

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: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/06/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>06/06/1994</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>06/06/1994</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CENTRIA</u> <u>EDGETOWNE SQUARE 1005 BEAVER GRADE</u> <u>MOON TOWNSHIP, PA 15108-2944</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>25-1699533</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>412-299-8000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1699533</u>	2c Plan Sponsor's telephone number <u>412-299-8000</u>	2d Business code (see instructions) <u>332300</u>	
2b Employer Identification Number (EIN) <u>25-1699533</u>					
2c Plan Sponsor's telephone number <u>412-299-8000</u>					
2d Business code (see instructions) <u>332300</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.	10/01/2015	ROBERT BURIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2015	ROBERT BURIK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 184
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 176
a(2) Total number of active participants at the end of the plan year	6a(2) 182
b Retired or separated participants receiving benefits	6b 2
c Other retired or separated participants entitled to future benefits.....	6c 7
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 191
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 2
f Total. Add lines 6d and 6e	6f 193
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 184
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: 2E 2F 2G 2J 2K 2S 2T	
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)

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

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

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

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

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

Receipt Confirmation Code _____

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
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	004
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	414159	193	01/01/2014	12/31/2014

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
4347	463

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 HWY
 STE 300
 PITTSBURGH, PA 15229

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4347	385	REFERRAL/SERVICE FEE	3

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

PWA SECURITIES INC
 4900 PERRY HWY STE 300
 PITTSBURGH, PA 15229-2218

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	78	REFERRAL/SERVICE FEE	3

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

Schedule A (Form 5500) 2014
v. 140124

(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	4653
5 Current value of plan's interest under this contract in separate accounts at year end	5	5344092

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year.....	7b	189209
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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)	202	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	202
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d Total of balance and additions (add lines 7b and 7c(6))	7d	189411
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1594	
(2) Administration charge made by carrier	7e(2)	1	
(3) Transferred to separate account.....	7e(3)	183163	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions.....	7e(5)	184758
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4653
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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)	
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)	
(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)	
(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 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</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	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 <u>PRINCIPAL LIFE INSURANCE COMPANY</u>
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42-0127290

(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)

PRIVATE WEALTH ADVISORS INC

52-2388378

(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?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	4935	Yes ☐ No ☒

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	6078	Yes ☒ No ☐	Yes ☒ No ☐	0	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
PRIVATE WEALTH ADVISORS INC	49 55 99	4935

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>004</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRIA</u>	D Employer Identification Number (EIN) <u>25-1699533</u>	

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 MIDCAP VALUE III SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-022</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>388688</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GOVT & HQ BOND SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-007</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>184787</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL SMALLCAP SEP ACCT-I3</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) <u>447797</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN U.S. PROPERTY SA-I3</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>40036</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND AND MTGE SA-I3</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>252031</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIV INTL SA-I3</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) <u>712514</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-I3</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) <u>768034</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-I3			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	597558
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-I3			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	234381
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-I1			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	238829
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGE CAP GROWTH I SA-I1			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	739393
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VAL PREF FD			
b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY			
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3695909
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN HIGH YIELD I SEP ACCT-I2			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	62578
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2010 FD I25			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	107055
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2020 FD I25			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	826869
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2030 FD I25			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	560455
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FD I25			
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY			
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1308150

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FD I25**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 459602
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND I25**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51733
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND I SA-R6**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) 18219
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-I3**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 654396
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND MARKET INDEX SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4850
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2060 FD I25**b** Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4066
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>004</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			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	136405	167655
(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)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	389602	454828
(9) Value of interest in common/collective trusts	1c(9)	5874245	7013837
(10) Value of interest in pooled separate accounts	1c(10)	5529103	5344092
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	254306	298956
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	189209	4653
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12372870	13284021

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	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	12372870	13284021
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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)	507585	
(B) Participants	2a(1)(B)	707526	
(C) Others (including rollovers)	2a(1)(C)	163883	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1378994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	21270	
(F) Other	2b(1)(F)	202	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21472
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		253450
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		297314
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		24992
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1976222

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1047710	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1047710
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		11283
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	6078	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6078
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1065071

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		911151
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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. LLP

(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	0
4b		X	0

	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	0
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	0
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</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
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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	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE AND
INDEPENDENT AUDITORS' REPORT
December 31, 2014 and 2013**

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
CENTRIA Bargaining Employees 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CENTRIA Bargaining Employees 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

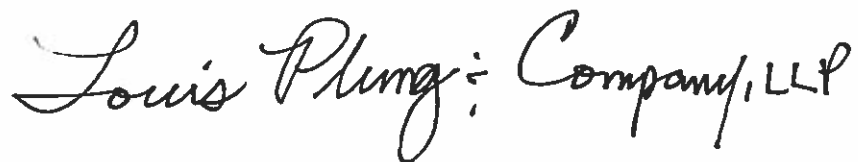
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of the year ending December 31, 2014 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Louis Plung & Company, LLP". The signature is written in dark ink and is positioned above the typed name and date.

Pittsburgh, Pennsylvania
September 9, 2015

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2014 and 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Investments (at fair value):		
Guaranteed investment contracts	\$ 4,653	\$ 189,209
Pooled separate accounts	5,344,092	5,529,103
Mutual fund	298,956	254,306
Common collective trusts	<u>7,013,837</u>	<u>5,874,245</u>
Total investments	<u>12,661,538</u>	<u>11,846,863</u>
Receivables:		
Employer contributions	167,655	149,631
Notes receivable from participants	<u>454,828</u>	<u>389,602</u>
Total receivables	<u>622,483</u>	<u>539,233</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	13,284,021	12,386,096
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(38,862)</u>	<u>(19,531)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,245,159</u>	<u>\$ 12,366,565</u>

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

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest on guaranteed investment contract	\$ 202	\$ 8,891
Net appreciation in fair value of investments and realized gains and losses	556,425	1,605,005
Interest on notes receivable from participants	21,270	19,296
Contributions:		
Participant	707,526	650,111
Employer	494,359	454,401
Rollover	163,883	33,010
Total additions	<u>1,943,665</u>	<u>2,770,714</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,047,710	877,152
Deemed distributions	11,283	-
Administrative expenses	6,078	4,762
Total deductions	<u>1,065,071</u>	<u>881,914</u>
Net increase	878,594	1,888,800
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>12,366,565</u>	<u>10,477,765</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 13,245,159</u>	<u>\$ 12,366,565</u>

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

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the CENTRIA Bargaining Employees 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a contributory defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) which effective January 1, 2001 covers employees of CENTRIA (the "Company") and its subsidiaries represented for collective bargaining purposes by Local 1825, Local 1211 and Local 385.

Effective January 1, 2001, the CENTRIA Cambridge Ohio Plant Bargaining Employees 401(k) Plan, whose participants are represented for collective bargaining purposes by International Union, United Automobile, Aerospace and Architectural Implement Workers of America and its Local Union No. 1825 ("Local 1825") was renamed the CENTRIA Bargaining Employees 401(k) Plan. Also effective January 1, 2001, the Plan assets of the CENTRIA Ambridge Hourly Employees 401(k) Plan, whose participants are represented for collective bargaining purposes by the United Steel Workers of America and its Local Union No. 1211 ("Local 1211") and the CENTRIA ESD 401(k) Plan, whose participants are represented by International Brotherhood of Electrical Workers and its Local Union No. 385 ("Local 385"), were transferred into the Plan. The Plan was also amended January 1, 2001 to comply with the GUST tax laws.

The Plan was amended December 21, 2001 to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA).

Eligibility - Members of Local 1825 who were hired prior to June 11, 2005 are required to work 45 days to fulfill service requirements.

Members of Local 1825 who were hired after June, 11 2005 are eligible to be active participants once they have become an employee.

Members of Local 1211 are eligible to participate after one year of eligibility service. One year of eligibility services is defined as a consecutive 12 month period in which the employee is credited with 1,000 hours of service.

Members of Local 385 must be at least 18 years of age and fulfill three months of eligibility service to become active participants.

Contributions - Participants may contribute the lesser of the annual limitation (\$17,500 for 2014 and 2013), or 100% of their pretax compensation as defined in the Plan document in accordance with provisions of EGTRRA. Effective January 1, 2008, all eligible employees, as outlined in the Plan document, who were hired in 2008 or were not participating in the Plan prior to January 1, 2008 will be automatically enrolled in the Plan. The automatic elective deferral contribution is 3% and increases by 1% each year thereafter up to a maximum of 6%. Those employees that were participating in the Plan prior to January 1, 2008 will retain their current contribution percentage.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The Company matches the participants' contributions to a maximum of 25% of the first 6% of the employees' eligible compensation for Local 1211 participants. Local 1825 and Local 385 participants receive Company matching contributions to a maximum of 100% up to 1% of elective deferral as well as 50% of elective deferral over 1% but not over 6% of compensation.

The Company may make qualified nonelective contributions or various discretionary contributions as defined in the Plan document. The Company made discretionary contributions of \$167,655 and \$149,631 during Plan years 2014 and 2013, respectively.

The Plan provides for additional elective deferrals for eligible participants subject to certain limitations. Eligible participants are those participants who will attain at least age 50 before the close of the Plan year who would otherwise be eligible to make elective deferrals under the Plan. The maximum additional elective deferral for 2014 and 2013 is limited to \$5,500.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contributions and (b) plan earnings and losses. Earnings or losses are allocated to the participant's account at the end of each day, based on the participant's account balance at the beginning of that day.

Vesting - Participants from Local 1211 have an immediate 100% vested and nonforfeitable right to the funds they contributed to the Plan. Vesting service begins on the employee's hire date. Participants have a vested right to matching contributions made by the Company in accordance with the following vesting schedule:

<u>Period of Service</u>	<u>Percent Vested</u>
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 or more years	100%

Participants from Local 1825 who were hired on or after June 11, 2005 as well as participants from Local 385 have an immediate 100% vested and nonforfeitable right to the funds they contribute and matching contributions made by the Company. Discretionary contributions made by the Company to both participant groups are vested according to the following schedule:

<u>Period of Service</u>	<u>Percent Vested</u>
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 or more years	100%

Participants from Local 1825 who were hired prior to June 11, 2005 have an immediate 100% vested and nonforfeitable right to funds they have contributed as well as Company matching contributions.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

A participant's interest in the employer's contribution becomes 100% vested and distributable upon retirement, permanent disability or death. Upon termination of employment, unvested benefits will first be applied to pay administrative expenses, then revert back to the participants of the Plan.

Investment Options - Participants may invest their voluntary contributions, rollover contributions and the Company's contributions, plus actual earnings thereon into any of the twenty-five investment options maintained by Principal Trust Company (the "Trustee"). The participant may change their investment election for new contributions and existing balances daily.

Payment of Benefits - The normal retirement age for Plan participants is 65, at which point the accumulated value of a participant's vested account becomes payable without penalty. Participants may opt to keep their funds in the Plan after this date, but must begin withdrawing their funds once they reach the age of 70½. Also, participants may elect to have distributions paid to them on their early retirement date, which is the later of (a) the date a participant stops working for the Company or (b) the date a participant reaches the age of 59½.

Additionally, a participant's vested account balance will be distributable upon the occurrence of any one of the following events: (a) death or disability, (b) plan termination or (c) any other termination of employment. Upon termination of employment, if the participant's account balance is \$1,000 or less, a participant will automatically receive a lump-sum payment, less applicable withholding taxes. If the participant's account balance is greater than \$1,000 and is less than \$5,000, the Plan Administrator will pay the distribution directly to the participant into a direct rollover to an individual retirement plan designated by the Plan Administrator. If the participant's account balance is greater than \$5,000, the participant may elect to either (a) receive an immediate lump-sum amount equal to the value of their account or (b) leave the account balance in the Plan until such time as the participant decides to withdraw the account balance. The Plan Administrator will pay distributions into a direct rollover to an individual retirement plan designated by the Plan Administrator for mandatory distributions greater than \$1,000 that the Participant does not elect to have the distribution paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution in accordance with the Plan document.

Notes Receivable from Participants - The Plan document allows participants to take loans, subject to certain restrictions, against their vested account balance at the request of the participant. The total of such loans from the Plan to a participant will not exceed the lesser of the following amounts (a) or (b):

- (a) \$50,000, reduced by the highest outstanding loan balance of loans during the one-year period ending on the day before the new loan is made.
- (b) The greater of the following:
 - 1. an amount equal to 50% of any participant's current vested interest in their account.
 - 2. \$10,000.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The period of payment for any loan will be arrived at by mutual agreement between the plan administrator and the participant, but in no event will its term exceed five years. Each loan will bear interest at a reasonable rate determined annually by the Plan Administrator. The minimum loan amount is \$1,000 as defined in the Plan document. The maximum number of loans to be approved during any 12-month period is one. The maximum number of outstanding loans is one.

Effective for plan loans after December 31, 2001, plan provisions prohibit loans to any shareholder-employee or owner-employee.

Plan Administrative Expenses - Expenses incurred by the Plan Administrator, custodian and trustees for their services and costs in administering the Plan are paid directly by the Company, except for certain fees related primarily to participant loan administration which are paid directly by the Plan.

Forfeited Accounts - Forfeitures are used to reduce future employer contributions, expenses incurred in the operation of the Plan and to restore a participant's account after a break in service, in accordance with the Plan's provisions. As of December 31, 2014 and 2013, the Plan had outstanding forfeiture balances of \$0 and \$821, respectively. Forfeitures were used to reduce employer contributions by \$883 and \$548 for the years ended December 31, 2014 and 2013, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities as of the date of the financial statements and the reported amounts of additions and deductions in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Net Appreciation (Depreciation) in Fair Value of Investments - 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.

New Accounting Pronouncements - During 2014 and 2013, 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 the following new accounting pronouncement that was issued is 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.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

In August 2014, the FASB issued ASU 2014-15, Presentation of Financial Statements – Going Concern, which requires management to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about an entity's ability to continue as a going concern within one year after the date that the financial statements are issued or the date the financial statements are available to be issued. ASU 2014-15 is effective for the annual period ending after December 15, 2016. Early adoption is permitted. Management has determined that the adoption of this guidance will not have any impact on the financial statements and notes thereto.

3. INVESTMENTS (UNAUDITED) AND NOTES RECEIVABLE FROM PARTICIPANTS (UNAUDITED)

At December 31, 2014 and 2013, the Plan's investments, notes receivable from participants and executed transactions therein were held by the Trustee. 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 Trustee 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 ERISA.

At December 31, 2014 and 2013, the Plan's investments and notes receivable from participants consisted of the following:

	<u>2014</u>	<u>2013</u>
Guaranteed Investment Contracts		
Guaranteed Investment Contracts	\$ 4,653	\$ 189,209
Total Guaranteed Investment Contracts	<u>4,653</u>	<u>189,209</u>
Pooled Separate Accounts		
Bond and Mortgage	252,031	239,171
Core Plus Bond I	18,219	81,842
Diversified International	712,514 (a)	912,668 (a)
Government & High Quality Bond	184,787	143,245
International SmallCap	447,797	676,748 (a)
Large Cap Growth	739,393 (a)	725,011 (a)
LargeCap S&P 500 Index	768,034 (a)	678,698 (a)
MidCap S&P 400 Index	234,381	194,874
MidCap Value III	388,688	342,441
Principal Bond Market Index	4,850	11,100
Principal Equity Income	654,396	584,494
Principal High Yield I	62,578	70,904
Principal U.S. Property	40,036	44,796
SmallCap S&P 600 Index	597,558	601,197 (a)
SmallCap Growth	238,830	221,915
Total Pooled Separate Accounts	<u>5,344,092</u>	<u>5,529,104</u>
Subtotal	<u>\$ 5,348,745</u>	<u>\$ 5,718,313</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

	<u>2014</u>	<u>2013</u>
Subtotal from page 9	\$ 5,348,745	\$ 5,718,313
Mutual Fund		
Fidelity Advisor Mid Cap T Fund	<u>298,956</u>	<u>254,306</u>
Total Mutual Fund	<u>298,956</u>	<u>254,306</u>
Common Collective Trusts		
Principal Lifetime - 2010	107,054	308,931
Principal Lifetime - 2020	826,868 (a)	752,045 (a)
Principal Lifetime - 2030	560,455	420,387
Principal Lifetime - 2040	1,308,150 (a)	849,280 (a)
Principal Lifetime - 2050	459,602	313,123
Principal Lifetime - 2060	4,066	-
Principal Stable Value Fund	3,695,909 (a)	3,226,849 (a)
Principal Trust Income Fund	<u>51,733</u>	<u>3,629</u>
Total Common Collective Trusts	<u>7,013,837</u>	<u>5,874,244</u>
Total Investments	<u>12,661,538</u>	<u>11,846,863</u>
Notes Receivable from Participants	<u>454,828</u>	<u>389,602</u>
Total Investments and Notes Receivable	<u>\$ 13,116,366</u>	<u>\$ 12,236,465</u>

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

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$556,425 and \$1,605,005 during the years ended December 31, 2014 and 2013, respectively, as follows:

	<u>2014</u>	<u>2013</u>
Pooled Separate Accounts	\$ 304,554	\$ 1,500,213
Mutual Fund	24,992	67,735
Common Collective Trusts	<u>226,879</u>	<u>37,057</u>
	<u>\$ 556,425</u>	<u>\$ 1,605,005</u>

The Plan's independent auditors did not perform auditing procedures with respect to investments that were certified by the Trustee at December 31, 2014 and 2013 except for comparing such information to the related information included in the financial statements and supplemental schedule.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

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.

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

The Plan invests in a variety of pooled separate accounts. 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.

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan entered into an investment contract with the Trustee. The Trustee maintains the guaranteed interest contributions in a pooled account. The account is credited with actual earnings on the underlying investments (principally in federal and other government bonds, corporate bonds and commercial mortgages) and charged for plan withdrawals and administrative expenses charged by the Trustee. The contract is included in the financial statements at contract value, which approximates fair value, because it is not fully benefit responsive, as defined by ASC Topic 962. The crediting interest rate was 4.30% for 2014 and ranged from 4.30% to 4.81% for 2013. The crediting interest rate is based on an agreed-upon formula.

The valuation of investments in mutual funds at December 31, 2014 and 2013 were presented at fair value based on quoted market prices.

The fair values of participation units in collective trusts are based upon the net asset values of such fund, after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported in the audited financial statements of the fund. The fund invests in conventional and synthetic investment contracts issued by life insurance companies, banks, and other financial institutions, with the objective of providing a high level of return that is consistent with also providing stability of investment return, preservation of capital and liquidity to pay plan benefits of its retirement plan investors.

The Plan's investments at fair value, within the fair value hierarchy, are as follows as of December 31, 2014 and 2013:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2014</u>				
Common Collective Trusts				
Balanced / Asset Allocation	\$ -	\$ 3,317,928	\$ -	\$ 3,317,928
Stable Value Fund	-	3,695,909	-	3,695,909
Pooled Separate Accounts				
Fixed Income	-	522,467	-	522,467
International Equity	-	1,160,311	-	1,160,311
Large U.S. Equity	-	2,161,823	-	2,161,823
Real Estate	-	40,036	-	40,036
Small/Mid U.S. Equity	-	1,459,455	-	1,459,455
Mutual Fund				
Small/Mid U.S. Equity	298,956	-	-	298,956
Guaranteed Investment				
Contracts	-	-	4,653	4,653
Total	<u>\$ 298,956</u>	<u>\$ 12,357,929</u>	<u>\$ 4,653</u>	<u>\$ 12,661,538</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2013</u>				
Common Collective Trusts				
Balanced / Asset Allocation	\$ -	\$ 2,647,395	\$ -	\$ 2,647,395
Stable Value Fund	-	3,226,850	-	3,226,850
Pooled Separate Accounts				
Fixed Income	-	546,262	-	546,262
International Equity	-	1,589,416	-	1,589,416
Large U.S. Equity	-	1,988,202	-	1,988,202
Real Estate	-	44,795	-	44,795
Small/Mid U.S. Equity	-	1,360,428	-	1,360,428
Mutual Funds				
Small/Mid U.S. Equity	254,306	-	-	254,306
Guaranteed Investment Contracts	-	-	189,209	189,209
Total	<u>\$ 254,306</u>	<u>\$ 11,403,348</u>	<u>\$ 189,209</u>	<u>\$ 11,846,863</u>

The table below sets forth a summary of changes in the fair value of the Guaranteed Investment Contract, which is a Level 3 asset for the years ended December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Beginning Balance	\$ 189,209	\$ 253,295
Interest Credited	202	8,891
Transfers	(183,163)	-
Sales	<u>(1,595)</u>	<u>(72,977)</u>
Ending Balance	<u>\$ 4,653</u>	<u>\$ 189,209</u>

The following represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those instruments and the significant unobservable inputs and the ranges of values for those inputs as of December 31, 2014 and 2013:

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>
<u>December 31, 2014</u>				
Guaranteed investment contracts	\$ 4,653	Market value adjustment	Composite guaranteed rate	4.30%
<u>December 31, 2013</u>				
Guaranteed investment contracts	\$ 189,209	Assumed proceeds at discontinuation	Composite guaranteed rate	4.30% - 4.81%

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2014 and 2013:

Investments at December 31, 2014	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts				
Bond and Mortgage	\$ 252,031	N/A	Daily	30 days
Core Plus Bond I	18,219	N/A	Daily	30 days
Diversified International	712,514	N/A	Daily	30 days
Government & High Quality Bond	184,787	N/A	Daily	30 days
International SmallCap	447,797	N/A	Daily	30 days
Large Cap Growth	739,393	N/A	Daily	30 days
LargeCap S&P 500 Index	768,034	N/A	Daily	30 days
MidCap S&P 400 Index	234,381	N/A	Daily	30 days
MidCap Value III	388,688	N/A	Daily	30 days
Principal Bond Market Index	4,850	N/A	Daily	30 days
Principal Equity Income	654,396	N/A	Daily	30 days
Principal High Yield I	62,578	N/A	Daily	30 days
Principal U.S. Property	40,036	N/A	Daily	30 days
SmallCap S&P 600 Index	597,558	N/A	Daily	30 days
Small Cap Growth	<u>238,830</u>	N/A	Daily	30 days
Total Pooled Separate Accounts	<u>5,344,092</u>			
Common Collective Trusts				
Principal Lifetime - 2010	107,054	N/A	Daily	30 days
Principal Lifetime - 2020	826,868	N/A	Daily	30 days
Principal Lifetime - 2030	560,455	N/A	Daily	30 days
Principal Lifetime - 2040	1,308,150	N/A	Daily	30 days
Principal Lifetime - 2050	459,602	N/A	Daily	30 days
Principal Lifetime - 2060	4,066	N/A	Daily	30 days
Principal Stable Value Fund	3,695,909	N/A	Daily	30 days
Principal Trust Income Fund	<u>51,733</u>	N/A	Daily	30 days
Total Common Collective Trusts	<u>\$ 7,013,837</u>			

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

Investments at December 31, 2013	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts				
Bond and Mortgage	\$ 239,171	N/A	Daily	30 days
Core Plus Bond I	81,842	N/A	Daily	30 days
Diversified International	912,668	N/A	Daily	30 days
Government & High Quality Bond	143,245	N/A	Daily	30 days
International SmallCap	676,748	N/A	Daily	30 days
Large Cap Growth	725,011	N/A	Daily	30 days
LargeCap S&P 500 Index	678,698	N/A	Daily	30 days
MidCap S&P 400 Index	194,874	N/A	Daily	30 days
MidCap Value III	342,441	N/A	Daily	30 days
Principal Bond Market Index	11,100	N/A	Daily	30 days
Principal Equity Income	584,494	N/A	Daily	30 days
Principal High Yield I	70,904	N/A	Daily	30 days
Principal U.S. Property	44,796	N/A	Daily	30 days
SmallCap S&P 600 Index	601,197	N/A	Daily	30 days
SmallCap Growth	<u>221,915</u>	N/A	Daily	30 days
Total Pooled Separate Accounts	<u>5,529,104</u>			
Common Collective Trusts				
Principal Lifetime - 2010	308,931	N/A	Daily	30 days
Principal Lifetime - 2020	752,045	N/A	Daily	30 days
Principal Lifetime - 2030	420,387	N/A	Daily	30 days
Principal Lifetime - 2040	849,280	N/A	Daily	30 days
Principal Lifetime - 2050	313,123	N/A	Daily	30 days
Principal Stable Value Fund	3,226,849	N/A	Daily	30 days
Principal Trust Income Fund	<u>3,629</u>	N/A	Daily	30 days
Total Common Collective Trusts	<u>\$ 5,874,244</u>			

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan invests in a stable value fund managed by Union Bond & Trust Company ("Union"). The fund consists primarily of fully benefit-responsive investment contracts. Union maintains the contributions in a collective fund. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 4, because the guaranteed investment contracts in the stable value fund are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the stable value fund.

Contract value, as reported to the Plan by Union, represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the stable value fund at December 31, 2014 and 2013 was \$3,695,909 and \$3,226,850, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Union. Such events include, but are not limited to, the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	<u>2014</u>	<u>2013</u>
Average yields:		
Based on actual earnings	1.86%	1.50%
Based on interest rate credited to participants	1.44%	1.26%

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

6. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 23, 2009, that the Plan is designed in accordance with applicable sections in the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan has been amended since receiving its determination letter. Plan management and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's 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 Plan 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, 2014, 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 it is no longer subject to income tax examinations for years prior to 2011.

7. PLAN TERMINATION

Although it has not expressed any intent 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 of ERISA. In the event the Plan is terminated, the accounts of all participants will become fully vested and non-forfeitable, and assets will be allocated to each participant based on their respective account balances after payment of all final liquidation or termination expenses, pursuant to the directions of the Plan Administrator.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 13,245,159	\$ 12,366,565
Adjustment to fair value from contract value for fully benefit-responsive investment contract	38,862	19,531
4th quarter profit sharing contributions receivable	-	(13,226)
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 13,284,021</u>	<u>\$ 12,372,870</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following is a reconciliation of net appreciation in fair value of investments and realized gains and losses per the financial statements for the years ended December 31, 2014 and 2013 to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Net appreciation in fair value of investments and realized gains and losses per the financial statements	\$ 556,425	\$ 1,605,005
Unrealized gain (loss) resulting from the adjustment to fair value from contract value for fully benefit-responsive investment contract	<u>19,331</u>	<u>(65,863)</u>
Net appreciation in fair value of investments per Schedule H of Form 5500	<u>\$ 575,756</u>	<u>\$ 1,539,142</u>

The following is a reconciliation of employer contributions per the financial statements for the years ended December 31, 2014 and 2013 to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Employer contributions per the financial statements	\$ 494,359	\$ 454,401
4th quarter profit sharing contributions	-	(13,226)
Forfeitures from 2013 applied to 2012 annual profit sharing receivable	-	548
Prior year 4th quarter profit sharing contribution receivable	<u>13,226</u>	<u>12,410</u>
Employer contributions per Schedule H of Form 5500	<u>\$ 507,585</u>	<u>\$ 454,133</u>

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

The following is a reconciliation of employer contributions receivable per the financial statements at December 31, 2014 and 2013 to Schedule H of Form 5500:

	<u>2014</u>	<u>2013</u>
Employer contributions receivable per the financial statements	\$ 167,655	\$ 149,631
4th quarter profit sharing contributions	<u>-</u>	<u>(13,226)</u>
Employer contributions receivable per Schedule H of Form 5500	<u>\$ 167,655</u>	<u>\$ 136,405</u>

9. SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events in accordance with ASC Topic 855, Subsequent Events, through September 9, 2015, which is the date the financial statements were available to be issued. During their evaluation, no subsequent event items were identified except for the item disclosed below.

On January 15, 2015, the Company was acquired by NCI Building Systems, Inc. The Plan continues to operate as it did prior to the acquisition of CENTRIA and there have been no changes to the Plan or Plan document.

SUPPLEMENTAL SCHEDULE

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

PLAN NUMBER 004
EIN 25-1699533

SCHEDULE H PART 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) Plan Year Ended December 31, 2014

<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
*	Principal Trust Company	Guaranteed Investment Contract 7 year (interest rate 4.30%)	**	\$ 4,653
*	Principal Trust Company	Bond and Mortgage	**	252,031
*	Principal Trust Company	Core Plus Bond I	**	18,219
*	Principal Trust Company	Diversified International	**	712,514
*	Principal Trust Company	Government & High Quality Bond	**	184,787
*	Principal Trust Company	International SmallCap	**	447,797
*	Principal Trust Company	LargeCap Growth	**	739,393
*	Principal Trust Company	LargeCap S&P 500 Index	**	768,034
*	Principal Trust Company	MidCap S&P 400 Index	**	234,381
*	Principal Trust Company	MidCap Value III	**	388,688
*	Principal Trust Company	Principal Bond Market Index	**	4,850
*	Principal Trust Company	Principal Equity Income	**	654,396
*	Principal Trust Company	Principal High Yield I	**	62,578
*	Principal Trust Company	Principal U.S. Property	**	40,036
*	Principal Trust Company	SmallCap S&P 600 Index	**	597,558
*	Principal Trust Company	SmallCap Growth	**	238,830
		Total Pooled Separate Accounts		\$ 5,344,092

CENTRIA BARGAINING EMPLOYEES 401(k) PLAN

PLAN NUMBER 004
EIN 25-1699533

SCHEDULE H PART 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
Plan Year Ended December 31, 2014

<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
*	Principal Trust Company	Fidelity Advisor Mid Cap T Fund	**	\$ 298,956
		Total Mutual Fund		298,956
*	Principal Trust Company	Principal Lifetime - 2010	**	107,054
*	Principal Trust Company	Principal Lifetime - 2020	**	826,868
*	Principal Trust Company	Principal Lifetime - 2030	**	560,455
*	Principal Trust Company	Principal Lifetime - 2040	**	1,308,150
*	Principal Trust Company	Principal Lifetime - 2050	**	459,602
*	Principal Trust Company	Principal Lifetime - 2060	**	4,066
*	Principal Trust Company	Principal Stable Value Fund	**	3,695,909
*	Principal Trust Company	Principal Trust Income Fund	**	51,733
		Total Common Collective Trusts		7,013,837
		Total Investments		12,661,538
*	Participant Loans	Participant Loans consisting of various terms from 1 to 5 years, interest at prime plus 2%, interest rates range from 5.25% to 11.50%	0	454,828
		Total Investments and Participant Loans		\$ 13,116,366

* Party-in-Interest as defined under ERISA Section 3(14).

** Cost omitted for participant directed investments.

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

CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SH

EIN 25 1699533
 PLAN NUMBER 004
 PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Fidelity Investments	Registered Investment Company Fidelity Adv Stk Sel MdcP T Fd	\$ 0.00	\$ 298,956.09
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	\$ 0.00	\$ 4,653.41
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mtge SA-I3	\$ 0.00	\$ 252,031.08
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond Market Index SA-R6	\$ 0.00	\$ 4,850.31
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Core Plus Bond I SA-R6	\$ 0.00	\$ 18,218.72
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Div Intl SA-I3	\$ 0.00	\$ 712,513.52
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Equity Income SA-I3	\$ 0.00	\$ 654,396.35
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Govt & HQ Bond SA-R6	\$ 0.00	\$ 184,786.61
*	Principal Life Insurance Company	Pooled Separate Accounts Prin High Yield I Sep Acct-I2	\$ 0.00	\$ 62,578.41
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl SmallCap Sep Acct-I3	\$ 0.00	\$ 447,797.29
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Growth I SA-I1	\$ 0.00	\$ 739,393.45
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-I3	\$ 0.00	\$ 768,034.05
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-I3	\$ 0.00	\$ 234,380.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value III SA-R6	\$ 0.00	\$ 388,688.02
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Growth I SA-I1	\$ 0.00	\$ 238,829.38

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

CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SH

EIN 25 1699533
 PLAN NUMBER 004
 PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, 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 Accounts Prin SmCap S&P 600 Index SA-I3	\$ 0.00	\$ 597,558.25
*	Principal Trust Company	Common/Collective Trust Prin Trust Income Fund I25	\$ 0.00	\$ 51,732.73
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2010 Fd I25	\$ 0.00	\$ 107,055.14
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2020 Fd I25	\$ 0.00	\$ 826,868.51
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2030 Fd I25	\$ 0.00	\$ 560,454.96
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2040 Fd I25	\$ 0.00	\$ 1,308,149.63
*	Principal Trust Company	Common/Collective Trust Prin Trust Tgt 2050 Fd I25	\$ 0.00	\$ 459,601.83
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property SA-I3	\$ 0.00	\$ 40,036.01
*	Union Bond & Trust Company	Common/Collective Trust Principal Stable Val Pref Fd	\$ 0.00	\$ 3,695,909.00
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2060 FD I25	\$ 0.00	\$ 4,065.64
	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 5.25%	\$ 0.00	\$ 454,828.00

Form **5558**

(Rev. August 2012)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time
To File Certain Employee Plan Returns**

▶ For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) <u>CENTRIA</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>EDGETOWNE SQUARE 1005 BEAVER GRADE</u> City or town, state, and ZIP code <u>MOON TOWNSHIP, PA 15108-2944</u>	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) <div style="text-align: right;">25 1699533</div> Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name <u>CENTRIA BARGAINING EMPLOYEES 401(K) PROFIT SH</u>	<table border="1"> <thead> <tr> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending --</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td>0 0 4</td> <td>12</td> <td>31</td> <td>2014</td> </tr> </tbody> </table>	Plan number	Plan year ending --			MM	DD	YYYY	0 0 4	12	31	2014
Plan number	Plan year ending --											
	MM	DD	YYYY									
0 0 4	12	31	2014									

Part II Extension of Time to File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2015 to file Form 5500 series. (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2015 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.
- The application is automatically approved to the date shown on line 2 and/or line 3 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time to File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- | | | | |
|---|--|---|--|
| a | Enter the Code section(s) imposing the tax | a | |
| b | Enter the payment amount attached | b | |
| c | For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date | c | |
- 5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

Date ▶

3-23-15