

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan	<u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF CENTRIA</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
		1c Effective date of plan <u>02/12/1993</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) <u>25-1699533</u>	
	2c Sponsor's telephone number <u>412-299-8116</u>	
	2d Business code (see instructions) <u>332900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/07/2014 Date	ROBERT J. BURIK Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address 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	114
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	36
b Retired or separated participants receiving benefits	6b	62
c Other retired or separated participants entitled to future benefits.....	6c	2
d Subtotal. Add lines 6a , 6b , and 6c	6d	100
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	13
f Total. Add lines 6d and 6e	6f	113
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

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	0	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
8780	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	
8780	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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	11512122

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)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	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 organizations(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 line 9c(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, line 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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>2013</u>
2	Assets:
a	Market value 2a <u>9170133</u>
b	Actuarial value 2b <u>8935694</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>70</u> (1) Number of participants <u>5197530 (2) Funding Target</u>
b	For terminated vested participants..... 3b <u>4</u> <u>112929</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>3713395</u>
(3)	Total active..... 3c(3) <u>40</u> <u>3713395</u>
d	Total..... 3d <u>114</u> <u>9023854</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... 4b
5	Effective interest rate 5 <u>6.27 %</u>
6	Target normal cost 6 <u>117121</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>10/02/2014</u> Date
<u>MICHAEL L. PISULA</u> Type or print name of actuary	<u>14-03886</u> Most recent enrollment number
<u>THE PHOENIX BENEFITS GROUP, INC.</u> Firm name	<u>412-881-3435</u> Telephone number (including area code)
<u>4232 BROWNSVILLE ROAD - SUITE 137</u> <u>PITTSBURGH, PA 15227</u> 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) 2013
v. 130118

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 (line 13 from prior year)	658586	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	658586	0
10 Interest on line 9 using prior year's actual return of <u>14.48</u> %	95363	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		287435
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		20034
c Total available at beginning of current plan year to add to prefunding balance		307469
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	753949	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	90.66 %
15 Adjusted funding target attainment percentage	15	90.66 %
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	98.10 %
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
06/21/2013	178000	0			
07/12/2013	178000	0			
10/04/2013	178000	0			
12/16/2013	178000	0			
			Totals ▶	18(b)	712000
				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 contributions 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	683341
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	117121
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	842109	319467	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	436588
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	96545	0	96545
36 Additional cash requirement (line 34 minus line 35).....		36	340043
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	683341
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	343298
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	96545
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

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	7213	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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 or DFE sponsor's name as shown on line 2a of Form 5500 CENTRIA	D Employer Identification Number (EIN) 25-1699533	

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: <u>PRIN SMALLCAP S&P 600 INDEX SA</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
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)	332598
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 INDEX SA</u>			
b Name of sponsor of entity listed in (a): <u>PRIN LIFE INSURANCE COMPANY</u>			
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)	312869
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL SMALLCAP SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
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)	553086
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERS INTL SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
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)	1138039
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP GROWTH I SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
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)	3086312
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN EQUITY INCOME SA-13</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-120</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)	2839428
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 IDX SEP ACCT</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
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)	1091779

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MTG SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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) 1091577
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SEP ACCT**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

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) 1066434
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	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)	0	0
	(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)	9170133	11512122
	(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	9170133	11512122

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	9170133	11512122
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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)	712000	
(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)		712000
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
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2106655
(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		2818655

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	469453	
(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)		469453
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)	7213	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		7213
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		476666

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2341989
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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)

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITOR'S REPORT
December 31, 2013 and 2012**

**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:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements.

We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, 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 9, 2014

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Pooled separate accounts (at fair value)	\$ <u>11,512,122</u>	\$ <u>9,170,133</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>11,512,122</u></u>	\$ <u><u>9,170,133</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
Years Ended December 31, 2013 and 2012**

	<u>2013</u>	<u>2012</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of		
investments and realized gains	\$ 2,106,655	\$ 1,130,400
Employer contribution	<u>712,000</u>	<u>712,000</u>
Total additions	<u>2,818,655</u>	<u>1,842,400</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	469,453	458,318
Administrative expenses	<u>7,213</u>	<u>7,213</u>
Total deductions	<u>476,666</u>	<u>465,531</u>
Net increase	2,341,989	1,376,869
NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	<u>9,170,133</u>	<u>7,793,264</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 11,512,122</u>	<u>\$ 9,170,133</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, 2013 and 2012**

	<u>2013</u>	<u>2012</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits:		
Participants currently receiving payments	\$ 6,756,563	\$ 6,085,279
Active and other participants	<u>4,572,028</u>	<u>4,669,875</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 11,328,591</u>	<u>\$ 10,755,154</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
Years Ended December 31, 2013 and 2012**

	<u>2013</u>	<u>2012</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	\$ <u>10,755,154</u>	\$ <u>9,718,887</u>
Increase (decrease) during the year attributable to:		
Adjustment to account for changes to final 2011 valuation	-	159,503
Benefits accumulated and actuarial gains and losses	(249,440)	(201,456)
Changes in actuarial assumptions	431,918	746,267
Increase for interest due to the decrease in the discount period	860,412	790,271
Benefits paid	<u>(469,453)</u>	<u>(458,318)</u>
Net increase	<u>573,437</u>	<u>1,036,267</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, END OF YEAR	\$ <u><u>11,328,591</u></u>	\$ <u><u>10,755,154</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**

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.

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

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

NOTES TO FINANCIAL STATEMENTS

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.

Plan Administrative 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.

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 Trust Company (the "Custodian"). Pooled separate accounts are stated at net asset value and the fair value of the separate accounts is not publicly quoted market inputs. The fair value of pooled separate accounts is based on the underlying value of each account's investment portfolio. Investments held by these pooled separate accounts include domestic stocks, international stocks, mutual funds, collective trust funds, and other separate accounts. Pooled separate accounts can be redeemed on a daily basis. Unfunded commitments typically are found in private equity funds and therefore are not applicable to pooled separate accounts.

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 2013 and 2012 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.

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.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management

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

NOTES TO FINANCIAL STATEMENTS

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 - During 2013 and 2012, various new Accounting Standards Updates (ASUs) were issued by the Financial Accounting Standards Board (FASB). The plan administrator 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 effect will be included in the notes to the financial statements.

3. INVESTMENTS (UNAUDITED)

At December 31, 2013 and 2012, 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 schedule 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, 2013 and 2012, the Plan's investments consisted of the following:

	<u>2013</u>	<u>2012</u>
Pooled Separate Accounts:		
Bond and Mortgage	\$ 1,091,577 (a)	\$ 1,035,273 (a)
Core Plus Bond I	1,066,434 (a)	1,013,673 (a)
Diversified International	1,138,039 (a)	1,068,407 (a)
Equity Income	2,839,428 (a)	2,074,207 (a)
International SmallCap	553,086	430,010
LargeCap Growth I	3,086,312 (a)	2,112,488 (a)
LargeCap S&P 500 Index	1,091,779 (a)	847,001 (a)
MidCap S&P 400 Index	312,869	293,886
SmallCap S&P 600 Index	332,598	295,188
	<u>\$ 11,512,122</u>	<u>\$ 9,170,133</u>

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

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

NOTES TO FINANCIAL STATEMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$ 2,106,655 and \$1,130,400 during the years ended December 31, 2013 and 2012, respectively, as follows:

	<u>2013</u>	<u>2012</u>
Pooled Separate Accounts	\$ <u>2,106,655</u>	\$ <u>1,130,400</u>

The Plan's independent auditors did not perform auditing procedures with respect to information certified by the Custodian at December 31, 2013 and 2012, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures 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 Topic 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.

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

NOTES TO FINANCIAL STATEMENTS

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 as of December 31, 2013 and 2012.

The Plan's investments at fair value that are classified as Level 2 within the fair value hierarchy are as follows as of December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Pooled Separate Accounts:		
Fixed Income	\$ 2,158,011	\$ 2,048,946
International Equity	1,691,125	1,498,417
Large U.S. Equity	7,017,519	5,033,696
Small/Mid U.S. Equity	645,467	589,074
Total	<u>\$ 11,512,122</u>	<u>\$ 9,170,133</u>

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2013 and 2012, respectively:

<u>Investments at December 31, 2013</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts				
Bond and Mortgage	\$ 1,091,577	N/A	Daily	30 days
Core Plus Bond I	1,066,434	N/A	Daily	31 days
Diversified International	1,138,039	N/A	Daily	32 days
Equity Income	2,839,428	N/A	Daily	33 days
International SmallCap	553,086	N/A	Daily	34 days
LargeCap Growth I	3,086,312	N/A	Daily	35 days
LargeCap S&P 500 Index	1,091,779	N/A	Daily	36 days
MidCap S&P 400 Index	312,869	N/A	Daily	37 days
SmallCap S&P 600 Index	<u>332,598</u>	N/A	Daily	38 days
Total Pooled Separate Accounts	<u>\$ 11,512,122</u>			

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

NOTES TO FINANCIAL STATEMENTS

<u>Investments at December 31, 2012</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled Separate Accounts				
Bond and Mortgage	\$ 1,035,273	N/A	Daily	30 days
Core Plus Bond I	1,013,673	N/A	Daily	31 days
Diversified International	1,068,407	N/A	Daily	32 days
Equity Income	2,074,207	N/A	Daily	33 days
International SmallCap	430,010	N/A	Daily	34 days
LargeCap Growth I	2,112,488	N/A	Daily	35 days
LargeCap S&P 500 Index	847,001	N/A	Daily	36 days
MidCap S&P 400 Index	293,886	N/A	Daily	37 days
SmallCap S&P 600 Index	<u>295,188</u>	N/A	Daily	38 days
Total Pooled Separate Accounts	<u>\$ 9,170,133</u>			

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instruments and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013 and 2012, there were no significant transfers in or out of levels 1, 2, or 3.

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 Unit Credit Cost Method. During the preparation of the January 1, 2014 actuarial valuation report, all other assumptions are identical to the assumptions used in the January 1, 2013 valuation.

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

NOTES TO FINANCIAL STATEMENTS

The more significant assumptions underlying the cost and liability determinations for 2013 and 2012 are as follows:

	<u>2013</u>	<u>2012</u>
Mortality	IRS prescribed table for 2014 (combined annuitant and non-annuitant table)	IRS prescribed table for 2013 (combined annuitant and non-annuitant table)
Interest and expected rate of return	24 - month average Segment rate 1 – 1.25% Segment rate 2 – 4.06% Segment rate 3 – 5.08% Effective rate - 4.26%	24 - month average Segment rate 1 – 1.62% Segment rate 2 – 4.40% Segment rate 3 – 5.45% Effective rate - 4.62%
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

6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefit.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

7. TAX STATUS

Although the Plan has not requested a determination letter from the Internal Revenue Service ("IRS") as to the Plan's tax-exempt status, the Plan received a favorable determination letter from the IRS dated October 13, 2009. The Plan has not been amended since receiving its determination letter. The plan administrator believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code ("IRC"). Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the IRC.

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

NOTES TO FINANCIAL STATEMENTS

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the company has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator believes as of December 31, 2013, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the plan is no longer subject to income tax examinations for the years prior to 2010.

8. 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.

9. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events in accordance with ASC Topic 855, Subsequent Events, through September 9, 2014, which is the date the financial statements were available to be issued. During their evaluation, no subsequent event items were identified.

SUPPLEMENTAL SCHEDULE

**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, 2013

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Prinicpal Trust Company	Bond & Mortgage	\$ 1,077,052	\$ 1,091,577
*	Prinicpal Trust Company	Core Plus Bond I	995,210	1,066,434
*	Prinicpal Trust Company	Diversified International	1,070,694	1,138,039
*	Prinicpal Trust Company	Equity Income	2,364,804	2,839,428
*	Prinicpal Trust Company	International SmallCap	515,590	553,086
*	Prinicpal Trust Company	LargeCap Growth I	2,350,272	3,086,312
*	Prinicpal Trust Company	LargeCap S&P 500 Index	643,277	1,091,779
*	Prinicpal Trust Company	MidCap S&P 400 Index	195,746	312,869
*	Prinicpal Trust Company	SmallCap S&P 600 Index	192,822	332,598
			<u>\$ 9,405,467</u>	<u>\$ 11,512,122</u>
*	Party-in-Interest			

2013 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 26 – Schedule of Active Participant Data

Schedule SB, Attachment to line 26 - Schedule of Active Participant Data																				
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	
	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.	Avg. No.	Comp.
1 to 19																				0
20 to 24	-		-		-		-		-		-		-		-		-		-	0
25 to 29	-		-		-		-		-		-		-		-		-		-	0
30 to 34	-		-		-		-		-		-		-		-		-		-	0
35 to 39	-		-		2		-		-		-		-		-		-		-	2
40 to 44	-		-		2		-		-		-		-		-		-		-	2
45 to 49	-		-		3		-		-		-		-		-		-		-	3
50 to 54	-		-		2		-		-	1		1		2		-		-	6	
55 to 59	-		-		1		-		-	1		3		12		-		-	17	
60 to 64	-		-		-		-		-	2		-		5		2		-	9	
65 to 69	-		-		-		-		-	-		-		1		-		-	1	
70 to 74																			0	
75 & up																			0	
Total	0		0		10		0		0		4		4		20		2		40	

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2013 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:

1/1/2012		1/1/2013	
Funding:	IRS prescribed table (2012 combined annuitant & non-annuitant)	IRS prescribed table (2013 combined annuitant & non-annuitant)	
Plan Accounting:	IRS prescribed table (2012 combined annuitant & non-annuitant)	IRS prescribed table (2013 combined annuitant & non-annuitant)	

2. Interest rates:

1/1/2012					1/1/2013				
	Segment 1	Segment 2	Segment 3	Effective Rate	Segment 1	Segment 2	Segment 3	Effective Rate	
Funding pre-MAP21:	1.98%	5.07%	6.19%	5.29%	1.62%	4.40%	5.45%	4.62%	
Funding MAP21:	5.54%	6.85%	7.52%	6.97%	4.94%	6.15%	6.76%	6.27%	
Plan Accounting:	1.98%	5.07%	6.19%	n/a	1.62%	4.40%	5.45%	n/a	
PBGC premium:	1.98%	5.07%	6.19%	n/a	1.62%	4.40%	5.45%	n/a	

3. Turnover: T-4 Table
4. Disability: None
5. Assumed retirement age: Age 62, or attained age if later
6. Salary scale: Not applicable
7. Expenses: \$7,300 [prior year: \$8,000]
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
10. Married Participants: 80% assumed married, with female spouse assumed to be three years younger than male spouse.

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SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► **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 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 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>2013</u>			
2 Assets:			
a Market value	2a	9170133	
b Actuarial value	2b	8935694	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	70	5197530
b For terminated vested participants	3b	4	112929
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		3713395
(3) Total active	3c(3)	40	3713395
d Total	3d	114	9023854
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.27%	
6 Target normal cost	6	117121	

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>10/2/2014</u> Date 1403886
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 Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	658586	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	658586	0
10 Interest on line 9 using prior year's actual return of <u>14.48%</u>	95363	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		287435
b Interest on (a) using prior year's effective interest rate of <u>6.97%</u> except as otherwise provided (see instructions)		20034
c Total available at beginning of current plan year to add to prefunding balance		307469
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	753949	0

Part III Funding Percentages

14 Funding target attainment percentage	14	90.66 %
15 Adjusted funding target attainment percentage	15	90.66 %
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	98.10 %
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
06/21/2013	178000	0			
07/12/2013	178000	0			
10/04/2013	178000	0			
12/16/2013	178000	0			
Totals ▶			18(b)	712000	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 contributions 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	683341

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	117121	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
	842109	319467	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	436588	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	96545	0	96545
36 Additional cash requirement (line 34 minus line 35).....	36	340043	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	683341	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	343298	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	96545	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

2013 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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2013 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

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
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2013 Form 5500 Schedule SB Attachments

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.

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
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2013 Form 5500 Schedule SB Attachments

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.

Plan Name:	Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA
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2013 Form 5500 Schedule SB Attachments

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.

G. 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.

H. Normal Form of Payment: Life annuity

I. Lump Sums: Permitted to \$5,000

J. Actuarial Equivalence: UP84 Mortality and PBGC interest rates in effect as of the date of determination

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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): ► 1/1/2013-12/31/2013

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
	Principal Life Insurance Company	Pooled Separate Account Prin Sm Cap S&P 600 Index Sep Acct	332,598	332,598
	Principal Life Insurance Company	Pooled Separate Account Prin Mid Cap S&P 400 Idx Sep Acct	312,869	312,869
	Principal Life Insurance Company	Pooled Separate Account Prin Intl Sm Cap Sep Acct	553,086	553,086
	Principal Life Insurance Company	Pooled Separate Account Prin Divers Intl Sep Acct	1,138,039	1,138,039
	Principal Life Insurance Company	Pooled Separate Account Prin Ptr Lg Cap Gr I Sep Acct	3,086,312	3,086,312
	Principal Life Insurance Company	Pooled Separate Account Prin Equity Income Sep Acct	2,839,428	2,839,428
	Principal Life Insurance Company	Pooled Separate Account Prin Lg Cp S&P 500 Idx Sep Acct	1,091,779	1,091,779
	Principal Life Insurance Company	Pooled Separate Account Prin Core Plus Bond I Sep Acct	1,066,434	1,066,434
	Principal Life Insurance Company	Pooled Separate Account Bond and Mortgage Sep Acct	1,091,577	1,091,577

2013 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

MAP-21 SHORTFALL AMORTIZATION BASES

	Date Established	Initial Payment Period	Initial Amount	Number of Payments Remaining	Shortfall Amortization Installment	Value of Remaining Installments at 1/1/2013	Remaining Periods	Applicable Interest rate	Discount Factor	Other Factors
							1	4.94%	1.0000	1.0000
							2	4.94%	0.9529	1.9529
							3	4.94%	0.9081	2.8610
							4	4.94%	0.8653	3.7263
A. Bases previously established:							5	4.94%	0.8246	4.5509
2008 base	1/1/2008	7	\$ 0	2	\$ 0	\$ 0	6	6.15%	0.7420	5.2929
2009 base	1/1/2009	7	\$ 2,150,730	3	384,169	1,099,108	7	6.15%	0.6990	5.9919
2010 base	1/1/2010	7	\$ (829,580)	4	(138,642)	(516,622)	8	6.15%	0.6585	6.6504
2011 base	1/1/2011	7	\$ 1,365,950	5	220,735	1,004,543	9	6.15%	0.6204	7.2708
2012 base	1/1/2012	7	\$ (1,135,051)	6	(192,646)	(1,019,656)	10	6.15%	0.5844	7.8552
Subtotal:					\$ 273,616	\$ 567,373	11	6.15%	0.5506	8.4058
B. New base effective		1/1/2013	\$ 274,736	7	45,851	274,736	12	6.15%	0.5187	8.9245
Total = Shortfall Amortization Charge					\$ 319,467	\$ 842,109	13	6.15%	0.4886	9.4131
							14	6.15%	0.4603	9.8734
							15	6.15%	0.4336	10.3070

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