

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
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or	
	☒ a single-employer plan;	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
		1c Effective date of plan	<u>01/01/1956</u>
2a Plan sponsor's name (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) <u>SENECA WIRE & MFG. CO.</u> <u>820 S. WILLPIE STREET</u> <u>WAPAKONETA, OH 45815</u>	2b Employer Identification Number (EIN) <u>34-4351780</u>	2c Plan Sponsor's telephone number <u>419-435-9261</u>	2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/18/2017	JOHN HERD
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 105
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) 10
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 63
c Other retired or separated participants entitled to future benefits.....	6c 22
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 85
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 20
f Total. Add lines 6d and 6e	6f 105
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 11	
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

A Name of plan SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SENECA WIRE & MFG. CO.	D Employer Identification Number (EIN) 34-4351780

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2015			
2 Assets:			
a Market value	2a	4399113	
b Actuarial value	2b	4635937	
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	83	3969185	3969185
b For terminated vested participants	12	295434	295434
c For active participants	10	586428	586428
d Total	105	4851047	4851047
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.13%	
6 Target normal cost	6	46200	

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

SIGN HERE		
Signature of actuary	04/12/2017	Date
RON VINCENT	14-04510	Most recent enrollment number
MCCREADY AND KEENE	317-285-6459	Telephone number (including area code)
P. O. BOX 6094 INDIANAPOLIS, IN 46206	Firm name	
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 ☐

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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ 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	46200	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	215110	35773	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	81973	
	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	81973	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	82133	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	160	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning **07/01/2015** and ending **06/30/2016**

A Name of plan SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SENECA WIRE & MFG. CO.	D Employer Identification Number (EIN) 34-4351780

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST INVESTMENTS, N. A.

36-3608252

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
NORTHERN TRUST COMPANY

36-1561860

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

36-2723087

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

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 27 28 49 50 52 68 72 99	NONE	24279	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MCCREADY AND KEENE

35-0500670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	13152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REHMANN ROBSON LLC

38-3635706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7525	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016		
A Name of plan SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SENECA WIRE & MFG. CO.		D Employer Identification Number (EIN) 34-4351780
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE 1-5 YR CREDIT BD INDE		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-123	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1090735
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1761722
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P500 INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 243168
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.		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61572
a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC COLLECTIVE INTL EQUITY NL FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 06-6275604-192	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63703
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE ACWI EX-US FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57578
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.		
c EIN-PN 45-6138589-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23019

a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC COLLECTIVE SMALL CAP NL FUND**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.**c** EIN-PN 06-6275604-201**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

90239

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EMERGING MKTS INDEX F**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.**c** EIN-PN 45-6138589-101**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

80191

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

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

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

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

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 <u>07/01/2015</u> and ending <u>06/30/2016</u>		
A Name of plan <u>SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENECA WIRE & MFG. CO.</u>	D Employer Identification Number (EIN) <u>34-4351780</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	390709
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	25	16
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	3322179	3471927
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1076909	527172
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4399113	4389824

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4399113	4389824
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	390709	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		390709
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	21359	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		21359
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		107885
(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)		-75031
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		444922

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	409256	
(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)		409256
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)	37430	
(2) Contract administrator fees	2i(2)	7525	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44955
j Total expenses. Add all expense amounts in column (b) and enter total	2j		454211

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9289
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:

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

	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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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: 0

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.
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

A Name of plan <u>SENECA WIRE AND MANUFACTURING CO. UAW RET. INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENECA WIRE & MFG. CO.</u>	D Employer Identification Number (EIN) <u>34-4351780</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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
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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

The Seneca Wire & Manufacturing
Company – UAW Retirement
Income Plan

Years Ended
June 30,
2016 and 2015

Financial
Statements
and
Supplementary
Information

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

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INDEPENDENT AUDITORS' REPORT

April 17, 2017

Plan Administrator
The Seneca Wire & Manufacturing Company -
UAW Retirement Income Plan
Wapakoneta, 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, 2016 and 2015, 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, 2016 and 2015, 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.

Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of Seneca Wire & Manufacturing Company, the Plan Sponsor, approved a plan of liquidation on February 16, 2017, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2015 financial statements to liquidation basis used in presenting the 2016 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, 2016, 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.

Rehmann Johnson LLC

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	June 30	
	2016 (in Liquidation)	2015 (Ongoing)
Investments at fair value		
Collective trust funds	\$ 3,471,927	\$ 3,322,179
Mutual funds	182,276	503,372
Exchange traded funds	344,896	573,537
Total investments at fair value	3,999,099	4,399,088
Receivables		
Employer contribution	90,709	-
Employer settlement contribution	300,000	-
Total receivables	390,709	-
Other assets		
Accrued interest	16	25
Total assets (equal to net assets available for benefits)	\$ 4,389,824	\$ 4,399,113

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	
	2016 (in Liquidation)	2015 (Ongoing)
Additions to net assets attributed to		
Employer contributions	\$ 390,709	\$ -
Net appreciation (depreciation) in fair value of investments	32,854	(20,942)
Interest and dividends	21,359	29,212
Total additions	444,922	8,270
Deductions from net assets attributed to		
Benefits paid to participants	409,256	392,161
Administrative expenses	44,955	46,196
Total deductions	454,211	438,357
Net decrease	(9,289)	(430,087)
Net assets available for benefits		
Beginning of year (ongoing)	4,399,113	4,829,200
End of year (in liquidation)	\$ 4,389,824	\$ 4,399,113

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.

On June 23, 2016 the Board of Directors of the Company made a decision to terminate the Plan effective June 30, 2016, and a plan of liquidation was approved on February 16, 2017. The termination includes the settlement of the remaining Plan obligations utilizing lump-sum distributions in the amount of \$1,904,487 on April 6, 2017, additional lump-sum distributions of approximately \$2,200,000 to be paid in April 2017, and the purchase of nonparticipating annuities. In order to settle the obligations of the Plan, the Company was required to make a settlement contribution of approximately \$300,000 in addition to the \$90,709 required contribution for the 2016 Plan year. In April 2017, after the payment of all other Plan obligations, the remaining Plan assets will be paid to an annuity carrier and the Company will make an additional required contribution to the same annuity carrier. On May 1, 2017, the annuity carrier will assume the obligation of making benefit payments to participants in accordance with the provisions of 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.

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

Pension Benefits

Effective May 1, 2017, any benefits earned under the Plan that are not paid prior to that date will be provided by an annuity carrier. 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.

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

Effective June 30, 2016 all participants became fully vested. Prior to that date, participants became 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. Expenses that are paid directly by the Company are excluded from these financial statements. Fees for trustee, investment advisory, actuarial and auditing services are paid by the Plan.

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

Summary of Significant Accounting Policies

Basis of Accounting

As a result of the Company's decision to terminate the Plan, the Plan's 2016 statements of assets available for benefits and changes in assets available for benefits are prepared using the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The adoption of the liquidation basis of accounting had no impact on the Plan's financial statements as its assets available for benefits were already carried at fair value. The Plan's financial statements as of and for the year ended June 30, 2015, were prepared using the accrual basis of accounting in accordance with 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.

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 appreciation (depreciation) 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 SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

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, the most recent actuarial valuation available, 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 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. In 2016, contributions are also recorded when there is a reasonable basis on which to estimate the amount necessary to settle benefits.

Payment of Benefits

Benefit payments to participants are recorded when paid.

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*. This ASU removes the requirement to make certain disclosures as well as categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value ("NAV") as a practical expedient. The ASU is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. Plan management has elected to adopt the ASU for the year ended June 30, 2016. Other than the change to disclosures, the adoption of this standard did not have a material impact on the financial statements.

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Plan management has elected to adopt Part II early and, other than the change to disclosures, the early adoption of this standard did not have a material impact on the financial statements.

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, 2016, the most recent statement of net assets available for benefits presented herein, through April 17, 2017, the date these financial statements were available to be issued. As discussed in Note 1, the Plan was liquidated and all liabilities were settled in April 2017.

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, the most recent actuarial valuation available:

Actuarial present value of accumulated plan benefits

Participants currently receiving payments	\$ 4,933,820
Other participants	<u>1,229,080</u>

Total actuarial present value of accumulated plan benefits

\$ 6,162,900

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

Increase (decrease) during the year attributable to

Decrease in the discount period	\$ 248,443
Change in actuarial assumptions	353,545
Benefits paid	(392,016)
Actuarial gains	<u>(48,115)</u>

Net increase

161,857

Actuarial present value of accumulated plan benefits

Beginning of year	<u>6,001,043</u>
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End of year

\$ 6,162,900

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

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, 2016 and 2015, (2) the June 30, 2016, supplemental schedules of assets (held at end of year) and reportable transactions for the year then ended, and (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2016 and 2015. The trustee has also certified the completeness and accuracy of the accrued interest as of June 30, 2016 and 2015.

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 markets that are not active;
- 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, 2016 and 2015.

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

Collective trust funds: These investments are valued at the NAV of units of bank collective trusts. The NAVs, as provided by the trustee, are used as a practical expedient to estimate fair value and, as a result, are not assigned a level in the fair value hierarchy. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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:

2016	Level 1	Level 2	Level 3	Other (1)	Total
Collective trust funds	\$ -	\$ -	\$ -	\$ 3,471,927	\$ 3,471,927
Mutual funds	182,276	-	-	-	182,276
Exchange traded funds	344,896	-	-	-	344,896
Total investments at fair value	\$ 527,172	\$ -	\$ -	\$ 3,471,927	\$ 3,999,099
2015	Level 1	Level 2	Level 3	Other (1)	Total
Collective trust funds	\$ -	\$ -	\$ -	\$ 3,322,179	\$ 3,322,179
Mutual funds	503,372	-	-	-	503,372
Exchange traded funds	573,537	-	-	-	573,537
Total investments at fair value	\$ 1,076,909	\$ -	\$ -	\$ 3,322,179	\$ 4,399,088

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Certain investments are measured at NAV per share (or its equivalent) on a market that is not active and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

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
	2016	2015			
Collective trust funds	\$3,471,927	\$3,322,179	\$ -	Daily	Daily

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 \$44,955 in 2016 and \$46,196 in 2015.

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, 2016, 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, 2013.

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

7. 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.

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, 2016
PLAN #003
EIN 34-4351780

(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
Collective Trust Funds				
*	The Northern Trust Company	NT Collective MSCI Emerging Markets Fund - Non-lending, 595 units	\$ 81,914	\$ 80,191
*	The Northern Trust Company	NT Collective MSCI ACWI Ex-US Index Fund - Non-lending, 445 units	61,658	57,578
*	The Northern Trust Company of Connecticut	NTCC FEBT International Equity NL Fund, 466 units	63,687	63,703
*	The Northern Trust Company	NT Collective S&P 500 Index Fund - Non-lending, 35 units	217,565	243,168
*	The Northern Trust Company of Connecticut	NTCC FEBT Small Cap NL Fund, 466 units	84,000	90,239
*	The Northern Trust Company	NT Collective Aggregate Bond Index Fund - Non-lending, 12,636 units	1,619,257	1,761,722
*	Northern Trust Global Investments	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending, 8,932 units	1,037,096	1,090,735
*	The Northern Trust Company	NT Collective Global Real Estate Index Fund - Non-lending, 126 units	19,906	23,019
*	The Northern Trust Company	Collective Short-term Investment Fund, 61,572 units	61,572	61,572
Total collective trust funds			3,246,655	3,471,927
Mutual Funds				
*	Northern Funds	Northern Multi Manager Global Listed Infrastructure Fund, 1,955 shares	22,304	23,600
*	Northern Funds	Northern Multi Manager High Yield Opportunity Fund, 16,953 shares	176,818	158,676
Total mutual funds			199,122	182,276
Exchange Traded Funds				
	FlexShares	FlexShares Morningstar Global Upstream Natural Resources Index Fund, 832 shares	23,732	21,923
	FlexShares	FlexShares iBoxx 3 Year Target Duration TIPS Index Fund, 12,950 shares	323,103	322,973
Total exchange traded funds			346,835	344,896
Total investments			\$ 3,792,612	\$ 3,999,099

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, 2016 PLAN #003 EIN 34-4351780

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
a) A single transaction in excess of 5% of the current value of Plan assets:						
Northern Trust Company	NT Collective Aggregate Bond Index Fund - Non-lending	\$ 300,000	\$ -	\$ 300,000	\$ 300,000	\$ -
Northern Trust Global Investment	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending	290,000	-	290,000	290,000	-
Northern Trust Global Investment	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending	-	300,000	287,753	300,000	12,247
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Northern Trust Company	NT Collective Aggregate Bond Index Fund - Non-lending					
	1 sale	-	27,000	25,287	27,000	1,713
	3 purchases	540,000	-	540,000	540,000	-
Northern Funds	Northern Multi Manager High Yield Opportunity Fund					
	5 sales	-	244,000	284,557	244,000	(40,557)
	14 purchases	66,791	-	66,791	66,791	-
Northern Trust Global Investment	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending					
	7 sales	-	561,300	540,644	561,300	20,656
	1 purchases	290,000	-	290,000	290,000	-

There were no reportable transactions under categories b) or d) during 2016.

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

Schedule SB Line 26 - Schedule of Active Participant Data

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

EIN: 34-4351780 Plan Number: 003

ANALYSIS OF EMPLOYEES BY AGE AND SERVICE AS OF OCTOBER 1, 2012

YEARS OF CREDITED SERVICE

Attained Age	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
	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. Accben.	Avg. No. 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	0	0	0	0	0
50 to 54	0	0	0	0	0	1	0	0	0	0
55 to 59	0	0	0	0	0	0	3	0	0	0
60 to 64	0	0	0	0	1	1	2	2	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, Part V - Statement Of Actuarial Assumptions / Methods
Plan Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016

	<u>PPA Funding</u>	<u>Suggested Maximum Contribution</u>	<u>FASB ASC</u>
Actuarial Cost Method	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)	Accrued Benefit (Unit Credit)
Asset Valuation Method	See Below	See Below	Market Value

Accrued Benefit (Unit Credit)

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

Actuarial Value of Assets

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 Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016

	PPA Funding (MAP-21/HATFA)	Maximum	FASB ASC 960
Segmented Interest Rates			
Segment 1 (0-5 years)	4.72%	1.25%	Citigroup Pension Discount Curve
Segment 2 (5-20 years)	6.11%	4.08%	
Segment 3 (20+ years)	6.81%	5.15%	
Applicable Month	March	March	June 2015
Effective Interest Rate	6.13%	4.14%	3.94%
Rationale	For PPA Funding and determination of the Maximum Deductible contribution, the segment rates are set by statute, IRS rule, and employer election. The ASC 960 rate is a long term expected rate of return on plan assets.		
Future Salary Increases	None Assumed	None Assumed	None Assumed
Rationale	Benefits are frozen so no future salary scale is assumed or applicable.		
Mortality	2015 Applicable Table (Combined)	2015 Applicable Table (Combined)	RP-2014 Total Data Set

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods
Plan Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016
- Continued -

	PPA Funding (MAP-21/HATFA)	Maximum	FASB ASC 960
Mortality Improvement	Mortality includes projection past valuation year of 14 years for non-annuitants and 7 years for annuitants.	Mortality includes projection past valuation year of 14 years for non-annuitants and 7 years for annuitants.	MP-2014 mortality improvement scale
Rationale	For PPA Funding and determination of the Maximum Deductible contribution, the mortality assumptions are set by statute, IRS rule, and employer election. For the ASC 960 calculations, the mortality assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		
Disability	None Assumed	None Assumed	None Assumed
Rationale	Due to the small number of remaining actives and the benefit exclusions that apply to disability retirement, the possibility of future disability retirements is not considered material for this valuation.		
Termination	*	*	*
Rationale	The termination assumptions are our best estimate for a plan that does not have sufficient experience to develop plan-specific assumptions.		

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods
Plan Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016
- Continued -

	PPA Funding (MAP-21/HATFA)	Maximum	FASB ASC 960
Assumed Retirement Age (Active)	Age 65	Age 65	Age 65
Assumed Retirement Age (Terminated Vested)	Age 65	Age 65	Age 65
Rationale	These assumptions reflect the expectation of receiving unreduced benefits at age 65.		
Percent Married	80%	80%	80%
Age Difference in Participant & Spouse	Males two years older than females	Males two years older than females	Males two years older than females
Rationale	These assumptions are based on plan specific observations and observations of other plans' experience.		
Administrative Expense	Anticipated Administrative Expenses	Anticipated Administrative Expenses	N/A
Rationale	Based on actual administrative expenses paid by the plan in the most recently completed plan year.		

Schedule SB, Part V - Statement Of Actuarial Assumptions / Methods
Plan Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016
- Continued -

OTHER DISCLOSURES PERTAINING TO ECONOMIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect economic assumptions selected as of the valuation date? None

OTHER DISCLOSURES PERTAINING TO DEMOGRAPHIC ASSUMPTIONS

Any known change in circumstances that occurs after the valuation date that would affect demographic assumptions selected as of the valuation date? None

OTHER DISCLOSURES PERTAINING TO PRESCRIBED ASSUMPTIONS OR METHODS

Any prescribed assumption or method set by another party that significantly conflicts with what, in the actuary's professional judgment, would be reasonable for the purpose of the valuation? None

Any prescribed assumption or method set by another party that the actuary is unable to evaluate for reasonableness for the purpose of the valuation? None

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED JUNE 30, 2016 PLAN #003 EIN 34-4351780

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
a) A single transaction in excess of 5% of the current value of Plan assets:						
Northern Trust Company	NT Collective Aggregate Bond Index Fund - Non-lending	\$ 300,000	\$ -	\$ 300,000	\$ 300,000	\$ -
Northern Trust Global Investment	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending	290,000	-	290,000	290,000	-
Northern Trust Global Investment	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending	-	300,000	287,753	300,000	12,247
c) A series of transactions with respect to securities of the same issue which amount in the aggregate to more than 5% of the current value of Plan assets:						
Northern Trust Company	NT Collective Aggregate Bond Index Fund - Non-lending					
	1 sale	-	27,000	25,287	27,000	1,713
	3 purchases	540,000	-	540,000	540,000	-
Northern Funds	Northern Multi Manager High Yield Opportunity Fund					
	5 sales	-	244,000	284,557	244,000	(40,557)
	14 purchases	66,791	-	66,791	66,791	-
Northern Trust Global Investment	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending					
	7 sales	-	561,300	540,644	561,300	20,656
	1 purchases	290,000	-	290,000	290,000	-

There were no reportable transactions under categories b) or d) during 2016.

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

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

A Name of plan Seneca Wire and Manufacturing Co. UAW Ret. Income Plan	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Seneca Wire & Mfg. Co.	D Employer Identification Number (EIN) 34-4351780
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:	
a Market value	2a 4,399,113
b Actuarial value	2b 4,635,937
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 83 (2) Vested Funding Target 3,969,185 (3) Total Funding Target 3,969,185
b For terminated vested participants	12 295,434 295,434
c For active participants	10 586,428 586,428
d Total	105 4,851,047 4,851,047
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 6.13%
6 Target normal cost	6 46,200

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>04/12/2017</u> Date
Ron Vincent	Type or print name of actuary	<u>1404510</u> Most recent enrollment number
McCready and Keene	Firm name	<u>317-285-6459</u> Telephone number (including area code)
P. O. Box 6094	Address of the firm	
Indianapolis IN 46206		

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

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

Schedule SB (Form 5500) 2015
v. 150123

SCHEDULE SB, LINE 19 - DISCOUNTED EMPLOYER CONTRIBUTIONS

Plan Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016

Plan Year Beginning 7/1/2015
Effective Interest Rate 6.13%
Interest Rate for Late Quarterlies 11.13%

Contribution Classification	Schedule SB Line	Classified Amount	Date Made	Date Due	Plan Year Beginning	Days Late	Days to Discount to 7/1/2015	Late Discount	Remaining Discount	Discounted Value
2	19c	\$ 90,709	3/3/2017	3/15/2017	7/1/2015	0	611	1.000000	0.905453	82,133
Total		\$ 90,709								\$ 82,133

Classification	Description	Schedule SB Line
1	Quarterly contribution	19c
2	Other contributions for minimum funding	19c
3	Contributions to avoid benefit restrictions (not included in prefunding balance)	19b
4	Contributions to meet funding deficiency (minimum funding requirements from prior years)	19a
5	Contributions necessary to meet liquidity requirements	19c

Schedule SB, Part V - Summary of Plan Provisions

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

EIN: 34-4351780

Plan Number: 003

Plan Year: July 1, 2015 - June 30, 2016

EFFECTIVE DATE	June 18, 1956; Restated effective July 1, 2012. Latest amended effective July 1, 2013.
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 Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016

continued

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.

Schedule SB, Part V - Summary of Plan Provisions

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

EIN: 34-4351780

Plan Number: 003

Plan Year: July 1, 2015 - June 30, 2016

continued

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.

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%

Schedule SB, Part V - Summary of Plan Provisions

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

EIN: 34-4351780

Plan Number: 003

Plan Year: July 1, 2015 - June 30, 2016

continued

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.

THE SENECA WIRE & MANUFACTURING COMPANY - UAW RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2016
PLAN #003
EIN 34-4351780

(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
Collective Trust Funds				
*	The Northern Trust Company	NT Collective MSCI Emerging Markets Fund - Non-lending, 595 units	\$ 81,914	\$ 80,191
*	The Northern Trust Company	NT Collective MSCI ACWI Ex-US Index Fund - Non-lending, 445 units	61,658	57,578
*	The Northern Trust Company of Connecticut	NTCC FEBT International Equity NL Fund, 466 units	63,687	63,703
*	The Northern Trust Company	NT Collective S&P 500 Index Fund - Non-lending, 35 units	217,565	243,168
*	The Northern Trust Company of Connecticut	NTCC FEBT Small Cap NL Fund, 466 units	84,000	90,239
*	The Northern Trust Company	NT Collective Aggregate Bond Index Fund - Non-lending, 12,636 units	1,619,257	1,761,722
*	Northern Trust Global Investments	NTGI-QM Collective Daily 1-5 Year Credit Bond Index Fund - Non-lending, 8,932 units	1,037,096	1,090,735
*	The Northern Trust Company	NT Collective Global Real Estate Index Fund - Non-lending, 126 units	19,906	23,019
*	The Northern Trust Company	Collective Short-term Investment Fund, 61,572 units	61,572	61,572
Total collective trust funds			3,246,655	3,471,927
Mutual Funds				
*	Northern Funds	Northern Multi Manager Global Listed Infrastructure Fund, 1,955 shares	22,304	23,600
*	Northern Funds	Northern Multi Manager High Yield Opportunity Fund, 16,953 shares	176,818	158,676
Total mutual funds			199,122	182,276
Exchange Traded Funds				
	FlexShares	FlexShares Morningstar Global Upstream Natural Resources Index Fund, 832 shares	23,732	21,923
	FlexShares	FlexShares iBoxx 3 Year Target Duration TIPS Index Fund, 12,950 shares	323,103	322,973
Total exchange traded funds			346,835	344,896
Total investments			\$ 3,792,612	\$ 3,999,099

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.

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name: The Seneca Wire and Manufacturing UAW Retirement Income Plan and Agreement
EIN: 34-4351780
Plan Number: 003
Plan Year: July 1, 2015 - June 30, 2016

SHORTFALL AMORTIZATION CHARGE

<u>Date Established</u>	<u>Initial Balance</u>	<u>Amortization Method</u>	<u>Years Remaining</u>	<u>Shortfall Amortization Installment</u>	<u>Balance 7/1/2015</u>
7/1/2015	\$ 215,110	7-Year	7	\$ 35,773	\$ 215,110
Total				\$ 35,773	\$ 215,110