

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection

Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan
B This return/report is	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information	
1a Name of plan <u>CENTRIA - AMBRIDGE HOURLY EMPLOYEES PENSION PLAN AGREEMENT</u>	1b Three-digit plan number (PN) ▶ <u>007</u> 1c Effective date of plan <u>01/01/1997</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRIA</u> <u>1005 BEAVER GRADE ROAD</u> <u>MOON TOWNSHIP, PA 15108-2944</u>	2b Employer Identification Number (EIN) <u>25-1699533</u> 2c Sponsor's telephone number <u>281-897-7500</u> 2d Business code (see instructions) <u>332900</u>
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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. a Sponsor's name c Plan Name	4b EIN 4d PN
5a Total number of participants at the beginning of the plan year	5a <u>44</u>
b Total number of participants at the end of the plan year	5b <u>44</u>
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c
d(1) Total number of active participants at the beginning of the plan year	5d(1) <u>15</u>
d(2) Total number of active participants at the end of the plan year	5d(2) <u>15</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e <u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2018</u>	<u>KATY THEROUX</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2017)
v.170203

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 4065413. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1487697	1679068
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1487697	1679068
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	0	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	305373	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		305373
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	103173	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	10829	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		114002
i Net income (loss) (subtract line 8h from line 8c)	8i		191371
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No

11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

A Name of plan <u>CENTRIA - AMBRIDGE HOURLY EMPLOYEES PENSION PLAN AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CENTRIA</u>	D Employer Identification Number (EIN) <u>25-1699533</u>

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>	
2 Assets:	
a Market value	2a <u>1487697</u>
b Actuarial value	2b <u>1494332</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>25</u> (2) Vested Funding Target <u>827153</u> (3) Total Funding Target <u>827153</u>
b For terminated vested participants	<u>4</u> <u>22672</u> <u>22672</u>
c For active participants	<u>15</u> <u>283655</u> <u>375156</u>
d Total	<u>44</u> <u>1133480</u> <u>1224981</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.74 %</u>
6 Target normal cost	6 <u>2500</u>

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

SIGN HERE	
Signature of actuary <u>ROBERT CRNJARICH</u>	<u>10/08/2018</u> Date
Type or print name of actuary <u>COWDEN ASSOCIATES, INC.</u>	<u>17-05141</u> Most recent enrollment number
Firm name <u>FOUR GATEWAY CENTER</u> <u>444 LIBERTY AVE. - SUITE 605</u> <u>PITTSBURGH, PA 15222-1222</u>	<u>412-394-9951</u> Telephone number (including area code)
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	365985	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2600	0
9 Amount remaining (line 7 minus line 8)	363385	0
10 Interest on line 9 using prior year's actual return of <u>7.81</u> %	28380	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.93</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	391765	0

Part III Funding Percentages

14 Funding target attainment percentage	14	90.00%
15 Adjusted funding target attainment percentage	15	121.98%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.07%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2500	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2500	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2506	0	2506
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

CENTRIA – Ambridge Hourly Employees’ Pension Plan

EIN: 25-1699533 / PN: 007

2017 Schedule SB (Form 5500)

Line 26 - Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	2	0	0	0	0	0	2
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	6	1	0	0	0	0	7
60 to 64	0	0	0	0	2	3	0	0	0	1	6
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	10	4	0	0	0	1	15

CENTRIA – Ambridge Hourly Employees’ Pension Plan
EIN: 25-1699533 / PN: 007
Attachment to 2017 Form 5500 Schedule SB
Part V – Statement of Actuarial Assumptions/Methods

As of January 1, 2017

Mortality for Minimum and Maximum Funding: IRS 2017 Combined Annuitant and Non-Annuitant Static Mortality Table

Mortality for ASC 960: Same as Minimum and Maximum Funding

IRS Prescribed Interest Rates for Funding Target Liability in 2017 and 2016, Updated for HATFA corridors. Maximum contributions are based on pre-HATFA rates.

Minimum/Maximum Funding	Current Year (Min/Max)	Prior Year (Min/Max)
First Segment Rate	4.16%/1.57%	4.43%/1.41%
Second Segment Rate	5.72%/3.77%	5.91%/3.96%
Third Segment Rate	6.48%/4.73%	6.65%/4.97%
Look back Month	January	January
ASC 960	3.85%	4.02%

Turnover Rates: T-1 Table

Disability Rates: None assumed

Payment Form Election: Participants are assumed to elect a life annuity.

Marital Status: 80% Married, female spouse 3 years younger than male.

Census Data: Provided by plan sponsor as of January 1, 2017.

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

Salary Increases: N/A

Expenses: Recognition of non-investment related administrative expenses is included in the target normal cost.

CENTRIA – Ambridge Hourly Employees' Pension Plan

EIN: 25-1699533 / PN: 007

Attachment to 2017 Form 5500 Schedule SB

Actuarial Methods and Assumptions (continued)

Actuarial Cost Method: Unit Credit. A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains/(Losses), as they occur, generally reduce/(increase) the unfunded Actuarial Accrued Liability.

Asset Valuation Method: Actuarial Value, as determined by IRS Notice 2009-22, and smoothed over a 24 month period.

Assumption changes since prior valuation: The PPA Funding mortality and interest assumptions have been updated to comply with prescribed IRS requirements for 2017, including the effect of HATFA pension funding stabilization.

ASC 960 assumptions were updated to mirror the assumptions used for calculating the maximum contributions under the plan.

Significant Benefits Not Recognized: None

Prescribed Assumption or Method – Set by Law or Legally Binding Authority:

- Funding Method – Set by Internal Revenue Code Section 430
- Funding Segment Rates used for Funding Target, Target Normal Cost and the 3rd segment rate used in the Asset Valuation Method – Provided by the IRS in accordance with Internal Revenue Code Section 430 as updated by MAP-21 and HATFA legislation
- Funding Mortality and Mortality Projections – Provided by the IRS in accordance with Internal Revenue Code Section 430
- Asset Valuation Method – prescribed by the IRS under Internal Revenue Code Section 430

Prescribed Assumption or Method Set by Another Party:

- Applicable Lookback Month for Funding Segment Rates – as elected by the plan sponsor
- Use of Asset Valuation Method – as chosen by the plan sponsor
- Use of Funding Target Segment Rates – as chosen by the plan sponsor

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

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

A Name of plan CENTRIA - AMBRIDGE HOURLY EMPLOYEES PENSION PLAN AGREEMENT	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRIA	D Employer Identification Number (EIN) 25-1699533
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>				
2 Assets:				
a Market value.....			2a	1,487,697
b Actuarial value.....			2b	1,494,332
3 Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....		25	827,153	827,153
b For terminated vested participants.....		4	22,672	22,672
c For active participants.....		15	283,655	375,156
d Total.....		44	1,133,480	1,224,981
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐				
a Funding target disregarding prescribed at-risk assumptions.....			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b	
5 Effective interest rate.....			5	5.74%
6 Target normal cost.....			6	2,500

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

SIGN HERE	 Signature of actuary	 Date
	ROBERT CRNJARICH Type or print name of actuary	1705141 Most recent enrollment number
	COWDEN ASSOCIATES, INC. Firm name	412-394-9951 Telephone number (including area code)
	FOUR GATEWAY CENTER 444 LIBERTY AVE. - SUITE 605 PITTSBURGH PA 15222-1222 Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2,500	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	2,500	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	2,506	0	2,506
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

CENTRIA – Ambridge Hourly Employees’ Pension Plan

EIN: 25-1699533 / PN: 007

Attachment to 2017 Form 5500 Schedule SB

Schedule SB, line 22 – Weighted Average Retirement Age

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

CENTRIA – Ambridge Hourly Employees' Pension Plan

EIN: 25-1699533 / PN: 007

Attachment to 2017 Form 5500 Schedule SB

Part V – Summary of Plan Provisions

The following is a summary of the major provisions of the plan as of January 1, 2017. Please refer to the plan document for a more complete description of the most recent plan provisions.

- A. Effective Date: January 1, 1997 for benefit accruals beginning on or after June 28, 1996
- B. Plan Frozen: Benefit accruals frozen as of April 12, 2001.
- C. Actuarial Equivalence (§1.1): Mortality is the Applicable Mortality Table under IRC §417(e)(3). Interest for optional forms is 7%; while the look-back month for lump sum distributions is December.
- D. Eligible Employee (§1.6): Active employees represented by the United Steelworkers of America Local 1463
- E. Average Monthly Earnings (§1.3): Highest 60 consecutive months out of the last 120 months
- F. Earnings (§1.7): The Participant's earnings including the amount resulting from a cost-of-living adjustment provision, only to the extent of the first cost-of-living adjustment which was included in base hourly or salary rates subsequent to April 30, 1974
- G. Year of Vesting Service (§1.14): Period of service measured from the Participant's date of hire to severance from service. A whole year is 12 months and 30 days is deemed to be one month of service
- H. Date of Participation (§2.1): Later of January 1, 1997 and the Employee's date of hire
- I. Vesting (§3.1): 100% after 5 Years of Vesting Service
- J. Retirement:
 - 1. Normal Retirement (§4.2): Later of age 65 and 5 Years of Service
 - 2. 62/15 Retirement (§4.3): Later of age 62 and 15 Years of Service
 - 3. 30-year Retirement (§4.4): After 30 Years of Service
 - 4. 60/15 Retirement (§4.5): Age 60 with 15 Years of Service
 - 5. 70/80 Retirement (§4.6): Any Participant who has not attained age 62 and who has at least 15 Years of Service and (i) is age 55 and whose combined age and Years of Service equal 70 or more or (ii) whose combined age and Years of Service equal 80 or more and whose Years of Service are broken by reason of a permanent shutdown, or layoff, or disability, or who considers that it would be in the Participant's interest to retire, and the Company considers that such retirement would likewise be in its interest.

CENTRIA – Ambridge Hourly Employees' Pension Plan

EIN: 25-1699533 / PN: 007

Attachment to 2017 Form 5500 Schedule SB

Plan Provisions (continued)

6. Rule-of-65 Retirement (§4.7): Any Participant who has at least 20 Years of Service, and for whom the total of his age and Years of Service equals at least 65 but less than 80 and who whose service has been broken by layoff or disability, or when the Participant and the Company agree it is in their mutual interest for the Participant to retire
7. Permanent Incapacity Retirement (§4.8): 15 Years of Service after a total and permanent disability

K. Benefits:

1. Special Payment (§5.2): Payment made with respect to the first three full calendar months following the month in which retirement occurs, but it does not apply in the case of a Permanent Incapacity Retirement or Deferred Vested Retirement. It is a lump sum equal to 13 weeks of vacation pay (as adjusted to remove certain cost-of-living adjustments) reduced by any regular vacation pay received for the year of retirement. The amount of the Special Payment will be reduced if the Participant has service prior to June 28, 1996.

2. Regular Pension (§5.3): The greater of (A) or (B) where:

(A) is equal to the Participant's Average Monthly Earnings times 1.05 times 1.1% for the first 30 Years of Service, plus 1.2% for Years of Service in excess of 30, and

(B) is equal to the \$18.50 times the first 15 Years of Service plus \$20.00 for the next 15 Years of Service plus \$21.50 for Years of Service in excess of 30.

Benefit accruals were frozen at April 12, 2001 and the Regular Pension is reduced by the Monthly Benefit amount shown in Exhibit A of the Plan document for service prior to June 28, 1996.

3. Early Retirement Income (§5.4): A Participant with 15 Years of Service who is age 40 or more may take an immediate pension at age 62 or an actuarially reduced pension beginning at age 60. The percentage reductions are below with specific factors between the listed ages in the plan document:

Age at Start of Pension	% Reduction Factor
60	83.82%
61	91.45%
62	100.00%

A Participant who incurs a break in service either prior to attaining age 40 or after attaining age 40 but before completing 15 Years of Service may take an immediate pension at age 65 or an actuarially reduced pension beginning at age 60. The percentage reductions are below with specific factors between the listed ages in the plan document:

Age at Start of Pension	% Reduction Factor
60	63.10%
61	68.85%
62	75.28%
63	82.53%
64	90.72%
65	100.00%

CENTRIA – Ambridge Hourly Employees' Pension Plan

EIN: 25-1699533 / PN: 007

Attachment to 2017 Form 5500 Schedule SB

Plan Provisions (continued)

4. Increased Pensions (§5.5): The 70/80, Rule-of-65 and Permanent Incapacity Pensions will be increased \$300 per month only until the Participant attains age 62 or becomes eligible for Social Security benefits. The \$300 Rule-of-65 Pension increase is subject to a reduction of \$1.00 for every \$2.00 which the Participant earns over \$8,000 (\$8,800 effective 8/1/98) in any calendar year.

(A) After eligibility for Social Security benefits amount shall be the participant's Accrued Benefit determined as of the date of permanent incapacity.
5. Pre-Pension Supplemental Spouse Coverage (§6.1): A qualified pre-retirement joint and survivor annuity is available to the surviving spouse of a Participant who dies prior to retirement after 5 Years of Service.
6. Surviving Spouse Benefit (§6.2): The surviving spouse of a Participant who has completed 15 Years of Service and who dies on or after 1/1/97 is eligible for a monthly benefit if death occurs while a Participant is still employed, or after a break in service where the Participant is eligible for retirement on an immediate pension, or after the Participant's retirement on other than a Deferred Vested Retirement and the surviving spouse was married to the Participant at the date of retirement.

The surviving spouse benefit is payable for the life of the eligible surviving spouse in the amount of:

- for each month until the surviving spouse reaches age 60, 50% of the Participant's pension or if higher, \$127.50,¹ and
- for each month after the surviving spouse reaches age 60, 50% of the Participant's pension less 50% of the amount of the widow's (or widower's) Social Security benefit or \$77.50,⁴ if higher.

¹ Adjusted for CENTRIA service