Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TAUBENSEE STEEL & WIRE

600 DIENS DRIVE
WHEELING, IL 60090

2b Employer Identification Number (EIN)
36-2065420

2c Plan Sponsor's telephone number
847-459-5100

2d Business code (see instructions)
331200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	ROSS CARLSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	175
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	150
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	157
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	27
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	184
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	184
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	115
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TAUBENSEE STEEL & WIRE	**D** Employer Identification Number (EIN) 36-2065420

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	4412	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAUBENSEE STEEL & WIRE

D Employer Identification Number (EIN)
36-2065420

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	166663	140629
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	114366	132525
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7078481	6640820
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7359510	6913974
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7359510	6913974

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	51287	
(B) Participants	2a(1)(B)	395730	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		447017
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	40	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3943	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3983
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	369775	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		369775
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-230989
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		589786
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1033733	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1033733
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		-2823
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	4412	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4412
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1035322
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-445536
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: FGMK, LLC **(2)** EIN: 36-2929601

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:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X			228410
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.)	4b		X		

			Yes	No	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAUBENSEE STEEL & WIRE

D Employer Identification Number (EIN)
36-2065420

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**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

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**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

FEIN: 36-2065420 Taubensee Steel & Wire Company Schedule of delinquent remittances Schedule to 2015 5500

	PAYCHK DATE	CONT	AFTER TAX	MATCH	LOANS	FORFEITURE	RETRO	TOTAL	Remitted to plan - agreed to bank statements provided by client	# of business days for remittance	True Late Remittance
1/9/15	1/9/2015	$ 1,943.59	$ -	$ 289.73	$ 598.02			$ 2,831.34	14-Jan	3	$ 2,541.61
1/16/15	1/16/2015	$ 12,688.78	$ 94.61	$ 1,713.91	$ 1,085.22			$ 15,582.52	21-Jan	3	$ 13,868.61
1/23/15	1/23/2015	$ 2,313.61	$ -	$ 342.76	$ 598.02			$ 3,254.39	28-Jan	3	$ 2,911.63
1/30/15	1/30/2015	$ 15,360.89	$ 69.54	$ 2,263.62	$ 1,085.22			$ 18,779.27	4-Feb	3	$ 16,515.65
2/6/15	2/6/2015	$ 2,499.39	$ -	$ 384.86	$ 598.02			$ 3,482.27	11-Feb	3	$ 3,097.41
2/13/15	2/13/2015	$ 21,178.07	$ 93.43	$ 2,083.09	$ 1,085.09			$ 24,439.68	18-Feb	3	$ 22,356.59
2/20/15	2/20/2015	$ 2,557.96	$ -	$ 360.76	$ 551.35			$ 3,470.07	25-Feb	3	$ 3,109.31
2/27/15	2/27/2015	$ 8,637.18	$ 69.54	$ 1,216.34	$ 1,038.55			$ 10,961.61	5-Mar	4	$ 9,745.27
3/6/15	3/6/2015	$ 2,738.93	$ -	$ 367.40	$ 551.35			$ 3,657.68	11-Mar	3	$ 3,290.28
3/13/15	3/13/2015	$ 16,301.22	$ 96.76	$ 2,026.24	$ 1,038.55			$ 19,462.77	18-Mar	3	$ 17,436.53
3/20/15	3/20/2015	$ 2,705.86		$ 357.91	$ 592.10			$ 3,655.87	25-Mar	3	$ 3,297.96
3/27/15	3/27/2015	$ 9,592.09	$ 70.93	$ 1,314.31	$ 1,079.30			$ 12,056.63	1-Apr	3	$ 10,742.32
4/3/15	4/3/2015	$ 2,550.17		$ 331.32	$ 592.10			$ 3,473.59	8-Apr	3	$ 3,142.27
4/10/15	4/10/2015	$ 14,823.21	$ 138.91	$ 1,982.25	$ 1,079.30			$ 18,023.67	15-Apr	3	$ 16,041.42
4/17/15	4/17/2015	$ 2,702.25		$ 346.71	$ 579.48			$ 3,628.44	22-Apr	3	$ 3,281.73
4/24/15	4/24/2015	$ 8,440.56	$ 70.93	$ 1,149.13	$ 985.23			$ 10,645.85	29-Apr	3	$ 9,496.72
5/1/15	5/1/2015	$ 2,484.04		$ 327.08	$ 521.43			$ 3,332.55	6-May	3	$ 3,005.47
5/8/15	5/8/2015	$ 13,252.78	$ 70.93	$ 1,799.66	$ 1,024.40			$ 16,147.77	13-May	3	$ 14,348.11
5/15/15	5/15/2015	$ 2,807.38		$ 377.40	$ 520.20			$ 3,704.98	20-May	3	$ 3,327.58
5/22/15	5/22/2015	$ 9,736.55	$ 83.99	$ 1,301.16	$ 1,007.40			$ 12,129.10	27-May	3	$ 10,827.94
5/29/15	5/29/2015	$ 2,499.35		$ 335.50	$ 520.20			$ 3,355.05	3-Jun	3	$ 3,019.55
6/5/15	6/5/2015	$ 13,374.73	$ 120.93	$ 1,817.99	$ 1,007.40			$ 16,321.05	10-Jun	3	$ 14,503.06
6/12/15	6/12/2015	$ 2,474.26		$ 318.36	$ 571.43			$ 3,364.05	17-Jun	3	$ 3,045.69
6/19/15	6/19/2015	$ 21,649.72	$ 97.93	$ 3,283.19	$ 1,004.17			$ 26,035.01	24-Jun	3	$ 22,751.82
6/26/15	6/26/2015	$ 2,579.53		$ 339.02	$ 516.97			$ 3,435.52	1-Jul	3	$ 3,096.50
7/10/15	7/10/2015	$ 2,502.65		$ 351.68	$ 516.97			$ 3,371.30	15-Jul	3	$ 3,019.62
8/7/15	8/7/2015	$ 2,254.54		$ 331.17	$ 620.47			$ 3,206.18	12-Aug	3	$ 2,875.01
8/14/15	8/14/2015	$ 14,825.88	$ 117.81	$ 2,115.44	$ 1,107.67	$ (1,556.33)		$ 16,610.47	1-Sep	16	$ 14,495.03
9/4/15	9/4/2015	$ 2,003.66		$ 302.88	$ 545.35			$ 2,851.89	16-Sep	10	$ 2,549.01
9/11/15	9/11/2015	$ 13,634.92	$ 148.48	$ 1,932.16	$ 1,429.16			$ 17,144.72	16-Sep	3	$ 15,212.56
9/25/15	9/25/2015	$ 7,515.66	$ 86.54	$ 1,113.72	$ 1,355.85			$ 10,071.77	1-Oct	4	$ 8,958.05
10/30/15	10/30/2015	$ 1,916.21		$ 291.04	$ 586.21			$ 2,793.46	10-Nov	9	$ 2,502.42
11/20/15	11/20/2015	$ 8,047.05	$ 89.21	$ 1,241.12	$ 1,904.54			$ 11,281.92	25-Nov	3	$ 10,040.80
12/24/15	12/24/2015	$ 1,971.47		$ 316.88	$ 631.48		$ 104.94	$ 3,024.77	29-Dec	3	$ 2,707.89
12/27/15	12/27/2015	$ 2,280.00		$ 380.00				$ 2,660.00	1/8/2016	10	$ 2,280.00
12/31/15	12/31/2015	$ 6,168.90	$ 86.54	$ 1,049.42	$ 1,904.54			$ 9,209.40	1/9/2016	7	$ 8,159.98
		$ 261,013.04	$ 1,607.01	$ 35,855.21	$ 30,432.74	$ (1,556.33)	$ 144.12	$ 490,770.38			$ 291,601.40

Total Late Remittances

Relevant Columns for understanding what is considered late
These amounts total to Late Remittances
Note Column M lists the total employee deferrals + Loans that are considred Late

Taubensee Steel and Wire Company
Retirement Plan

Financial Statements and
Independent Auditor's Report

December 31, 2015

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

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FGMK
ASSURANCE ▪ TAX ▪ ADVISORY

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Taubensee Steel and Wire Company Retirement Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Taubensee Steel and Wire Company Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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.

Auditor's 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 the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the custodian 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 custodian holds the Plan's investment assets and notes receivable from participants and executes related transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian 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 the 2013 financial statements.

Other Matter
The supplemental schedules, Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2015, are required by the Department of Labor's ("DOL") 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 custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

FGMK, LLC

Bannockburn, Illinois
October 10, 2016

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments, at fair value	$ 6,781,449	$ 7,245,144
Receivables:		
Participant contributions	8,535	14,315
Employer contributions receivable	1,429	1,632
Notes receivable from participants	132,525	114,366
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,923,938	$ 7,375,457

See Independent Auditor's Report.

The accompanying notes are an integral part of these statements.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

ADDITIONS		
Investment income (loss):		
Net depreciation in fair value of investments	$(	230,989)
Interest and dividends		369,815
Interest on notes receivable from participants		3,943
Contributions:		
Participant		389,950
Employer		51,084
		583,803
DEDUCTIONS		
Benefits paid to participants		1,030,910
Administrative fees		4,412
		1,035,322
DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(	451,519)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		7,375,457
End of year	$	6,923,938

See Independent Auditor's Report.

The accompanying notes are an integral part of this statement.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Taubensee Steel and Wire Company Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan with a 401(k) provision covering all employees of Taubensee Steel & Wire Co. (the "Employer"). Employees become eligible to participate upon completing three months of service, as defined in the Plan, and attaining the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions. Participants may elect to defer up to 60% of eligible annual pre-tax compensation subject to maximum amounts established by the Internal Revenue Code (the "Code"). Additionally, participants may also contribute after-tax ("Roth") contributions. Participant contribution elections may be changed upon notice to the plan administrator.

The Employer may make discretionary matching contributions based on a percentage declared for the period by the Board of Directors. Discretionary matching contributions were $51,084 for the year ending December 31, 2015. Additional amounts may be contributed at the option of the Employer's board of directors as profit sharing contributions. Discretionary profit sharing contributions, if applicable, are allocated as of the last day of the Plan year. There were no discretionary profit sharing contributions elected for the year ended December 31, 2015.

Participants' Accounts. Each participant's account is credited with the participant's contribution and allocation of the Employer contributions, Plan earnings and expenses. Allocations are based on participant earnings or account balances, as defined in the Plan.

Investment Options. Employees may direct their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to Plan provisions.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer contribution portion of their accounts plus actual earnings thereon is based on years of credited service. A participant becomes 20% vested after two years of service, increasing by 20% for each additional year of service until year 6 when the participant is 100% vested. However, if an active participant dies or becomes disabled prior to attaining the normal retirement age, the participant's account becomes 100% vested.

Notes Receivable from Participants. Participants may borrow from their accounts a minimum of $1,000 and up to 50% of their vested account balance, provided that such loan does not exceed $50,000. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates as determined periodically by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Forfeited Accounts. Forfeited balances of terminated participants' non-vested accounts are used to reduce Plan administrative expenses or future Employer contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeited non-vested accounts totaled $0 and $355 as of December 31, 2015 and 2014, respectively. Forfeitures of $1,911 was used in 2015 to reduce the Employer discretionary matching contributions for the years ended December 31, 2015 and 2014.

Party-In-Interest Transactions. Substantially all expenses pertaining to the operation of the Plan are paid by the Employer. Additionally, various administrative, legal, and accounting services are performed by Employer personnel on behalf of the Plan for which no charges are made to the Plan, and for which the Employer does not intend to obtain reimbursement. Investment expenses are charged against the Plan's investment income. Certain Plan investments are shares of mutual funds managed by a related party to Fidelity Management Trust Company, the "Custodian" of the Plan and therefore these transactions qualify as party-in-interest transactions.

Payment of Benefits. Benefit payments are generally made in a lump-sum upon termination or as defined in the Plan agreement. Early voluntary withdrawals are paid based on financial hardship with approval of the plan administrator.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates and Assumptions. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. Future events and their effects cannot be predicted with certainty; accordingly, accounting estimates require the exercise of judgment. Accounting estimates used in the preparation of these financial statements change as new events occur, as more experience is acquired, as additional information is obtained and as the operating environment changes.

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. See Note 4 for discussion of fair value measurements.

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

Notes Receivable From Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits. Benefits are recorded when paid.

Concentration of Credit Risk. A majority of the Plan's assets are held by the Custodian.

Recent Pronouncements. The plan early adopted the provisions of ASU 2015-12, *Plan Accounting*. Under Part II of ASU 2015-12, certain disclosures regarding plan investments are no longer required, such as the disclosure of individual investments that exceed 5% of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type. Other disclosures regarding plan investments have been simplified and require investments to be grouped only by general type rather than on the basis of nature, characteristics, and risks.

NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedules that were prepared by the Custodian of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained a certification from the Custodian that such information is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2015 and 2014.
- Investment income (loss) and interest on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2015.
- Note 4: All investment balances as of December 31, 2015.
- The schedule of assets held at end of year as of December 31, 2015, as shown on Form 5500, Schedule H, Part IV, Line 4i.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2015 and 2014.

Mutual Funds and Money Market Accounts. Valued at quoted market price.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan administrator believes the 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as December 31, 2015 and 2014:

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,640,820	$ -	$ -	$ 6,640,820
Money market accounts	140,629	-	-	140,629
Total Investment Assets at Fair Value	$ 6,781,449	$ -	$ -	$ 6,781,449

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 7,078,481	$ -	$ -	$ 7,078,481
Money market accounts	166,663	-	-	166,663
Total Investment Assets at Fair Value	$ 7,245,144	$ -	$ -	$ 7,245,144

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 6 – TAX STATUS

The Plan uses a prototype plan document sponsored by the Custodian. The Custodian received an opinion letter from the Internal Revenue Service dated March 31, 2014, which states that the prototype document satisfies the applicable provisions of the Code. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

NOTE 7 – DIFFERENCES BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2015 and 2014:

	2015	2014
Net assets available for benefits per the financial statements	$ 6,923,938	$ 7,375,457
Less: Contributions receivable - End of Year	(9,964)	(15,947)
Net assets available for benefits per Form 5500	$ 6,913,974	$ 7,359,510
Decrease in net assets available for benefits per the financial statements	$(451,519)	
Contributions receivable - Beginning of year	15,947	
Contributions receivable - End of year	(9,964)	
Decrease in net assets available for benefits per Form 5500	$(445,536)	

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – DELINQUENT REMITTANCES

The Employer remitted participant contributions and loan repayments totaling $291,601 and $183,996 to the Custodian later than required by the Department of Labor Regulation 2510.3-102 for the years ended December 31, 2015 and 2014 ("Late Remittances"). Late Remittances of $183,996 were fully corrected in 2015. Participant accounts were credited with the amount of investment income which would have been earned had the participant contributions been remitted on a timely basis. Participant accounts will be credited with the amount of investment income which would have been earned had the participant contributions been remitted on a timely basis for the remaining $291,601 of Late Remittances.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated all known subsequent events from December 31, 2015 through October 10, 2016, the date the accompanying financial statements were available to be issued, and is not aware of any material subsequent events occurring during this period.

SUPPLEMENTARY INFORMATION

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2015

EMPLOYER IDENTIFICATION NUMBER: 36-2065420

PLAN NUMBER: 002

(a)	**(b)** Identity of issue, borrower, lessor or similar party	**(c)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value	**(d)** Cost	**(e)** Current value
*	Fidelity Contrafund	Mutual Fund		$ 1,469,042
*	Fidelity International Discovery Fund	Mutual Fund		1,140,058
*	Fidelity Mid Cap Stock Fund	Mutual Fund		1,109,979
*	Fidelity Blue Chip Growth Fund	Mutual Fund		861,469
*	Fidelity Balanced Fund	Mutual Fund		309,248
*	Fidelity Government Income Fund	Mutual Fund		384,699
*	Fidelity Growth and Income Fund	Mutual Fund		299,862
*	Fidelity Equity Income Fund	Mutual Fund		280,031
*	Fidelity Ginnie Mae Fund	Mutual Fund		235,619
*	Fidelity Fund	Mutual Fund		161,103
*	Fidelity Retirement Money Market Portfolio Fund	Money Market Fund		140,629
*	Fidelity Freedom Income Fund	Mutual Fund		114,235
*	Fidelity Freedom 2045 Fund	Mutual Fund		88,905
*	Fidelity Freedom 2030 Fund	Mutual Fund		61,044
*	Fidelity Freedom 2025 Fund	Mutual Fund		54,999
*	Fidelity Freedom 2050 Fund	Mutual Fund		17,664
*	Fidelity Freedom 2015 Fund	Mutual Fund		15,000
*	Fidelity Asset Manager 50% Fund	Mutual Fund		12,003
*	Fidelity Freedom 2035 Fund	Mutual Fund		11,164
*	Fidelity Freedom 2040 Fund	Mutual Fund		8,022
*	Fidelity Freedom 2020 Fund	Mutual Fund		3,902
*	Fidelity Freedom 2055 Fund	Mutual Fund		1,866
*	Fidelity Freedom 2010 Fund	Mutual Fund		906
*	Participant Loans	Interest rates of 4.25%, maturing from 2016 to 2023		132,525
				$ 6,913,974

* Represents a permitted party-in-interest to the Plan

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4a

YEAR ENDED DECEMBER 31, 2015

EMPLOYER IDENTIFICATION NUMBER: 36-2065420

PLAN NUMBER: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
$ 520,011	$ -			
Check here if Late Participant Loan Repayments are Included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 291,601	$ -	$ -	$ 228,410

See Independent Auditor's Report.

Taubensee Steel and Wire Company
Retirement Plan

Financial Statements and
Independent Auditor's Report

December 31, 2015

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

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FGMK
ASSURANCE ▪ TAX ▪ ADVISORY

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Taubensee Steel and Wire Company Retirement Plan

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Taubensee Steel and Wire Company Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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.

Auditor's 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 the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the custodian 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 custodian holds the Plan's investment assets and notes receivable from participants and executes related transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian 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 the 2013 financial statements.

Other Matter
The supplemental schedules, Schedule of Assets Held at End of Year and Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2015, are required by the Department of Labor's ("DOL") 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 custodian have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

FGMK, LLC

Bannockburn, Illinois
October 10, 2016

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
Investments, at fair value	$ 6,781,449	$ 7,245,144
Receivables:		
Participant contributions	8,535	14,315
Employer contributions receivable	1,429	1,632
Notes receivable from participants	132,525	114,366
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,923,938	$ 7,375,457

See Independent Auditor's Report.

The accompanying notes are an integral part of these statements.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2015

ADDITIONS		
Investment income (loss):		
Net depreciation in fair value of investments	$(	230,989)
Interest and dividends		369,815
Interest on notes receivable from participants		3,943
Contributions:		
Participant		389,950
Employer		51,084
		583,803
DEDUCTIONS		
Benefits paid to participants		1,030,910
Administrative fees		4,412
		1,035,322
DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(	451,519)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		7,375,457
End of year	$	6,923,938

See Independent Auditor's Report.

The accompanying notes are an integral part of this statement.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Taubensee Steel and Wire Company Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan with a 401(k) provision covering all employees of Taubensee Steel & Wire Co. (the "Employer"). Employees become eligible to participate upon completing three months of service, as defined in the Plan, and attaining the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions. Participants may elect to defer up to 60% of eligible annual pre-tax compensation subject to maximum amounts established by the Internal Revenue Code (the "Code"). Additionally, participants may also contribute after-tax ("Roth") contributions. Participant contribution elections may be changed upon notice to the plan administrator.

The Employer may make discretionary matching contributions based on a percentage declared for the period by the Board of Directors. Discretionary matching contributions were $51,084 for the year ending December 31, 2015. Additional amounts may be contributed at the option of the Employer's board of directors as profit sharing contributions. Discretionary profit sharing contributions, if applicable, are allocated as of the last day of the Plan year. There were no discretionary profit sharing contributions elected for the year ended December 31, 2015.

Participants' Accounts. Each participant's account is credited with the participant's contribution and allocation of the Employer contributions, Plan earnings and expenses. Allocations are based on participant earnings or account balances, as defined in the Plan.

Investment Options. Employees may direct their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to Plan provisions.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employer contribution portion of their accounts plus actual earnings thereon is based on years of credited service. A participant becomes 20% vested after two years of service, increasing by 20% for each additional year of service until year 6 when the participant is 100% vested. However, if an active participant dies or becomes disabled prior to attaining the normal retirement age, the participant's account becomes 100% vested.

Notes Receivable from Participants. Participants may borrow from their accounts a minimum of $1,000 and up to 50% of their vested account balance, provided that such loan does not exceed $50,000. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates as determined periodically by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Forfeited Accounts. Forfeited balances of terminated participants' non-vested accounts are used to reduce Plan administrative expenses or future Employer contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeited non-vested accounts totaled $0 and $355 as of December 31, 2015 and 2014, respectively. Forfeitures of $1,911 was used in 2015 to reduce the Employer discretionary matching contributions for the years ended December 31, 2015 and 2014.

Party-In-Interest Transactions. Substantially all expenses pertaining to the operation of the Plan are paid by the Employer. Additionally, various administrative, legal, and accounting services are performed by Employer personnel on behalf of the Plan for which no charges are made to the Plan, and for which the Employer does not intend to obtain reimbursement. Investment expenses are charged against the Plan's investment income. Certain Plan investments are shares of mutual funds managed by a related party to Fidelity Management Trust Company, the "Custodian" of the Plan and therefore these transactions qualify as party-in-interest transactions.

Payment of Benefits. Benefit payments are generally made in a lump-sum upon termination or as defined in the Plan agreement. Early voluntary withdrawals are paid based on financial hardship with approval of the plan administrator.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting. The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates and Assumptions. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. Future events and their effects cannot be predicted with certainty; accordingly, accounting estimates require the exercise of judgment. Accounting estimates used in the preparation of these financial statements change as new events occur, as more experience is acquired, as additional information is obtained and as the operating environment changes.

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Payment of Benefits. Benefits are recorded when paid.

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NOTE 3 – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

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- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2015 and 2014.
- Investment income (loss) and interest on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2015.
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- The schedule of assets held at end of year as of December 31, 2015, as shown on Form 5500, Schedule H, Part IV, Line 4i.

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 – FAIR VALUE MEASUREMENTS

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

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TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

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The Plan uses a prototype plan document sponsored by the Custodian. The Custodian received an opinion letter from the Internal Revenue Service dated March 31, 2014, which states that the prototype document satisfies the applicable provisions of the Code. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

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TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated all known subsequent events from December 31, 2015 through October 10, 2016, the date the accompanying financial statements were available to be issued, and is not aware of any material subsequent events occurring during this period.

SUPPLEMENTARY INFORMATION

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, LINE 4i

DECEMBER 31, 2015

EMPLOYER IDENTIFICATION NUMBER: 36-2065420

PLAN NUMBER: 002

(a)	**(b)** Identity of issue, borrower, lessor or similar party	**(c)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value	**(d)** Cost	**(e)** Current value
*	Fidelity Contrafund	Mutual Fund		$ 1,469,042
*	Fidelity International Discovery Fund	Mutual Fund		1,140,058
*	Fidelity Mid Cap Stock Fund	Mutual Fund		1,109,979
*	Fidelity Blue Chip Growth Fund	Mutual Fund		861,469
*	Fidelity Balanced Fund	Mutual Fund		309,248
*	Fidelity Government Income Fund	Mutual Fund		384,699
*	Fidelity Growth and Income Fund	Mutual Fund		299,862
*	Fidelity Equity Income Fund	Mutual Fund		280,031
*	Fidelity Ginnie Mae Fund	Mutual Fund		235,619
*	Fidelity Fund	Mutual Fund		161,103
*	Fidelity Retirement Money Market Portfolio Fund	Money Market Fund		140,629
*	Fidelity Freedom Income Fund	Mutual Fund		114,235
*	Fidelity Freedom 2045 Fund	Mutual Fund		88,905
*	Fidelity Freedom 2030 Fund	Mutual Fund		61,044
*	Fidelity Freedom 2025 Fund	Mutual Fund		54,999
*	Fidelity Freedom 2050 Fund	Mutual Fund		17,664
*	Fidelity Freedom 2015 Fund	Mutual Fund		15,000
*	Fidelity Asset Manager 50% Fund	Mutual Fund		12,003
*	Fidelity Freedom 2035 Fund	Mutual Fund		11,164
*	Fidelity Freedom 2040 Fund	Mutual Fund		8,022
*	Fidelity Freedom 2020 Fund	Mutual Fund		3,902
*	Fidelity Freedom 2055 Fund	Mutual Fund		1,866
*	Fidelity Freedom 2010 Fund	Mutual Fund		906
*	Participant Loans	Interest rates of 4.25%, maturing from 2016 to 2023		132,525
				$ 6,913,974

* Represents a permitted party-in-interest to the Plan

TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4a

YEAR ENDED DECEMBER 31, 2015

EMPLOYER IDENTIFICATION NUMBER: 36-2065420

PLAN NUMBER: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
$ 520,011	$ -			
Check here if Late Participant Loan Repayments are Included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ 291,601	$ -	$ -	$ 228,410

See Independent Auditor's Report.