780

| (a)                                 | (b) Identity of Issue,<br>Borrower, Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost            | (e) Current<br>Value |
|-------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| <b>Collective Trust Funds</b>       |                                                                 |                                                                                                                      |                     |                      |
| *                                   | The Northern Trust Company                                      | NT Collective MSCI Emerging Markets Fund - Non-lending, 188 units                                                    | \$ 28,664           | \$ 28,754            |
| *                                   | The Northern Trust Company                                      | NT Collective MSCI ACWI Ex-US Index Fund - Non-lending, 628 units                                                    | 86,993              | 90,270               |
| *                                   | The Northern Trust Company<br>of Connecticut                    | NTCC International Equity NL Fund FEBT, 781 units                                                                    | 106,504             | 114,872              |
| *                                   | The Northern Trust Company                                      | NT Collective S&P 500 Index Fund - Non-lending, 53 units                                                             | 328,156             | 352,691              |
| *                                   | The Northern Trust Company<br>of Connecticut                    | NTCC Small Cap NL Fund AFEFT, 266 units                                                                              | 50,000              | 53,982               |
| *                                   | The Northern Trust Company                                      | NT Collective Aggregate Bond Index Fund - Non-lending, 8,847 units                                                   | 1,104,544           | 1,163,367            |
| *                                   | Northern Trust Global<br>Investments                            | NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund -<br>Non-lending, 11,165 units                              | 1,287,740           | 1,322,305            |
| *                                   | The Northern Trust Company                                      | NT Collective Global Real Estate Index Fund - Non-lending, 373 units                                                 | 54,573              | 61,927               |
| *                                   | The Northern Trust Company                                      | Collective Short-term Investment Fund, 134,011 units                                                                 | 134,011             | 134,011              |
| <b>Total collective trust funds</b> |                                                                 |                                                                                                                      | <b>3,181,185</b>    | <b>3,322,179</b>     |
| <b>Mutual Funds</b>                 |                                                                 |                                                                                                                      |                     |                      |
| *                                   | Northern Funds                                                  | Northern Multi Manager Emerging Markets Equity Fund, 3,715 shares                                                    | 70,715              | 68,015               |
| *                                   | Northern Funds                                                  | Northern Multi Manager Global Listed Infrastructure Fund, 5,460 shares                                               | 64,811              | 64,531               |
| *                                   | Northern Funds                                                  | Northern Multi Manager High Yield Opportunity Fund, 37,157 shares                                                    | 394,583             | 370,826              |
| <b>Total mutual funds</b>           |                                                                 |                                                                                                                      | <b>530,109</b>      | <b>503,372</b>       |
| <b>Exchange Traded Funds</b>        |                                                                 |                                                                                                                      |                     |                      |
|                                     | FlexShares                                                      | FlexShares Morningstar Global Upstream Natural Resources Index Fund,<br>4,031 shares                                 | 134,112             | 119,963              |
|                                     | FlexShares                                                      | FlexShares iBoxx 3 Year Target Duration TIPS Index Fund, 18,468 shares                                               | 460,777             | 453,574              |
| <b>Total exchange traded funds</b>  |                                                                 |                                                                                                                      | <b>594,889</b>      | <b>573,537</b>       |
| <b>Total investments</b>            |                                                                 |                                                                                                                      | <b>\$ 4,306,183</b> | <b>\$ 4,399,088</b>  |

a) An asterisk in this column identifies a person known to be a party-in-interest.

The above information has been certified by The Northern Trust Company, trustee of the Plan, as complete and accurate.

# THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

## SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED JUNE 30, 2015

PLAN #003

EIN 34-4351780

| (a) Identity of Party Involved                                                                                                                                             | (b) Description of Asset<br>(Including Interest Rate and<br>Maturity in Case of a Loan) | (c) Purchase<br>Price | (d) Selling<br>Price | (g) Cost<br>of Asset | (h) Current Value<br>of Asset on<br>Transaction Date | (i) Net Gain<br>or (Loss) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|------------------------------------------------------|---------------------------|
| a) A single transaction in excess<br>of 5% of the current value of<br>Plan assets:                                                                                         |                                                                                         |                       |                      |                      |                                                      |                           |
| Northern Funds                                                                                                                                                             | Northern Multi Manager<br>High Yield Opportunity Fund                                   | \$ 375,000            | \$ -                 | \$ 375,000           | \$ 375,000                                           | \$ -                      |
| PIMCO Investments                                                                                                                                                          | PIMCO High Yield Fund Institutional<br>Class                                            | -                     | 379,436              | 380,228              | 379,436                                              | (792)                     |
| c) A series of transactions with<br>respect to securities of the<br>same issue which amount in<br>the aggregate to more than<br>5% of the current value<br>of Plan assets: |                                                                                         |                       |                      |                      |                                                      |                           |
| Northern Funds                                                                                                                                                             | Northern Multi Manager<br>High Yield Opportunity Fund                                   |                       |                      |                      |                                                      |                           |
|                                                                                                                                                                            | 1 sale                                                                                  | -                     | 5,000                | 5,289                | 5,000                                                | (289)                     |
|                                                                                                                                                                            | 14 purchases                                                                            | 399,872               | -                    | 399,872              | 399,872                                              | -                         |

There were no reportable transactions under categories b) or d) during 2015.

The above information has been certified by The Northern Trust Company, trustee of the Plan, as complete and accurate.