

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA	1b Three-digit plan number (PN) ▶ 003
		1c Effective date of plan 02/12/1993
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CENTRIA 1005 BEAVER GRADE ROAD MOON TOWNSHIP, PA 15108-2944	2b Employer Identification Number (EIN) 25-1699533 2c Sponsor's telephone number 412-299-8116 2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	ROBERT J. BURIK
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CENTRIA 1005 BEAVER GRADE ROAD MOON TOWNSHIP, PA 15108-2944	3b Administrator's EIN 25-1699533 3c Administrator's telephone number 412-299-8116
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	115
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	55
b Retired or separated participants receiving benefits.....	6b	49
c Other retired or separated participants entitled to future benefits.....	6c	1
d Subtotal. Add lines 6a , 6b , and 6c	6d	105
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	9
f Total. Add lines 6d and 6e	6f	114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. CENTRIA	D Employer Identification Number (EIN) 25-1699533	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	4-12828	114	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5132	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PRIVATE WEALTH ADVISORS, INC. 4900 PERRY HIGHWAY - SUITE 300 PITTSBURGH, PA 15229

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5132	0	NONE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	6230205

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add b and c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CENTRIA</u>	D Employer Identification Number (EIN) <u>25-1699533</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4622314</u>
b	Actuarial value 2b <u>5084545</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>52</u> <u>2787296</u>
b	For terminated vested participants 3b <u>5</u> <u>32849</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>3178206</u>
(3)	Total active 3c(3) <u>58</u> <u>3178206</u>
d	Total 3d <u>115</u> <u>5998351</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.24</u> %
6	Target normal cost 6 <u>144610</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>MICHAEL L. PISULA</u>	Date <u>08-03886</u>
Type or print name of actuary <u>THE PHOENIX BENEFITS GROUP, INC.</u>	Most recent enrollment number <u>412-881-3435</u>
Firm name <u>4232 BROWNSVILLE ROAD - SUITE 137</u> <u>PITTSBURGH, PA 15227</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2780821	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	127407	0
9	Amount remaining (Item 7 minus item 8).....	2653414	0
10	Interest on item 9 using prior year's actual return of <u>-39.82</u> %	-1056589	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		277054
b	Interest on (a) using prior year's effective rate of <u>6.10</u> %		16900
c	Total available at beginning of current plan year to add to prefunding balance		293954
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1596825	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	58.14 %
15	Adjusted funding target attainment percentage.....	15	58.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/11/2009	600000	0			
Totals ►			18(b)	600000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 556855
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	144610
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2150730	384169
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	528779
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	22644	0
36 Additional cash requirement (item 34 minus item 35).....	36	506135
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	556855
38 Interest-adjusted excess contributions for current year (see instructions).....	38	50720
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRIA		D Employer Identification Number (EIN) 25-1699533

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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	NONE	11669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA</u>	B Three-digit plan number (PN) ►	<u>003</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRIA</u>	D Employer Identification Number (EIN) <u>25-1699533</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP S&P 600 INDEX SA

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>619852</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 INDEX SA

b Name of sponsor of entity listed in (a): PRIN LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>686907</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL SMALLCAP SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>330619</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERS INTL SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1430626</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP GROWTH I SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>890659</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE III SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-068</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>686538</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 IDX SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>391763</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN BOND AND MTG SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 595044
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN CORE PLUS BOND I SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

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

c EIN-PN 42-0127290-115	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 598199
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRIA	D Employer Identification Number (EIN) 25-1699533

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	4622314	6230205
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4622314	6230205

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4622314	6230205
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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)	600000	
(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)		600000
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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1315507
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1915507

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	295947	
(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)		295947
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)		
(2) Contract administrator fees	2i(2)	11669	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11669
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		307616

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1607891
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: LOUIS PLUNG & CO.

(2) EIN: 25-1637458

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRIA</u>	D Employer Identification Number (EIN) <u>25-1699533</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>42-0127290</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PENSION PLAN FOR BARGAINING
GROUP HOURLY EMPLOYEES OF THE
CAMBRIDGE, OHIO PLANT OF CENTRIA**

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULES AND
INDEPENDENT AUDITORS' REPORT
December 31, 2009 and 2008**

**PENSION PLAN FOR BARGAINING GROUP HOURLY
EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Pension Plan for Bargaining Group Hourly Employees of the
Cambridge, Ohio Plant of CENTRIA:

We were engaged to audit the financial statements and supplemental schedules of the Pension Plan for the Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements and the supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Louis Plung & Company, LLP

Pittsburgh, Pennsylvania
September 17, 2010

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008**

	<u>2009</u>	<u>2008</u>
Pooled separate accounts (at fair value)	\$ <u>6,230,205</u>	\$ <u>4,622,314</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>6,230,205</u></u>	\$ <u><u>4,622,314</u></u>

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

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2009 and 2008**

	<u>2009</u>	<u>2008</u>
ADDITIONS (DEDUCTIONS) TO NET ASSETS ATTRIBUTED TO		
Investment income:		
Net appreciation (depreciation) in fair value of investments and realized gains	\$ 1,315,507	\$ (2,808,672)
Employer contribution	<u>600,000</u>	<u>500,000</u>
Total additions (deductions)	<u>1,915,507</u>	<u>(2,308,672)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	295,947	262,105
Administrative expenses	<u>11,669</u>	<u>13,086</u>
Total deductions	<u>307,616</u>	<u>275,191</u>
Net increase (decrease)	1,607,891	(2,583,863)
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	<u>4,622,314</u>	<u>7,206,177</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 6,230,205</u>	<u>\$ 4,622,314</u>

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

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

**STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2009 and 2008**

	<u>2009</u>	<u>2008</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits:		
Participants currently receiving payments	\$ 3,539,517	\$ 3,261,128
Active and other participants	<u>4,010,810</u>	<u>3,998,764</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 7,550,327</u>	<u>\$ 7,259,892</u>

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

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Years Ended December 31, 2009 and 2008**

	<u>2009</u>	<u>2008</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	\$ <u>7,259,892</u>	\$ <u>7,140,154</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	79,289	277,862
Changes in actuarial assumptions	(73,698)	(331,568)
Increase for interest due to the decrease in the discount period	580,791	435,549
Benefits paid	<u>(295,947)</u>	<u>(262,105)</u>
Net increase	<u>290,435</u>	<u>119,738</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	\$ <u>7,550,327</u>	\$ <u>7,259,892</u>

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

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following brief description of the Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA, formerly Smith Steelite (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Plan is a noncontributory defined benefit pension plan covering substantially all bargaining unit employees of Local 1825, International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, who are in the active employment of CENTRIA (the "Company"), formerly Smith Steelite, on or after February 12, 1993 and prior to June 11, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). On June 28, 1996, Smith Steelite combined with H.H. Robertson and E.G. Smith Construction Products, Inc. and changed its name to CENTRIA. The benefits for participants of this Plan were not affected by this combination. In connection with the purchase by Smith Steelite of certain net assets of E.G. Smith Construction Products, Inc., a subsidiary of Armco, Inc. (the "Subsidiary"), the accrued pension benefits for employees of the Subsidiary for service through the acquisition date remain the responsibility of Armco, Inc. The Company is responsible for pension costs incurred for service subsequent to the acquisition date which essentially provides benefits similar to the former plan.

Effective January 1, 2001, the Plan was amended to comply with the GUST tax laws and the Economic Growth and Tax Relief Reconciliation Act of 2001. Also, effective January 1, 2001, the name of the Plan was changed to reflect CENTRIA.

Effective January 1, 2009, the Plan was amended and restated to comply with the requirements under the Economic Growth and Tax Relief Reconciliation Act of 2001, the Job Creation and Worker Assistance Act of 2002, the Pension Funding Equity Act of 2004, and the American Jobs Creation Act of 2004. The restated Plan also reflects certain provisions of the Pension Protection Act of 2006.

Pension Benefits - The Plan was amended effective June 11, 2005 in which no individual whose hiring date with the Company is on or after June 11, 2005, shall become a Participant under the Plan nor shall they be eligible to accrue or be entitled to payment of any benefits under the Plan. Additionally, no individual who previously participated in the Plan and who is reemployed by the Company shall be eligible to accrue additional benefits under the Plan after the date of their reemployment, and any continuous service completed after such reemployment date shall not be taken into account in determining the amount of any benefits payable under the Plan to such individual.

The Plan offers early retirement benefits with the above-mentioned monthly life income benefit rate, reduced for certain early retirements as defined in the Plan document.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

Death and Disability - In the event of a participant's death, a death benefit, as defined in the plan document, based on the value of the participant's accumulated pension benefits is paid to the participant's beneficiary. Active participants who become totally disabled and have completed 10 years of service receive their normal pension benefit plus a disability benefit. The disability benefit is paid to the participant until the earlier of he or she being awarded Social Security disability benefits or attaining age 65.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Valuation of Investments - The Plan's assets are invested in separate accounts of Principal Life Insurance Company (the "Custodian"). The values of these separate accounts are the market values as determined by reference to applicable published market data.

Contributions - The Company's funding policy is to make contributions equal to the minimum required contribution under the ERISA plus such additional amounts as may be made from time to time. The minimum contribution requirement was \$0 for both the 2009 and 2008 plan years.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, the Phoenix Benefits Group, Inc. The more significant actuarial assumptions used for this valuation are identical to those underlying the funding policy.

Plan Expenses - Expenses incurred by the plan administrator, the Custodian and trustees for their services and costs in administering the Plan are paid directly by the Plan.

Net Appreciation (Depreciation) - The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consist of the realized gains and losses from sales of investments and unrealized appreciation (depreciation) on investments. The net change in unrealized appreciation (depreciation) in the fair value of investments is determined by the change in fair value from the beginning of the year if held for the entire year or from date of purchase to the end of the year.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

New Accounting Pronouncements - The following is a listing of new accounting pronouncements issued by the Financial Accounting Standards Board (FASB) and management's assessment regarding the effect they will have on the Plan. Accounting pronouncements consist of Statements of Financial Accounting Standards (SFAS), FASB Interpretations (FIN), and Accounting Standards Codification (ASC).

In June 2009, the FASB issued guidance under the Accounting Standards Codification ("ASC") Topic 105, "Generally Accepted Accounting Principles" (SFAS No. 168, The FASB Accounting Standards Codification and Hierarchy of GAAP). This guidance establishes the FASB ASC as the single source of authoritative U.S. GAAP recognized by the FASB to be applied by non governmental entities. The ASC supersedes all existing non-SEC accounting and reporting standards. All other non-grandfathered, non-SEC accounting literature not included in the ASC has become non-authoritative. Following SFAS 168, the FASB will no longer issue any standards in the form of Statements, FSPs, or EITFs Abstracts. Instead, the FASB will issue Accounting Standards Updates, which will serve on to update the ASC, provide background information about the guidance, and provide the basis for conclusions on the change in the ASC. The Plan adopted ASC 105 effective for financial statements issued as of December 31, 2009. The adoption of this guidance did not have an impact on our financial statements but will alter the references to accounting literature within the financial statements.

Management of the Plan has determined based on their review that none of the new accounting pronouncements, except for the above, that were issued are applicable to the Plan. As new accounting pronouncements are released, management will assess if they are applicable and if they are applicable, their affect will be included in the notes to the financial statements.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

3. INVESTMENTS (UNAUDITED)

At December 31, 2009 and 2008, the Plan's investments and executed transactions therein were held by the Custodian. The following is a summary of the Plan's financial information that is included in the financial statements and supplemental schedules based on information certified by the Custodian as complete and accurate in accordance with Section 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.

At December 31, 2009 and 2008, the Plan's investments consisted of the following:

	<u>2009</u>	<u>2008</u>
The Principal Life Insurance Company:		
LargeCap Value III	\$ 686,538 (a)	\$ 577,510 (a)
MidCap S&P 400 Index	686,905 (a)	571,395 (a)
SmallCap S&P 600 Index	619,852 (a)	568,381 (a)
Diversified International	1,430,626 (a)	1,192,871 (a)
International SmallCap	330,619 (a)	243,613 (a)
LargeCap Growth I	890,659 (a)	586,265 (a)
LargeCap S&P 500 Index	391,763 (a)	382,589 (a)
Core Plus Bond I	598,199 (a)	-
Bond and Mortgage	595,044 (a)	499,690 (a)
	<u>\$ 6,230,205</u>	<u>\$ 4,622,314</u>

(a) Represents 5% or more of net assets available for benefits

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$1,315,507 and \$(2,808,672) during the years ended December 31, 2009 and 2008, respectively, as follows:

	<u>2009</u>	<u>2008</u>
Pooled Separate Accounts	<u>\$ 1,315,507</u>	<u>\$ (2,808,672)</u>

The Plan's independent auditors did not perform auditing procedures with respect to information certified by the Custodian at December 31, 2009 and 2008, except for comparing such information to the related information included in the financial statements and supplemental schedules.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification Topic 820, "Fair Value Measurements and Disclosures" (formerly SFAS No. 157, "Fair Value Measurements"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

The Plan uses appropriate valuation techniques, as disclosed in Note 2, based on the inputs available to measure the fair value of its investments. There have been no changes in the methodologies used at December 31, 2009 and 2008.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

The Plan's investments at fair value, within the fair value hierarchy, are as follows as of December 31, 2009 and 2008.

Level 2

December 31, 2009

Pooled Separate Accounts	
Large U.S. Equity	\$ 1,968,960
Small/Mid U.S. Equity	1,306,757
International Equity	1,761,245
Fixed Income	<u>1,193,243</u>
Total	<u>\$ 6,230,205</u>

December 31, 2008

Pooled Separate Accounts	
Large U.S. Equity	\$ 1,546,364
Small/Mid U.S. Equity	1,139,776
International Equity	1,436,484
Fixed Income	<u>499,690</u>
Total	<u>\$ 4,622,314</u>

The fair value of Plan investments at December 31, 2009 and 2008 were determined using inputs from the Level 2 fair value hierarchy. There were no Level 1 or Level 3 investments maintained by the plan during plan years ending December 31, 2009 and 2008.

5. FUNDING POLICY

The Plan's consulting actuary makes an actuarial calculation and report of the contribution required to fund the current service cost for the year, and the recommended contributions to amortize the unfunded prior service liability over a period of 10 to 30 years.

The actuarial costs have been computed in accordance with the Entry Age Normal Cost Method. During the preparation of the January 1, 2009 actuarial valuation report, the actuary incorporated changes in actuarial assumptions for 2009 as further discussed below.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

The IRS-mandated mortality table used to measure the plan's RPA'94 and Gateway current liability changed from the 1983 Group Annuity Table to a projected version of the RP2000 table applicable for plan years beginning on or after January 1, 2007. In lieu of the separate tables specified for annuitants and non-annuitants, the Plan's consulting actuary made use of the optional combined table issued in the IRS regulations that applies the same mortality rates to both annuitants and non-annuitants.

All other assumptions are identical to the assumptions used in the January 1, 2009 valuation.

The more significant assumptions underlying the cost and liability determinations for 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Mortality	IRS prescribed table for 2009 (combined annuitant and non-annuitant table)	IRS prescribed table for 2008 (combined annuitant and non-annuitant table)
Interest and expected rate of return	24 - month average Segment rate 1 - 4.60% Segment rate 2 - 6.65% Segment rate 3 - 6.76% Effective rate - 6.58%	24 - month average Segment rate 1 - 5.32% Segment rate 2 - 6.45% Segment rate 3 - 6.69% Effective rate - 8.24%
Actuarial Retirement Age	Based on Plan experience - Age 62 or attained age if later	Based on Plan experience - Age 62 or attained age if later
Expenses and Contingencies	To be paid from the Trust Fund	To be paid from the Trust Fund

The Pension Protection Act of 2006 was enacted on August 17, 2006. The new law extended the previous funding rules into 2007 and 2008, and also changed the maximum deductible contribution calculation.

6. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated October 13, 2009, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan has not been amended since receiving its determination letter.

**PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES
OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

NOTES TO FINANCIAL STATEMENTS

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

8. SUBSEQUENT EVENTS

The Company has evaluated subsequent events in accordance with Accounting Standards Codification Topic 855, Subsequent Events, through September 17, 2010, which is the date the financial statements were available to be issued. During our evaluation, no subsequent events were identified:

SUPPLEMENTAL SCHEDULES

**PENSION PLAN FOR BARGAINING GROUP HOURLY
EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

PLAN NUMBER 003

EIN 25-1699533

SCHEDULE H PART 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Year Ended December 31, 2009

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Principal Life Insurance Company	LargeCap Value III	\$ 686,538	\$ 686,538
*	Principal Life Insurance Company	MidCap S&P 400 Index	686,905	686,905
*	Principal Life Insurance Company	SmallCap S&P 600 Index	619,852	619,852
*	Principal Life Insurance Company	Diversified International	1,430,626	1,430,626
*	Principal Life Insurance Company	International SmallCap	330,619	330,619
*	Principal Life Insurance Company	LargeCap Growth I	890,659	890,659
*	Principal Life Insurance Company	LargeCap S&P 500 Index	391,763	391,763
*	Principal Life Insurance Company	Core Plus Bond I	598,199	598,199
*	Principal Life Insurance Company	Bond & Mortgage	<u>595,044</u>	<u>595,044</u>
			<u>\$ 6,230,205</u>	<u>\$ 6,230,205</u>

* Party-in-Interest

**PENSION PLAN FOR BARGAINING GROUP HOURLY
EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA**

PLAN NUMBER 003
EIN 25-1699533

SCHEDULE H PART 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Plan Year Ended December 31, 2009

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

CATEGORY I - SINGLE TRANSACTIONS IN EXCESS OF 5%

Principal Life Insurance Co	Money Market Sep Account	\$ 600,000	\$ -	\$ -	-	\$ 600,000	\$ 600,000	\$ -
Principal Life Insurance Co	Money Market Sep Account	-	600,000	-	-	600,000	600,000	-
Principal Life Insurance Co	Core Plus Bond I	600,000	-	-	-	600,000	600,000	-

CATEGORY III - SERIES OF TRANSACTIONS IN EXCESS OF 5%

Principal Life Insurance Co	Money Market Sep Account	600,000	-	-	-	600,000	600,000	-
Principal Life Insurance Co	Money Market Sep Account	-	600,000	-	-	600,000	600,000	-

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	Line 26 - Schedule of Active Participant Data

Years of Credited Service to January 1, 2009																			
Attained Age	0 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		Total
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
1 to 19	-		-		-		-		-		-		-		-		-		0
20 to 24	-		-		-		-		-		-		-		-		-		0
25 to 29	-		-		-		-		-		-		-		-		-		0
30 to 34	-		2		-		-		-		-		-		-		-		2
35 to 39	-		1		-		-		-		-		-		-		-		1
40 to 44	-		1		2		-		-		-		-		-		-		3
45 to 49	-		2		-		-		-		1		-		-		-		4
50 to 54	-		2		1		-		-		6		13		2		-		24
55 to 59	-		-		-		-		1		4		8		2		-		15
60 to 64	-		-		-		-		-		-		4		3		2		9
65 to 69	-		-		-		-		-		-		-		-		-		0
70 to 74	-		-		-		-		-		-		-		-		-		0
75 & up	-		-		-		-		-		-		-		-		-		0
Total	0		8		3		0		1		11		26		7		2		58

2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA	
EIN:	25-1699533	
PN:	003	
Schedule SB line #:	Part V – Statement of Actuarial Assumptions/Methods	

1. Mortality:

	1/1/2008	1/1/2009
Funding & FAS 35	IRS prescribed table (2008 combined annuitant & non-annuitant)	IRS prescribed table (2009 combined annuitant & non-annuitant)

2. Interest rates:

	1/1/2008			1/1/2009		
	Segment 1	Segment 2	Segment 3	Effective Rate	Segment 1	Segment 2
Funding	5.31%	5.92%	6.43%	6.06%	October 2008 full yield curve	8.30%
FAS 35	5.31%	5.92%	6.43%	n/a	5.32%	6.45%
PBGC premium:	4.93%	6.13%	6.69%	n/a	6.72%	7.12%
					6.36%	n/a

3. Turnover:

T-1 Table

4. Disability

None

5. Assumed retirement age

Age 62, or attained age if later

6. Salary scale

Not applicable

7. Plan-related expenses

\$4,300 [prior year: none]

8. Actuarial Funding Method:

Unit Credit Cost Method

A method under which the accrued benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is called the Normal Cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called the Actuarial Accrued Liability. Under this method, the Actuarial Gains (or Losses), as they occur, generally reduce (or increase) the Unfunded Actuarial Accrued Liability.

9. Asset Valuation Method:

3-year smoothed value per Notice 2009-22 [prior year: Fair Market Value]

10. Married Participants:

80% assumed married, with female spouse assumed to be three years younger than male spouse.

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Phone (412) 881-3435 • Fax: (412) 881-3438 • Web Site: www.phoenix-benefits.com

Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Employer: **►** PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA

Employer Identification Number (EIN): **►** 25-1699533

For the plan year beginning/ending: **►** 1/1/2009-12/31/2009

Three-digit plan number: **►** 003

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
CATEGORY I - SINGLE TRANSACTIONS								
IN EXCESS OF 5%								
Principal Life Insurance Company	Money Market Sep Acct	600,000				600,000	600,000	0
Principal Life Insurance Company	Money Market Sep Acct		600,000			600,000	600,000	0
Principal Life Insurance Company	Core Plus Bond I Sep Acct	600,000				600,000	600,000	0
CATEGORY III - SERIES OF TRANSACTIONS								
IN EXCESS OF 5%								
Principal Life Insurance Company	Money Market Sep Acct	600,000				600,000	600,000	0
Principal Life Insurance Company	Money Market Sep Acct		600,000			600,000	600,000	0
CATEGORY IV - SINGLE TRANSACTION WITH								
ONE BROKER EXCEEDS 5%								

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning	01/01/2009	and ending	12/31/2009
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▶ **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 CENTRIA - PENSION PLAN FOR BARGAINING GROUP HOURLY	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRIA	D Employer Identification Number (EIN) 25-1699533	

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>01</u>	Day <u>01</u>	Year <u>2009</u>	
2	Assets:				
	a Market value.....	2a	4622314		
	b Actuarial value.....	2b	5084545		
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target		
	a For retired participants and beneficiaries receiving payment	3a	52	2787296	
	b For terminated vested participants	3b	5	32849	
	c For active participants:				
	(1) Non-vested benefits.....	3c(1)		0	
	(2) Vested benefits.....	3c(2)		3178206	
	(3) Total active	3c(3)	58	3178206	
	d Total.....	3d	115	5998351	
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐				
	a Funding target disregarding prescribed at-risk assumptions	4a			
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b			
5	Effective interest rate	5	8.24 %		
6	Target normal cost.....	6	144610		

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	<div style="font-size: 2em; margin-bottom: 10px;">10/11/10</div> Date 0803886
MICHAEL L. PISULA Type or print name of actuary THE PHOENIX BENEFITS GROUP, INC. Firm name 4232 BROWNSVILLE ROAD - SUITE 137 PITTSBURGH PA 15227 Address of the firm		Most recent enrollment number 412-881-3435 Telephone number (including area code)

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

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2780821	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	127407	0
9 Amount remaining (Item 7 minus item 8).....	2653414	0
10 Interest on item 9 using prior year's actual return of <u>-39.82%</u>	-1056589	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		277054
b Interest on (a) using prior year's effective rate of <u>6.10%</u>		16900
c Total available at beginning of current plan year to add to prefunding balance		293954
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1596825	0

Part III Funding percentages		
14 Funding target attainment percentage	14	58.14 %
15 Adjusted funding target attainment percentage	15	58.14 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.92 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/11/2009	600000	0			
Totals ►			18(b)	600000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	556855
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
			☒ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	144610
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2150730	384169
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	528779
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	22644	0
36 Additional cash requirement (item 34 minus item 35).....	36	506135
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	556855
38 Interest-adjusted excess contributions for current year (see instructions).....	38	50720
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information											
1a Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CENTRIA 1005 BEAVER GRADE ROAD MOON TOWNSHIP PA 15108-2944	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 02/12/1993</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 25-1699533</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 412-299-8116</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 332900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 02/12/1993		2b Employer Identification Number (EIN) 25-1699533		2c Sponsor's telephone number 412-299-8116		2d Business code (see instructions) 332900	
1b Three-digit plan number (PN) ▶	003										
1c Effective date of plan 02/12/1993											
2b Employer Identification Number (EIN) 25-1699533											
2c Sponsor's telephone number 412-299-8116											
2d Business code (see instructions) 332900											

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

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

SIGN HERE		<u>9-21-10</u>	ROBERT J. BURIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9-21-10</u>	ROBERT J. BURIK
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CENTRIA 1005 BEAVER GRADE ROAD MOON TOWNSHIP PA 15108-2944	3b Administrator's EIN 25-1699533 3c Administrator's telephone number 412-299-8116
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	5 115
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	
a Active participants.....	6a 55
b Retired or separated participants receiving benefits.....	6b 49
c Other retired or separated participants entitled to future benefits.....	6c 1
d Subtotal. Add lines 6a, 6b, and 6c.....	6d 105
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 9
f Total. Add lines 6d and 6e.....	6f 114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1G	

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

9a Plan funding arrangement (check all that apply)	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	(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	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	Part V – Statement of Plan Provisions

The following is a summary of the major provisions of the above plan as of the valuation date.

- A. Effective Date: February 12, 1993
- B. Plan Year: Calendar year with a short plan year from February 12, 1993 to December 31, 1993
- C. Eligible Employees): Any employee employed by CENTRIA compensated on an hourly basis and covered by the Basic Agreement between CENTRIA and Local 1825, International Union, United Automobile, Aerospace and Agricultural Implement Workers of America.

Effective June 11, 2005, employees hired on or after June 11, 2005 shall not be eligible to participate in the plan.

D. Retirement:

- 1. Normal Retirement: Age 65
- 2. 55/10 and 55/15 Retirements: Age 55 with 10 or 15 years of Continuous Service
- 3. 60/15 Retirement: Age 60 with 15 years of Continuous Service
- 4. 30-year Retirement: After 30 years of Continuous Service
- 5. Permanent Incapacity Retirement: After 10 years of Continuous Service an employee is considered to be permanently incapacitated only if totally disabled so as to be prevented from engaging in any employment of the type covered by the collective bargaining agreement

The Phoenix Benefits Group, Inc.

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2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	Part V – Statement of Plan Provisions (continued)

E. Benefit Rate multipliers: Based on date of retirement as follows:

Retirement	2/12/1993 to 5/31/1993	6/1/1993 to 6/5/1994	6/6/1994 to 6/1/1995	6/2/1995 to 5/30/1996	5/31/1996 to 6/8/1997	6/9/1997 to 6/8/1998	6/9/1998 to 6/8/1999
Benefit rate	\$25.00	\$26.00	\$27.00	\$28.00	\$28.00	\$29.00	\$29.50
Retirement	6/9/1999 to 6/8/2000	6/9/2000 to 6/8/2001	6/9/2001 to 6/8/2002	6/9/2002 to 6/8/2003	6/9/2003 to 6/8/2004	6/9/2004 to 6/10/2005	6/11/2005 and thereafter
Benefit rate	\$30.00	\$30.50	\$32.50	\$34.50	\$37.00	\$39.50	\$40.00

F. Benefits:

1. Normal, 60/15 or 30-Year Retirement Pension: A monthly amount equal to (A) less (B):

(A) Benefit Rate times years of Continuous Service

(B) monthly benefit amount as specified in Appendix B of the plan document (related to Continuous Service with prior employer through February 11, 1993)

2. 55/15 Retirement Pension: A monthly amount equal to the participant's Accrued Benefit. Payments are deferred to age 60. An immediate pension may be elected prior to age 60 but reduced by 0.45% per month prior to age 60.

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2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	Part V – Statement of Plan Provisions (continued)

3. 55/10 Retirement Pension: A monthly amount equal to the participant's Accrued Benefit. Payments are deferred to age 62. An immediate pension may be elected prior to age 62 but reduced by 0.45% per month prior to age 62.
4. Permanent Incapacity Pension: A monthly amount equal to (A) or (B) as follows:
- (A) Before eligibility for Social Security benefits amount shall be the sum of (1) and (2) where:
- (1) is the participant's Accrued Benefit determined as of the date of permanent incapacity
- (2) is equal to the Benefit Rate in effect at the date of permanent incapacity multiplied by the participant's Continuous Service at the date of permanent incapacity up to a maximum of 25 years.
- (B) After eligibility for Social Security benefits amount shall be the participant's Accrued Benefit determined as of the date of permanent incapacity.
5. Deferred Vested Pension: After 5 years of Continuous Service, a monthly amount equal to the participant's Accrued Benefit. Payments are deferred to age 65. An immediate pension may be elected prior to age 65 (after age 55 and 5 years of Continuous Service) but reduced by 0.45% per month prior to age 65.
6. Pre-retirement Spouse Option: After 5 years of Continuous Service and prior to actual retirement. In event of the participant's death, the surviving spouse is eligible for monthly income for his/her life only commencing on the later of the date of the participant's death or the date the deceased participant would have attained age 55. The benefit is equal to the Accrued Benefit payable in the form of an automatic surviving spouse benefit option and reduced for early payment.

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2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	Part V – Statement of Plan Provisions (continued)

7. Automatic Surviving Spouse Benefit Option: The participant's monthly pension times 95% ($\pm$ 5% for each year the spouse is younger/older than the participant, minimum/maximum adjustments = 90% and 100%). After the participant's death, 70% of the reduced pension is payable to the surviving spouse.
- A. Continuous Service: The number of years of service (and fractions thereof calculated to the nearest month). A Break-in-Service in Continuous Service occurs due to a plant shutdown after 3 years or length of seniority whichever is less.
- B. Normal Form of Payment: Life annuity
- C. Lump Sums: Permitted to \$3,500
- D. Actuarial Equivalence: UP84 Mortality and PBGC interest rates in effect as of the date of determination

The Phoenix Benefits Group, Inc.

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Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA

Employer Identification Number:► 25-1699533

For plan year (beginning/ending):► 1/1/2008-12/31/2008

Plan number:► 003

(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
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Sm Cap Stock Index Sep Acct	619,852	619,852
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Mid Cap Stock Idx Sep Acct	686,906	686,906
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Intl Sm Co Sep Acct	330,619	330,619
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Divers Intl Sep Acct	1,430,625	1,430,625
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Ptr Lg Cap Gr I Sep Acct	890,659	890,659
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Ptr Lg Cap Value Sep Acct	686,538	686,538
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Lg Cp Stock Idx Sep Acct	391,763	391,763
		Pooled Separate Account		
	Principal Life Insurance Company	Prin Core Plus Bond I Sep Acct	598,199	598,199
		Pooled Separate Account		
	Principal Life Insurance Company	Bond and Mortgage Sep Acct	595,044	595,044

2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	Line 32 – Summary of Funding Shortfall Amortization Bases

Summary of Funding Shortfall Amortization Bases

	<u>Date Established</u>	<u>Initial Amount</u>	<u>Number of Payments Remaining</u>	<u>Shortfall Amortization Installment</u>	<u>Value of Remaining Installments at 1/1/2009</u>
A. Bases previously established:					
1. 2008 base	1/1/2008	\$ 0	6	\$ 0	\$ 0
Subtotal:				\$ 0	\$ 0
B. New base effective	1/1/2009	\$ 2,150,730	7	<u>\$ 384,169</u>	<u>\$ 2,150,730</u>
Total = Shortfall Amortization Charge				\$ 384,169	\$ 2,150,730

2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	25 – Change in Method

Actuarial Cost Method Changes

The asset method was changed from the fair market value of plan assets to the average value of plan assets in accordance with IRS Notice 2009-22 (3-year smoothing used).

2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	24 – Change in Actuarial Assumptions

Assumption Changes

The following changes in actuarial assumptions have been made since the prior valuation as a result of the mandated assumptions imposed by the PPA funding rules and proposed regulations:

- The asset valuation method changed from fair market value to the three year smoothing method described in Notice 2009-22.
- The interest rate changed from the three, 24-month average segment rates without phase in of the corporate bond yield curve issued by the IRS – with each year's rates determined based on an *applicable*¹ (measurement) month of January to the full yield curve for October of 2008 in accordance with final regulations, allowing for automatic approval of a change in interest rates.

All other assumptions are identical to the assumptions used in the January 1, 2008 valuation.

¹ IRC §430(h)(2)(E): Applicable month means the month which includes the valuation date or, at the election of the plan sponsor, any of the 4 months which precedes such date.

2009 Form 5500 Schedule SB Attachments

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
EIN:	25-1699533
PN:	003
Schedule SB line #:	22 – Weighted Average Retirement Age

Assumed Retirement Age: Age 62, or attained age if later

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