

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____<br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)<br><b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/><br><b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) |

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information      |                                                                  |                                                             |
| <b>1a</b> Name of plan<br><u>CENTURY ENGINEERING INC. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br><u>04/01/1997</u>               |                                                                  |                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CENTURY ENGINEERING INC.</u><br><br><u>10710 GILROY ROAD</u><br><u>HUNT VALLEY, MD 21031</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>52-2002914</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>443-589-2400</u> | <b>2d</b> Business code (see instructions)<br><u>339900</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/26/2018 | KENNETH STRATEMEYER                                          |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/26/2018 | KENNETH STRATEMEYER                                          |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>CENTURY ENGINEERING INC.<br><br>10710 GILROY ROAD<br>HUNT VALLEY, MD 21031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br>52-2002914<br><br><b>3c</b> Administrator's telephone number<br>443-589-2400                                        |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                    |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5</b> 502                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 411<br><b>6a(2)</b> 408<br><b>6b</b> 0<br><b>6c</b> 72<br><b>6d</b> 480<br><b>6e</b> 0<br><b>6f</b> 480<br><b>6g</b> 468<br><b>6h</b> 3 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3D 2S 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☒ 1 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 |                                                             |
| <b>A</b> Name of plan<br>CENTURY ENGINEERING INC. 401(K) PLAN                              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CENTURY ENGINEERING INC.  | <b>D</b> Employer Identification Number (EIN)<br>52-2002914 |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                             |
|---------------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY 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     |
| 06-1050034 | 93629         | 039637                                | 480                                                                         | 01/01/2017              | 12/31/2017 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>0 | <b>(b)</b> Total amount of fees paid<br>0 |
|--------------------------------------------------|-------------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 6431621 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0       |

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

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

|                                                        |           |         |
|--------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 5582843 |
|--------------------------------------------------------|-----------|---------|

|                                                                       |              |        |
|-----------------------------------------------------------------------|--------------|--------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 613762 |
|                                                                       | <b>7c(2)</b> |        |
|                                                                       | <b>7c(3)</b> | 80805  |
|                                                                       | <b>7c(4)</b> |        |
|                                                                       | <b>7c(5)</b> | 785342 |

▶ **FORFEITURE CREDITS, TRANSFERS IN LOAN REPAYMENTS MISC. IN**

|                           |              |         |
|---------------------------|--------------|---------|
| (6) Total additions ..... | <b>7c(6)</b> | 1479909 |
|---------------------------|--------------|---------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 7062752 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e** Deductions:

|                                                                                 |              |        |
|---------------------------------------------------------------------------------|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 396667 |
|                                                                                 | <b>7e(2)</b> | 859    |
|                                                                                 | <b>7e(3)</b> |        |
|                                                                                 | <b>7e(4)</b> | 233605 |

▶ **FORF. DR., TRANSFERS OUT LOAN INITIATIONS MISC. OUT**

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 631131 |
|----------------------------|--------------|--------|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 6431621 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2017</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 |                                                             |     |
| <b>A</b> Name of plan<br>CENTURY ENGINEERING INC. 401(K) PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CENTURY ENGINEERING INC.  | <b>D</b> Employer Identification Number (EIN)<br>52-2002914 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>PRUDENTIAL RETIREMENT INSURANCE AND<br><br>06-1050034 |
|                                                                                                                                                                            |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                                   |

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

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

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

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

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

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

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

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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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 15 37 50 64                | NONE                                                                                                     | 28837                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

RBC WEALTH MGT, NWC 313-24576

41-1416330

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16                            | NONE                                                                                                     | 25000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

GREENSPRING WEALTH MANAGEMENT INC

20-8052881

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16                            | NONE                                                                                                     | 23098                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRUDENTIAL RETIREMENT INSURANCE AND                                 | 15 64                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRUDENTIAL RETIREMENT INSURANCE AND<br>06-1050034                   | 40.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2017 TO 5/31/2017 GUARANTEED INCOME FUND                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| THE PRUDENTIAL INSURANCE COMPANY OF                                 | 15 60 64                                                                                                                                                           | 0                                         |
| (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. |                                           |
| PRUDENTIAL INVESTMENTS, LLC<br>22-3468527                           | 27.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2017 TO 12/31/2017 PRU JENN SMALL COMPANY Z                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>CENTURY ENGINEERING INC. 401(K) PLAN</u>                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CENTURY ENGINEERING INC.</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>52-2002914</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 499916                | 480187          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 29204233              | 34892999        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 5582843               | 6431621         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 35286992 41804807 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 35286992 41804807 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 659701    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 2615604   |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> | 212178    |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 3487483   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 22699     |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 80805     |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 103504    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 457345    |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 457345    |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 5220021   |
| c Other income .....                                                                           | 2c     |            | 41919     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 9310272   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2697567 |         |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |         |         |
| (3) Other .....                                                                     | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 2697567 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         | 4905    |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |         |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other .....                                                                     | 2i(4) | 89985   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 89985   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 2792457 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6517815 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BOYER & RITTER, LLC**

(2) EIN: **23-1311005**

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|--------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |        |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |        |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |        |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |        |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |        |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**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  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_. (See instructions.)

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                           | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CENTURY ENGINEERING INC. 401(K) PLAN                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CENTURY ENGINEERING INC.                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>52-2002914                                            |
| Part I                                                                                                                                                                                                                                                                    | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 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):<br><br>EIN(s): 22-1211670                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                  | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                   | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? Yes No                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2017 v. 170203                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**CENTURY ENGINEERING, INC.**  
**401(k) PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2017**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator and Participants  
Century Engineering, Inc. 401(k) Plan  
Hunt Valley, Maryland

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Century Engineering, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Bank & Trust F.S.B., Trustee of the Plan, and its affiliate, Prudential Retirement Insurance and Annuity Company, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee and its affiliate hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the Trustee and its affiliate as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Trustee and its affiliate 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 - Supplementary Schedule**

The supplementary Schedule H, Item 4i, Schedule of Assets Held for Investment Purposes as of December 31, 2017, 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 purposes of additional analysis and is not a required part of the financial statements. The supplementary schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule.

**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 supplementary schedule, other than that derived from the information certified by the Trustee and its affiliate, 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 "Boyer & Ritten". The signature is written in black ink and is positioned centrally on the page.

Camp Hill, Pennsylvania  
September 13, 2018

**CENTURY ENGINEERING, INC. 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**December 31, 2017 and 2016**

|                                                   | 2017                        | 2016                        |
|---------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                     |                             |                             |
| Investments                                       |                             |                             |
| Registered investment companies, at fair value    | \$ 34,892,999               | \$ 29,204,233               |
| Group annuity contract with insurance company     |                             |                             |
| Guaranteed income fund, at contract value         | 6,431,621                   | 5,582,843                   |
|                                                   | <u>41,324,620</u>           | <u>34,787,076</u>           |
| <br>Receivables                                   |                             |                             |
| Employer contributions                            | 747,096                     | 659,701                     |
| Notes receivable from participants                | 480,187                     | 499,916                     |
|                                                   | <u>1,227,283</u>            | <u>1,159,617</u>            |
| <br><b>Net assets available for plan benefits</b> | <u><u>\$ 42,551,903</u></u> | <u><u>\$ 35,946,693</u></u> |

See Notes to Financial Statements.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS Year Ended December 31, 2017

|                                                |                             |
|------------------------------------------------|-----------------------------|
| <hr/> Additions to Net Assets Attributed to:   |                             |
| Investment income                              |                             |
| Net appreciation in fair value of investments  | \$ 5,220,021                |
| Interest and dividends                         | 580,069                     |
| <b>Net investment income</b>                   | <u>5,800,090</u>            |
| Interest on notes receivable from participants | <u>22,699</u>               |
| Contributions                                  |                             |
| Participants                                   | 2,615,604                   |
| Employer                                       | 747,096                     |
| Rollovers                                      | 212,178                     |
|                                                | <u>3,574,878</u>            |
| <b>Total additions</b>                         | <u>9,397,667</u>            |
| Deductions from Net Assets Attributed to:      |                             |
| Benefits paid to participants                  | 2,702,472                   |
| Administrative expenses                        | 89,985                      |
| <b>Total deductions</b>                        | <u>2,792,457</u>            |
| <b>Net increase</b>                            | 6,605,210                   |
| Net Assets Available for Plan Benefits:        |                             |
| January 1, 2017                                | 35,946,693                  |
| December 31, 2017                              | <u><u>\$ 42,551,903</u></u> |

See Notes to Financial Statements.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 1. Description of the Plan**

The following description of Century Engineering, Inc. 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 defined contribution plan established by Century Engineering, Inc. (the Company) covering all full-time employees who have attained age 18 and completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2017, the Company acquired the business assets of Nittany Engineering & Associates, Burns Engineering and Waste Water Management, Inc. The Plan was amended effective September 30, 2017, to provide service credit for eligibility and vesting to individuals employed by the acquired companies who subsequently became employees of Century Engineering, Inc. The affected individuals became eligible to participate in the Plan on their dates of hire and were permitted to make rollover contributions from other qualified plans in which they previously participated.

Contributions: Each year, participants may contribute up to 90% of compensation, subject to annual dollar limitations imposed by the Internal Revenue Code. The Plan has an automatic enrollment provision whereby participants will automatically have 6% of their compensation deferred into the Plan, unless they elect otherwise. Automatic deferral percentages will increase by 1% each Plan year on the anniversary of the participant's hire date up to a maximum of 10% of compensation, unless otherwise elected. Participants who attain age 50 by the end of the Plan year are eligible to make additional (catch-up) contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). The Plan also includes a Roth 401(k) deferral option.

The Company may make discretionary matching contributions to the Plan to be determined annually. For 2017, the Company matched 50% up to the first 6% of a participant's salary contributed to the Plan. The Company may also make discretionary profit sharing contributions. A participant must complete 1,000 hours throughout the year and be employed on the last day of the Plan year to be eligible for the employer's profit sharing contribution, with the exception of death, permanent disability and retirement. There was no profit sharing contribution for 2017. Contributions are subject to certain limitations.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 1. Description of the Plan (Continued)**

Participant Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan. Participants may change their investment allocations at any time.

Participant Accounts: Each participant's account is credited with the participant's contributions, employer matching contributions and allocations of (a) Plan earnings or losses based on the participant's directed investment accounts and (b) charges for administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is fully vested in employer matching contributions after two years of credited service. Participants are 20% vested in profit sharing contributions after two years of service. Vesting increases twenty percent (20%) per year thereafter, until fully vested upon completion of six years of service. Participant accounts become fully vested upon retirement, permanent disability or death.

Participant Loans: Participants may borrow from their fund accounts a minimum of \$500, up to a maximum equal to the lesser of \$50,000, minus the difference between the highest outstanding loan balance in the previous 12 months and the current outstanding loan balance, or 50% of their vested account balance. Loan terms range from one to five years or longer for the purchase of primary residence. Interest rates on loans are based on a fixed rate similar to a bank's rate for a comparable personal loan plus 1%. Loans are secured by no more than 50% of the vested balance in a participant's account. Loan repayments must be paid directly to the Plan through payroll withholdings.

Payment of Benefits: Upon termination of service due to death, disability, or normal retirement at age 65, a participant may elect to receive their benefits in a lump sum or defer receiving payments until age 70 ½. In-service distributions are available to participants after reaching the age of 59-1/2. Fully vested employer match and non-elective contributions are available for in-service withdrawal at any time prior to age 59-1/2. Hardship withdrawals are also permitted subject to limitations as to amounts and types of contributions that may be withdrawn.

If the participant's account is less than \$5,000, the account balance is paid out in the form of a lump sum distribution. In the event of a mandatory distribution greater than \$1,000, the Plan Administrator will pay the distribution in a direct rollover to an individual retirement arrangement designated by the Plan Administrator if the participant does not elect a direct rollover or lump sum distribution.

Forfeited Accounts: Forfeitures represent employer contributions resulting from the termination of participants with less than fully vested benefits under the Plan. Forfeitures are used to pay Plan expenses or reduce employer contributions. Forfeited non-vested accounts totaled \$13,036 and \$3,223 at December 31, 2017 and 2016, respectfully. During 2017, forfeitures of \$8,625 were used to offset administrative expenses.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Description of the Plan (Continued)**

Administrative Expenses: Investment and management fees, as well as certain administrative fees, are paid by the Plan. Audit fees have generally been paid by the Plan Sponsor.

#### **Note 2. Summary of Significant Accounting Policies**

Accounting Method: The financial statements have been prepared on the accrual basis 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. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balances plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document surrounding defaulted loans.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value (except for a fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid for transfer a liability in an orderly transaction between market participants at the measurement date. Management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: In preparing these financial statements, the Plan Sponsor has evaluated events and transactions for potential recognition or disclosure through September 13, 2018, the date the financial statements were available to be issued.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 3. Information Certified by Trustee and its Affiliate**

Prudential Bank & Trust F.S.B., Trustee of the Plan, and its affiliate, Prudential Retirement Insurance and Annuity Company, certified the completeness and accuracy of the Plan's investments, investment transactions, and all related investment income and the fair value and contract value of these investments included in the financial statements and supplementary schedule as of and for the year ended December 31, 2017, and as of December 31, 2016. The Trustee also certified the completeness and accuracy of participant loans as of December 31, 2017 and 2016, and the related interest income for the year ended December 31, 2017.

#### **Note 4. Investments and Fair Value Measurements**

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification *Fair Value Measurement*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that are accessible to the Plan. These generally provide the most reliable evidence and are used to measure fair value whenever available.                                                                                                                                                                                        |
| Level 2 | Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted prices for similar assets in active markets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                       |

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

The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 4. Investments and Fair Value Measurements (Continued)

The 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, 2017 and 2016.

Registered investment companies, at fair value: Shares of registered investment companies (mutual and money market funds) are valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end mutual funds registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

The preceding methods may produce a value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine investments values could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value reported as of December 31, 2017 and 2016:

#### Investments at Fair Value as of December 31, 2017

|                                 | Level 1       | Level 2 | Level 3 | Total         |
|---------------------------------|---------------|---------|---------|---------------|
| Registered investment companies | \$ 34,892,999 | \$ -    | \$ -    | \$ 34,892,999 |

#### Investments at Fair Value as of December 31, 2016

|                                 | Level 1       | Level 2 | Level 3 | Total         |
|---------------------------------|---------------|---------|---------|---------------|
| Registered investment companies | \$ 29,204,233 | \$ -    | \$ -    | \$ 29,204,233 |

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 5. Investment Contract with Insurance Company**

The Guaranteed Income Fund is a fully benefit-responsive group annuity contract issued by Prudential Retirement Insurance and Annuity Company (PRIAC). PRIAC is obligated to repay contract principal and a specified rate of interest that is guaranteed to the Plan. Amounts contributed to the contract are deposited in PRIAC's general account. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of PRIAC.

The guaranteed income fund meets the fully benefit responsive investment contract criteria and therefore is reported at contract value. Contract value represents contributions made under the contract, plus earnings at the guaranteed crediting interest rate, less participant 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 crediting interest rate is based on many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of the reference portfolio within the insurer's general account. Such interest rates are reviewed on a semi-annual basis for resetting.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value with the issuer within 90 days. There are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value. The Plan Administrator believes that the occurrence of any event that would limit the Plan's ability to transact at contract value with participants is not probable of occurring.

#### **Note 6. 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 of Plan termination, participants will become fully vested in their accounts.

## **CENTURY ENGINEERING, INC. 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **Note 7. Tax Status**

The Plan has adopted a non-standardized form of a prototype plan sponsored by Prudential Insurance Company of America. The prototype plan has received an opinion letter from the Internal Revenue Service dated April 29, 2014, that the prototype plan as then designed, was in compliance with the applicable provisions of the Internal Revenue Code (IRC). Although the Plan has been amended subsequently, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition 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 period in progress.

#### **Note 8. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

#### **Note 9. Related Party Transactions**

Certain Plan investments consist of shares of registered investment companies and units of a guaranteed income fund managed by Prudential Retirement Insurance and Annuity Company (PRIAC) and its affiliates. PRIAC has contracted with the Plan to provide certain investment management, recordkeeping and administrative services and therefore, these transactions qualify as party-in-interest transactions.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 10. Reconciliations to Form 5500

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

|                                                                     | 2017                 | 2016                 |
|---------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for plan benefits per the financial statements | \$ 42,551,903        | \$ 35,946,693        |
| Employer contribution receivable                                    | (747,096)            | (659,701)            |
| Net assets available for plan benefits per Form 5500                | <u>\$ 41,804,807</u> | <u>\$ 35,286,992</u> |

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2017, to amounts per Form 5500:

|                                                      | Amount            |
|------------------------------------------------------|-------------------|
| Employer contributions per 2017 financial statements | \$ 747,096        |
| Current year employer contribution receivable        | (747,096)         |
| Prior year employer contribution receivable          | 659,701           |
| Employer contributions per Form 5500                 | <u>\$ 659,701</u> |

## **SUPPLEMENTARY INFORMATION**

**CENTURY ENGINEERING, INC. 401(k) PLAN**  
**EIN: 52-2002914, Plan 001**

**SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**December 31, 2017**

|                                                                               |                                                           | Description of Investment Including<br>Maturity Date, Rate of Interest, |        |               |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|--------|---------------|
| (a)                                                                           | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Collateral, Par, or Maturity Value                                  | (e)    | Current Value |
| <u>Registered Investment Companies</u>                                        |                                                           |                                                                         |        |               |
|                                                                               | American Century Mid Cap Value R6                         | 147,229                                                                 | shares | \$ 2,579,446  |
|                                                                               | American Funds Capital World Bond R6                      | 10,831                                                                  | shares | 216,297       |
|                                                                               | American Funds Capital World Growth and Income R6         | 5,083                                                                   | shares | 259,749       |
|                                                                               | American Funds Income Fund R6                             | 32,298                                                                  | shares | 754,796       |
|                                                                               | Carillon Eagle Mid-Cap Growth R6                          | 12,352                                                                  | shares | 738,869       |
|                                                                               | Delaware Small Cap Value Fund R6                          | 6,014                                                                   | shares | 417,987       |
|                                                                               | Franklin Growth Fund R6                                   | 54,922                                                                  | shares | 5,192,360     |
|                                                                               | Invesco Growth & Income R6                                | 188,079                                                                 | shares | 5,080,008     |
|                                                                               | JP Morgan Large Cap Growth Fund                           | 9,558                                                                   | shares | 371,344       |
|                                                                               | Loomis Sayles Bond Fund N                                 | 95,879                                                                  | shares | 1,318,336     |
|                                                                               | Metropolitan West Total Return Bond                       | 390,034                                                                 | shares | 3,912,038     |
|                                                                               | Oakmark International Instl                               | 15,098                                                                  | shares | 431,666       |
|                                                                               | Oppenheimer Developing Markets Fund I                     | 16,344                                                                  | shares | 701,643       |
|                                                                               | Oppenheimer International Diversified Fund I              | 315,598                                                                 | shares | 5,841,719     |
| *                                                                             | Prudential Jennison Small Company Q                       | 123,682                                                                 | shares | 3,266,451     |
|                                                                               | T. Rowe Price Dividend Growth I                           | 20,051                                                                  | shares | 869,601       |
|                                                                               | Vanguard 500 Index Admiral                                | 8,726                                                                   | shares | 2,153,793     |
|                                                                               | Vanguard Mid-Cap Index Fund                               | 248                                                                     | shares | 47,514        |
|                                                                               | Vanguard REIT Index Fund                                  | 4,517                                                                   | shares | 531,028       |
|                                                                               | Vanguard Small Cap Index Admiral                          | 1,474                                                                   | shares | 104,331       |
|                                                                               | Vanguard Total Bond Index                                 | 822                                                                     | shares | 8,837         |
|                                                                               | Vanguard Total International Stock Index Admiral          | 3,119                                                                   | shares | 95,186        |
| <u>Prudential Retirement Insurance and Annuity Co. Group Annuity Contract</u> |                                                           |                                                                         |        |               |
| *                                                                             | Guaranteed Income Fund                                    | 206,466                                                                 | units  | \$ 6,431,621  |
| <u>Notes Receivable from Participants</u>                                     |                                                           |                                                                         |        |               |
| *                                                                             | Various Participants                                      | Interest rates of 4.25% - 7.00%                                         |        | \$ 480,187    |
| * Represents party-in-interest                                                |                                                           |                                                                         |        |               |

NOTE: Schedule format conforms with IRS Form 5500 requirements.

**CENTURY ENGINEERING, INC.**  
**401(k) PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2017**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator and Participants  
Century Engineering, Inc. 401(k) Plan  
Hunt Valley, Maryland

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Century Engineering, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Bank & Trust F.S.B., Trustee of the Plan, and its affiliate, Prudential Retirement Insurance and Annuity Company, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee and its affiliate hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the Trustee and its affiliate as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Trustee and its affiliate 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 - Supplementary Schedule**

The supplementary Schedule H, Item 4i, Schedule of Assets Held for Investment Purposes as of December 31, 2017, 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 purposes of additional analysis and is not a required part of the financial statements. The supplementary schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule.

**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 supplementary schedule, other than that derived from the information certified by the Trustee and its affiliate, 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 "Boyer & Ritten". The signature is written in black ink and is positioned centrally on the page.

Camp Hill, Pennsylvania  
September 13, 2018

**CENTURY ENGINEERING, INC. 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**December 31, 2017 and 2016**

|                                                | 2017                        | 2016                        |
|------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                  |                             |                             |
| Investments                                    |                             |                             |
| Registered investment companies, at fair value | \$ 34,892,999               | \$ 29,204,233               |
| Group annuity contract with insurance company  |                             |                             |
| Guaranteed income fund, at contract value      | 6,431,621                   | 5,582,843                   |
|                                                | <u>41,324,620</u>           | <u>34,787,076</u>           |
| Receivables                                    |                             |                             |
| Employer contributions                         | 747,096                     | 659,701                     |
| Notes receivable from participants             | 480,187                     | 499,916                     |
|                                                | <u>1,227,283</u>            | <u>1,159,617</u>            |
| <b>Net assets available for plan benefits</b>  | <u><u>\$ 42,551,903</u></u> | <u><u>\$ 35,946,693</u></u> |

See Notes to Financial Statements.

**CENTURY ENGINEERING, INC. 401(k) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**Year Ended December 31, 2017**

|                                                |                             |
|------------------------------------------------|-----------------------------|
| <hr/> Additions to Net Assets Attributed to:   |                             |
| Investment income                              |                             |
| Net appreciation in fair value of investments  | \$ 5,220,021                |
| Interest and dividends                         | 580,069                     |
| <b>Net investment income</b>                   | <u>5,800,090</u>            |
| Interest on notes receivable from participants | <u>22,699</u>               |
| Contributions                                  |                             |
| Participants                                   | 2,615,604                   |
| Employer                                       | 747,096                     |
| Rollovers                                      | 212,178                     |
|                                                | <u>3,574,878</u>            |
| <b>Total additions</b>                         | <u>9,397,667</u>            |
| Deductions from Net Assets Attributed to:      |                             |
| Benefits paid to participants                  | 2,702,472                   |
| Administrative expenses                        | 89,985                      |
| <b>Total deductions</b>                        | <u>2,792,457</u>            |
| <b>Net increase</b>                            | 6,605,210                   |
| Net Assets Available for Plan Benefits:        |                             |
| January 1, 2017                                | 35,946,693                  |
| December 31, 2017                              | <u><u>\$ 42,551,903</u></u> |

See Notes to Financial Statements.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Description of the Plan**

The following description of Century Engineering, Inc. 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 defined contribution plan established by Century Engineering, Inc. (the Company) covering all full-time employees who have attained age 18 and completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2017, the Company acquired the business assets of Nittany Engineering & Associates, Burns Engineering and Waste Water Management, Inc. The Plan was amended effective September 30, 2017, to provide service credit for eligibility and vesting to individuals employed by the acquired companies who subsequently became employees of Century Engineering, Inc. The affected individuals became eligible to participate in the Plan on their dates of hire and were permitted to make rollover contributions from other qualified plans in which they previously participated.

Contributions: Each year, participants may contribute up to 90% of compensation, subject to annual dollar limitations imposed by the Internal Revenue Code. The Plan has an automatic enrollment provision whereby participants will automatically have 6% of their compensation deferred into the Plan, unless they elect otherwise. Automatic deferral percentages will increase by 1% each Plan year on the anniversary of the participant's hire date up to a maximum of 10% of compensation, unless otherwise elected. Participants who attain age 50 by the end of the Plan year are eligible to make additional (catch-up) contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). The Plan also includes a Roth 401(k) deferral option.

The Company may make discretionary matching contributions to the Plan to be determined annually. For 2017, the Company matched 50% up to the first 6% of a participant's salary contributed to the Plan. The Company may also make discretionary profit sharing contributions. A participant must complete 1,000 hours throughout the year and be employed on the last day of the Plan year to be eligible for the employer's profit sharing contribution, with the exception of death, permanent disability and retirement. There was no profit sharing contribution for 2017. Contributions are subject to certain limitations.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 1. Description of the Plan (Continued)**

Participant Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan. Participants may change their investment allocations at any time.

Participant Accounts: Each participant's account is credited with the participant's contributions, employer matching contributions and allocations of (a) Plan earnings or losses based on the participant's directed investment accounts and (b) charges for administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is fully vested in employer matching contributions after two years of credited service. Participants are 20% vested in profit sharing contributions after two years of service. Vesting increases twenty percent (20%) per year thereafter, until fully vested upon completion of six years of service. Participant accounts become fully vested upon retirement, permanent disability or death.

Participant Loans: Participants may borrow from their fund accounts a minimum of \$500, up to a maximum equal to the lesser of \$50,000, minus the difference between the highest outstanding loan balance in the previous 12 months and the current outstanding loan balance, or 50% of their vested account balance. Loan terms range from one to five years or longer for the purchase of primary residence. Interest rates on loans are based on a fixed rate similar to a bank's rate for a comparable personal loan plus 1%. Loans are secured by no more than 50% of the vested balance in a participant's account. Loan repayments must be paid directly to the Plan through payroll withholdings.

Payment of Benefits: Upon termination of service due to death, disability, or normal retirement at age 65, a participant may elect to receive their benefits in a lump sum or defer receiving payments until age 70 ½. In-service distributions are available to participants after reaching the age of 59-1/2. Fully vested employer match and non-elective contributions are available for in-service withdrawal at any time prior to age 59-1/2. Hardship withdrawals are also permitted subject to limitations as to amounts and types of contributions that may be withdrawn.

If the participant's account is less than \$5,000, the account balance is paid out in the form of a lump sum distribution. In the event of a mandatory distribution greater than \$1,000, the Plan Administrator will pay the distribution in a direct rollover to an individual retirement arrangement designated by the Plan Administrator if the participant does not elect a direct rollover or lump sum distribution.

Forfeited Accounts: Forfeitures represent employer contributions resulting from the termination of participants with less than fully vested benefits under the Plan. Forfeitures are used to pay Plan expenses or reduce employer contributions. Forfeited non-vested accounts totaled \$13,036 and \$3,223 at December 31, 2017 and 2016, respectfully. During 2017, forfeitures of \$8,625 were used to offset administrative expenses.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 1. Description of the Plan (Continued)**

Administrative Expenses: Investment and management fees, as well as certain administrative fees, are paid by the Plan. Audit fees have generally been paid by the Plan Sponsor.

#### **Note 2. Summary of Significant Accounting Policies**

Accounting Method: The financial statements have been prepared on the accrual basis 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. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balances plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document surrounding defaulted loans.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value (except for a fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid for transfer a liability in an orderly transaction between market participants at the measurement date. Management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: In preparing these financial statements, the Plan Sponsor has evaluated events and transactions for potential recognition or disclosure through September 13, 2018, the date the financial statements were available to be issued.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 3. Information Certified by Trustee and its Affiliate**

Prudential Bank & Trust F.S.B., Trustee of the Plan, and its affiliate, Prudential Retirement Insurance and Annuity Company, certified the completeness and accuracy of the Plan's investments, investment transactions, and all related investment income and the fair value and contract value of these investments included in the financial statements and supplementary schedule as of and for the year ended December 31, 2017, and as of December 31, 2016. The Trustee also certified the completeness and accuracy of participant loans as of December 31, 2017 and 2016, and the related interest income for the year ended December 31, 2017.

#### **Note 4. Investments and Fair Value Measurements**

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification *Fair Value Measurement*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that are accessible to the Plan. These generally provide the most reliable evidence and are used to measure fair value whenever available.                                                                                                                                                                                        |
| Level 2 | Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted prices for similar assets in active markets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                       |

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

The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 4. Investments and Fair Value Measurements (Continued)

The 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, 2017 and 2016.

Registered investment companies, at fair value: Shares of registered investment companies (mutual and money market funds) are valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end mutual funds registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

The preceding methods may produce a value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine investments values could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value reported as of December 31, 2017 and 2016:

#### Investments at Fair Value as of December 31, 2017

|                                 | Level 1       | Level 2 | Level 3 | Total         |
|---------------------------------|---------------|---------|---------|---------------|
| Registered investment companies | \$ 34,892,999 | \$ -    | \$ -    | \$ 34,892,999 |

#### Investments at Fair Value as of December 31, 2016

|                                 | Level 1       | Level 2 | Level 3 | Total         |
|---------------------------------|---------------|---------|---------|---------------|
| Registered investment companies | \$ 29,204,233 | \$ -    | \$ -    | \$ 29,204,233 |

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 5. Investment Contract with Insurance Company**

The Guaranteed Income Fund is a fully benefit-responsive group annuity contract issued by Prudential Retirement Insurance and Annuity Company (PRIAC). PRIAC is obligated to repay contract principal and a specified rate of interest that is guaranteed to the Plan. Amounts contributed to the contract are deposited in PRIAC's general account. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of PRIAC.

The guaranteed income fund meets the fully benefit responsive investment contract criteria and therefore is reported at contract value. Contract value represents contributions made under the contract, plus earnings at the guaranteed crediting interest rate, less participant 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 crediting interest rate is based on many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of the reference portfolio within the insurer's general account. Such interest rates are reviewed on a semi-annual basis for resetting.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value with the issuer within 90 days. There are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value. The Plan Administrator believes that the occurrence of any event that would limit the Plan's ability to transact at contract value with participants is not probable of occurring.

#### **Note 6. 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 of Plan termination, participants will become fully vested in their accounts.

## **CENTURY ENGINEERING, INC. 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **Note 7. Tax Status**

The Plan has adopted a non-standardized form of a prototype plan sponsored by Prudential Insurance Company of America. The prototype plan has received an opinion letter from the Internal Revenue Service dated April 29, 2014, that the prototype plan as then designed, was in compliance with the applicable provisions of the Internal Revenue Code (IRC). Although the Plan has been amended subsequently, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition 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 period in progress.

#### **Note 8. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

#### **Note 9. Related Party Transactions**

Certain Plan investments consist of shares of registered investment companies and units of a guaranteed income fund managed by Prudential Retirement Insurance and Annuity Company (PRIAC) and its affiliates. PRIAC has contracted with the Plan to provide certain investment management, recordkeeping and administrative services and therefore, these transactions qualify as party-in-interest transactions.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 10. Reconciliations to Form 5500

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

|                                                                     | 2017                 | 2016                 |
|---------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for plan benefits per the financial statements | \$ 42,551,903        | \$ 35,946,693        |
| Employer contribution receivable                                    | (747,096)            | (659,701)            |
| Net assets available for plan benefits per Form 5500                | <u>\$ 41,804,807</u> | <u>\$ 35,286,992</u> |

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2017, to amounts per Form 5500:

|                                                      | Amount            |
|------------------------------------------------------|-------------------|
| Employer contributions per 2017 financial statements | \$ 747,096        |
| Current year employer contribution receivable        | (747,096)         |
| Prior year employer contribution receivable          | 659,701           |
| Employer contributions per Form 5500                 | <u>\$ 659,701</u> |

## **SUPPLEMENTARY INFORMATION**

**CENTURY ENGINEERING, INC. 401(k) PLAN**  
**EIN: 52-2002914, Plan 001**

**SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**December 31, 2017**

|                                                                               |                                                           | Description of Investment Including<br>Maturity Date, Rate of Interest, |        |               |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|--------|---------------|
| (a)                                                                           | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Collateral, Par, or Maturity Value                                  | (e)    | Current Value |
| <u>Registered Investment Companies</u>                                        |                                                           |                                                                         |        |               |
|                                                                               | American Century Mid Cap Value R6                         | 147,229                                                                 | shares | \$ 2,579,446  |
|                                                                               | American Funds Capital World Bond R6                      | 10,831                                                                  | shares | 216,297       |
|                                                                               | American Funds Capital World Growth and Income R6         | 5,083                                                                   | shares | 259,749       |
|                                                                               | American Funds Income Fund R6                             | 32,298                                                                  | shares | 754,796       |
|                                                                               | Carillon Eagle Mid-Cap Growth R6                          | 12,352                                                                  | shares | 738,869       |
|                                                                               | Delaware Small Cap Value Fund R6                          | 6,014                                                                   | shares | 417,987       |
|                                                                               | Franklin Growth Fund R6                                   | 54,922                                                                  | shares | 5,192,360     |
|                                                                               | Invesco Growth & Income R6                                | 188,079                                                                 | shares | 5,080,008     |
|                                                                               | JP Morgan Large Cap Growth Fund                           | 9,558                                                                   | shares | 371,344       |
|                                                                               | Loomis Sayles Bond Fund N                                 | 95,879                                                                  | shares | 1,318,336     |
|                                                                               | Metropolitan West Total Return Bond                       | 390,034                                                                 | shares | 3,912,038     |
|                                                                               | Oakmark International Instl                               | 15,098                                                                  | shares | 431,666       |
|                                                                               | Oppenheimer Developing Markets Fund I                     | 16,344                                                                  | shares | 701,643       |
|                                                                               | Oppenheimer International Diversified Fund I              | 315,598                                                                 | shares | 5,841,719     |
| *                                                                             | Prudential Jennison Small Company Q                       | 123,682                                                                 | shares | 3,266,451     |
|                                                                               | T. Rowe Price Dividend Growth I                           | 20,051                                                                  | shares | 869,601       |
|                                                                               | Vanguard 500 Index Admiral                                | 8,726                                                                   | shares | 2,153,793     |
|                                                                               | Vanguard Mid-Cap Index Fund                               | 248                                                                     | shares | 47,514        |
|                                                                               | Vanguard REIT Index Fund                                  | 4,517                                                                   | shares | 531,028       |
|                                                                               | Vanguard Small Cap Index Admiral                          | 1,474                                                                   | shares | 104,331       |
|                                                                               | Vanguard Total Bond Index                                 | 822                                                                     | shares | 8,837         |
|                                                                               | Vanguard Total International Stock Index Admiral          | 3,119                                                                   | shares | 95,186        |
| <u>Prudential Retirement Insurance and Annuity Co. Group Annuity Contract</u> |                                                           |                                                                         |        |               |
| *                                                                             | Guaranteed Income Fund                                    | 206,466                                                                 | units  | \$ 6,431,621  |
| <u>Notes Receivable from Participants</u>                                     |                                                           |                                                                         |        |               |
| *                                                                             | Various Participants                                      | Interest rates of 4.25% - 7.00%                                         |        | \$ 480,187    |
| * Represents party-in-interest                                                |                                                           |                                                                         |        |               |

NOTE: Schedule format conforms with IRS Form 5500 requirements.

**CENTURY ENGINEERING, INC.**  
**401(k) PLAN**

**FINANCIAL REPORT**

**DECEMBER 31, 2017**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator and Participants  
Century Engineering, Inc. 401(k) Plan  
Hunt Valley, Maryland

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Century Engineering, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Bank & Trust F.S.B., Trustee of the Plan, and its affiliate, Prudential Retirement Insurance and Annuity Company, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee and its affiliate hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the Trustee and its affiliate as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the Trustee and its affiliate 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 - Supplementary Schedule**

The supplementary Schedule H, Item 4i, Schedule of Assets Held for Investment Purposes as of December 31, 2017, 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 purposes of additional analysis and is not a required part of the financial statements. The supplementary schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary schedule.

**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 supplementary schedule, other than that derived from the information certified by the Trustee and its affiliate, 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 "Boyer & Ritten". The signature is written in black ink and is positioned centrally on the page.

Camp Hill, Pennsylvania  
September 13, 2018

**CENTURY ENGINEERING, INC. 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**December 31, 2017 and 2016**

|                                                | 2017                        | 2016                        |
|------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                  |                             |                             |
| Investments                                    |                             |                             |
| Registered investment companies, at fair value | \$ 34,892,999               | \$ 29,204,233               |
| Group annuity contract with insurance company  |                             |                             |
| Guaranteed income fund, at contract value      | 6,431,621                   | 5,582,843                   |
|                                                | <u>41,324,620</u>           | <u>34,787,076</u>           |
| Receivables                                    |                             |                             |
| Employer contributions                         | 747,096                     | 659,701                     |
| Notes receivable from participants             | 480,187                     | 499,916                     |
|                                                | <u>1,227,283</u>            | <u>1,159,617</u>            |
| <b>Net assets available for plan benefits</b>  | <u><u>\$ 42,551,903</u></u> | <u><u>\$ 35,946,693</u></u> |

See Notes to Financial Statements.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS Year Ended December 31, 2017

|                                                |                             |
|------------------------------------------------|-----------------------------|
| Additions to Net Assets Attributed to:         |                             |
| Investment income                              |                             |
| Net appreciation in fair value of investments  | \$ 5,220,021                |
| Interest and dividends                         | 580,069                     |
| <b>Net investment income</b>                   | <u>5,800,090</u>            |
| Interest on notes receivable from participants | <u>22,699</u>               |
| Contributions                                  |                             |
| Participants                                   | 2,615,604                   |
| Employer                                       | 747,096                     |
| Rollovers                                      | 212,178                     |
|                                                | <u>3,574,878</u>            |
| <b>Total additions</b>                         | <u>9,397,667</u>            |
| Deductions from Net Assets Attributed to:      |                             |
| Benefits paid to participants                  | 2,702,472                   |
| Administrative expenses                        | 89,985                      |
| <b>Total deductions</b>                        | <u>2,792,457</u>            |
| <b>Net increase</b>                            | 6,605,210                   |
| Net Assets Available for Plan Benefits:        |                             |
| January 1, 2017                                | 35,946,693                  |
| December 31, 2017                              | <u><u>\$ 42,551,903</u></u> |

See Notes to Financial Statements.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 1. Description of the Plan**

The following description of Century Engineering, Inc. 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 defined contribution plan established by Century Engineering, Inc. (the Company) covering all full-time employees who have attained age 18 and completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2017, the Company acquired the business assets of Nittany Engineering & Associates, Burns Engineering and Waste Water Management, Inc. The Plan was amended effective September 30, 2017, to provide service credit for eligibility and vesting to individuals employed by the acquired companies who subsequently became employees of Century Engineering, Inc. The affected individuals became eligible to participate in the Plan on their dates of hire and were permitted to make rollover contributions from other qualified plans in which they previously participated.

Contributions: Each year, participants may contribute up to 90% of compensation, subject to annual dollar limitations imposed by the Internal Revenue Code. The Plan has an automatic enrollment provision whereby participants will automatically have 6% of their compensation deferred into the Plan, unless they elect otherwise. Automatic deferral percentages will increase by 1% each Plan year on the anniversary of the participant's hire date up to a maximum of 10% of compensation, unless otherwise elected. Participants who attain age 50 by the end of the Plan year are eligible to make additional (catch-up) contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). The Plan also includes a Roth 401(k) deferral option.

The Company may make discretionary matching contributions to the Plan to be determined annually. For 2017, the Company matched 50% up to the first 6% of a participant's salary contributed to the Plan. The Company may also make discretionary profit sharing contributions. A participant must complete 1,000 hours throughout the year and be employed on the last day of the Plan year to be eligible for the employer's profit sharing contribution, with the exception of death, permanent disability and retirement. There was no profit sharing contribution for 2017. Contributions are subject to certain limitations.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 1. Description of the Plan (Continued)

Participant Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan. Participants may change their investment allocations at any time.

Participant Accounts: Each participant's account is credited with the participant's contributions, employer matching contributions and allocations of (a) Plan earnings or losses based on the participant's directed investment accounts and (b) charges for administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is fully vested in employer matching contributions after two years of credited service. Participants are 20% vested in profit sharing contributions after two years of service. Vesting increases twenty percent (20%) per year thereafter, until fully vested upon completion of six years of service. Participant accounts become fully vested upon retirement, permanent disability or death.

Participant Loans: Participants may borrow from their fund accounts a minimum of \$500, up to a maximum equal to the lesser of \$50,000, minus the difference between the highest outstanding loan balance in the previous 12 months and the current outstanding loan balance, or 50% of their vested account balance. Loan terms range from one to five years or longer for the purchase of primary residence. Interest rates on loans are based on a fixed rate similar to a bank's rate for a comparable personal loan plus 1%. Loans are secured by no more than 50% of the vested balance in a participant's account. Loan repayments must be paid directly to the Plan through payroll withholdings.

Payment of Benefits: Upon termination of service due to death, disability, or normal retirement at age 65, a participant may elect to receive their benefits in a lump sum or defer receiving payments until age 70 ½. In-service distributions are available to participants after reaching the age of 59-1/2. Fully vested employer match and non-elective contributions are available for in-service withdrawal at any time prior to age 59-1/2. Hardship withdrawals are also permitted subject to limitations as to amounts and types of contributions that may be withdrawn.

If the participant's account is less than \$5,000, the account balance is paid out in the form of a lump sum distribution. In the event of a mandatory distribution greater than \$1,000, the Plan Administrator will pay the distribution in a direct rollover to an individual retirement arrangement designated by the Plan Administrator if the participant does not elect a direct rollover or lump sum distribution.

Forfeited Accounts: Forfeitures represent employer contributions resulting from the termination of participants with less than fully vested benefits under the Plan. Forfeitures are used to pay Plan expenses or reduce employer contributions. Forfeited non-vested accounts totaled \$13,036 and \$3,223 at December 31, 2017 and 2016, respectfully. During 2017, forfeitures of \$8,625 were used to offset administrative expenses.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

---

#### **Note 1. Description of the Plan (Continued)**

Administrative Expenses: Investment and management fees, as well as certain administrative fees, are paid by the Plan. Audit fees have generally been paid by the Plan Sponsor.

#### **Note 2. Summary of Significant Accounting Policies**

Accounting Method: The financial statements have been prepared on the accrual basis 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. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balances plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document surrounding defaulted loans.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value (except for a fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid for transfer a liability in an orderly transaction between market participants at the measurement date. Management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Subsequent Events: In preparing these financial statements, the Plan Sponsor has evaluated events and transactions for potential recognition or disclosure through September 13, 2018, the date the financial statements were available to be issued.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 3. Information Certified by Trustee and its Affiliate**

Prudential Bank & Trust F.S.B., Trustee of the Plan, and its affiliate, Prudential Retirement Insurance and Annuity Company, certified the completeness and accuracy of the Plan's investments, investment transactions, and all related investment income and the fair value and contract value of these investments included in the financial statements and supplementary schedule as of and for the year ended December 31, 2017, and as of December 31, 2016. The Trustee also certified the completeness and accuracy of participant loans as of December 31, 2017 and 2016, and the related interest income for the year ended December 31, 2017.

#### **Note 4. Investments and Fair Value Measurements**

The Plan measures on a recurring basis its investments at fair value in accordance with Financial Accounting Standards Board (FASB) codification *Fair Value Measurement*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are as follows:

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that are accessible to the Plan. These generally provide the most reliable evidence and are used to measure fair value whenever available.                                                                                                                                                                                        |
| Level 2 | Inputs to the valuation methodology include significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted prices for similar assets in active markets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                       |

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

The inputs or methodology used for valuing investments are not an indication of the risk associated with investing in those securities.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 4. Investments and Fair Value Measurements (Continued)

The 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, 2017 and 2016.

Registered investment companies, at fair value: Shares of registered investment companies (mutual and money market funds) are valued at the daily closing price as reported by the funds. The funds held by the Plan are open-end mutual funds registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

The preceding methods may produce a value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine investments values could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value reported as of December 31, 2017 and 2016:

#### Investments at Fair Value as of December 31, 2017

|                                 | Level 1       | Level 2 | Level 3 | Total         |
|---------------------------------|---------------|---------|---------|---------------|
| Registered investment companies | \$ 34,892,999 | \$ -    | \$ -    | \$ 34,892,999 |

#### Investments at Fair Value as of December 31, 2016

|                                 | Level 1       | Level 2 | Level 3 | Total         |
|---------------------------------|---------------|---------|---------|---------------|
| Registered investment companies | \$ 29,204,233 | \$ -    | \$ -    | \$ 29,204,233 |

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 5. Investment Contract with Insurance Company**

The Guaranteed Income Fund is a fully benefit-responsive group annuity contract issued by Prudential Retirement Insurance and Annuity Company (PRIAC). PRIAC is obligated to repay contract principal and a specified rate of interest that is guaranteed to the Plan. Amounts contributed to the contract are deposited in PRIAC's general account. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of PRIAC.

The guaranteed income fund meets the fully benefit responsive investment contract criteria and therefore is reported at contract value. Contract value represents contributions made under the contract, plus earnings at the guaranteed crediting interest rate, less participant 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 crediting interest rate is based on many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of the reference portfolio within the insurer's general account. Such interest rates are reviewed on a semi-annual basis for resetting.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value with the issuer within 90 days. There are not any events that allow the issuer to terminate the contract and which require the plan sponsor to settle at an amount different than contract value. The Plan Administrator believes that the occurrence of any event that would limit the Plan's ability to transact at contract value with participants is not probable of occurring.

#### **Note 6. 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 of Plan termination, participants will become fully vested in their accounts.

## **CENTURY ENGINEERING, INC. 401(k) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **Note 7. Tax Status**

The Plan has adopted a non-standardized form of a prototype plan sponsored by Prudential Insurance Company of America. The prototype plan has received an opinion letter from the Internal Revenue Service dated April 29, 2014, that the prototype plan as then designed, was in compliance with the applicable provisions of the Internal Revenue Code (IRC). Although the Plan has been amended subsequently, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition 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 period in progress.

#### **Note 8. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

#### **Note 9. Related Party Transactions**

Certain Plan investments consist of shares of registered investment companies and units of a guaranteed income fund managed by Prudential Retirement Insurance and Annuity Company (PRIAC) and its affiliates. PRIAC has contracted with the Plan to provide certain investment management, recordkeeping and administrative services and therefore, these transactions qualify as party-in-interest transactions.

## CENTURY ENGINEERING, INC. 401(k) PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 10. Reconciliations to Form 5500

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

|                                                                     | 2017                 | 2016                 |
|---------------------------------------------------------------------|----------------------|----------------------|
| Net assets available for plan benefits per the financial statements | \$ 42,551,903        | \$ 35,946,693        |
| Employer contribution receivable                                    | (747,096)            | (659,701)            |
| Net assets available for plan benefits per Form 5500                | <u>\$ 41,804,807</u> | <u>\$ 35,286,992</u> |

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2017, to amounts per Form 5500:

|                                                      | Amount            |
|------------------------------------------------------|-------------------|
| Employer contributions per 2017 financial statements | \$ 747,096        |
| Current year employer contribution receivable        | (747,096)         |
| Prior year employer contribution receivable          | 659,701           |
| Employer contributions per Form 5500                 | <u>\$ 659,701</u> |

## **SUPPLEMENTARY INFORMATION**

**CENTURY ENGINEERING, INC. 401(k) PLAN**  
**EIN: 52-2002914, Plan 001**

**SCHEDULE H, ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES**  
**December 31, 2017**

|                                                                               |                                                       | Description of Investment Including<br>Maturity Date, Rate of Interest, |                                    |                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------|-------------------|
| (a) (b)                                                                       | Identity of Issue, Borrower, Lessor, or Similar Party | (c)                                                                     | Collateral, Par, or Maturity Value | (e) Current Value |
| <u>Registered Investment Companies</u>                                        |                                                       |                                                                         |                                    |                   |
|                                                                               | American Century Mid Cap Value R6                     | 147,229                                                                 | shares                             | \$ 2,579,446      |
|                                                                               | American Funds Capital World Bond R6                  | 10,831                                                                  | shares                             | 216,297           |
|                                                                               | American Funds Capital World Growth and Income R6     | 5,083                                                                   | shares                             | 259,749           |
|                                                                               | American Funds Income Fund R6                         | 32,298                                                                  | shares                             | 754,796           |
|                                                                               | Carillon Eagle Mid-Cap Growth R6                      | 12,352                                                                  | shares                             | 738,869           |
|                                                                               | Delaware Small Cap Value Fund R6                      | 6,014                                                                   | shares                             | 417,987           |
|                                                                               | Franklin Growth Fund R6                               | 54,922                                                                  | shares                             | 5,192,360         |
|                                                                               | Invesco Growth & Income R6                            | 188,079                                                                 | shares                             | 5,080,008         |
|                                                                               | JP Morgan Large Cap Growth Fund                       | 9,558                                                                   | shares                             | 371,344           |
|                                                                               | Loomis Sayles Bond Fund N                             | 95,879                                                                  | shares                             | 1,318,336         |
|                                                                               | Metropolitan West Total Return Bond                   | 390,034                                                                 | shares                             | 3,912,038         |
|                                                                               | Oakmark International Instl                           | 15,098                                                                  | shares                             | 431,666           |
|                                                                               | Oppenheimer Developing Markets Fund I                 | 16,344                                                                  | shares                             | 701,643           |
|                                                                               | Oppenheimer International Diversified Fund I          | 315,598                                                                 | shares                             | 5,841,719         |
| *                                                                             | Prudential Jennison Small Company Q                   | 123,682                                                                 | shares                             | 3,266,451         |
|                                                                               | T. Rowe Price Dividend Growth I                       | 20,051                                                                  | shares                             | 869,601           |
|                                                                               | Vanguard 500 Index Admiral                            | 8,726                                                                   | shares                             | 2,153,793         |
|                                                                               | Vanguard Mid-Cap Index Fund                           | 248                                                                     | shares                             | 47,514            |
|                                                                               | Vanguard REIT Index Fund                              | 4,517                                                                   | shares                             | 531,028           |
|                                                                               | Vanguard Small Cap Index Admiral                      | 1,474                                                                   | shares                             | 104,331           |
|                                                                               | Vanguard Total Bond Index                             | 822                                                                     | shares                             | 8,837             |
|                                                                               | Vanguard Total International Stock Index Admiral      | 3,119                                                                   | shares                             | 95,186            |
| <u>Prudential Retirement Insurance and Annuity Co. Group Annuity Contract</u> |                                                       |                                                                         |                                    |                   |
| *                                                                             | Guaranteed Income Fund                                | 206,466                                                                 | units                              | \$ 6,431,621      |
| <u>Notes Receivable from Participants</u>                                     |                                                       |                                                                         |                                    |                   |
| *                                                                             | Various Participants                                  | Interest rates of 4.25% - 7.00%                                         |                                    | \$ 480,187        |
| * Represents party-in-interest                                                |                                                       |                                                                         |                                    |                   |

NOTE: Schedule format conforms with IRS Form 5500 requirements.