

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ a DFE (specify) ____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ special extension (enter description)	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>02/12/1993</u>
2a	Plan sponsor's name (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>NCI GROUP, INC.</u> <u>5020 WESTON PARKWAY, SUITE 400</u> <u>CARY, NC 27513</u>	2b	Employer Identification Number (EIN) <u>76-0398132</u>
		2c	Plan Sponsor's telephone number <u>281-897-7500</u>
		2d	Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KATY THEROUX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	KATY THEROUX
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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 CENTRIA c Plan Name PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.	4b EIN 25-1699533 4d PN 003
5 Total number of participants at the beginning of the plan year	5 111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 14 6a(2) 8 6b 81 6c 3 6d 92 6e 15 6f 107 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NCI GROUP, INC.	D Employer Identification Number (EIN) 76-0398132

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	4-12828	107	01/01/2018	12/31/2018

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

(a) Total amount of commissions paid 13612	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PRIVATE WEALTH ADVISORS, INC. 4900 PERRY HIGHWAY - SUITE 300 PITTSBURGH, PA 15229
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13612	0	NONE	3

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	15630289

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

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

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

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

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

b Balance at the end of the previous year.....	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NCI GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0398132</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>2018</u>	
2 Assets:	
a Market value.....	2a <u>16677119</u>
b Actuarial value	2b <u>15242124</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>94</u> (2) Vested Funding Target <u>9293826</u> (3) Total Funding Target <u>9293826</u>
b For terminated vested participants	<u>3</u> <u>116231</u> <u>116231</u>
c For active participants	<u>14</u> <u>1415613</u> <u>1511850</u>
d Total	<u>111</u> <u>10825670</u> <u>10921907</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>5.62 %</u>
6 Target normal cost	6 <u>51019</u>

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

SIGN HERE	
Signature of actuary	<u>10/10/2019</u>
<u>ROBERT CRNJARICH</u>	Date
Type or print name of actuary	<u>17-05141</u>
<u>COWDEN ASSOCIATES, INC.</u>	Most recent enrollment number
Firm name	<u>412-394-9951</u>
<u>FOUR GATEWAY CENTER 444 LIBERTY AVE - SUITE 605 PITTSBURGH, PA 15222-1222</u>	Telephone number (including area code)
Address of the firm	

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)	944322	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	944322	0
10 Interest on line 9 using prior year's actual return of <u>21.09</u> %	199158	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		622566
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>5.80</u> %		36109
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		658675
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)	1143480	0

Part III Funding Percentages

14 Funding target attainment percentage	14	129.08%
15 Adjusted funding target attainment percentage	15	139.55%
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	136.83%
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
02/02/2018	120000	0			
04/27/2018	120000	0			
10/25/2018	120000	0			
Totals ▶			18(b)	360000	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	352137

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

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

21	Discount rate:			
a	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ 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)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☒ Prescribed - combined	☐ Prescribed - separate
			☐ Substitute	☐ 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	51019
b	Excess assets, if applicable, but not greater than line 31a	31b	51019
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	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement		0
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	352137
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	352137
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		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NCI GROUP, INC.	D Employer Identification Number (EIN) 76-0398132	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	19841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	LOUIS PLUNG & COMPANY LLP	b EIN:	25-1637458
c Position:	ACCOUNTANT		
d Address:		e Telephone:	

Explanation: CHANGE OF AUDITORS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2018</div> This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NCI GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0398132</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>417634</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRIN LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>398244</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL SMALLCAP SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-014</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>611522</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>902202</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGE CAP GROWTH I SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4331112</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN EQUITY INCOME SA-I3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4360292</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LG CAP S&P 500 INDEX SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1747059</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BD SEP ACCT

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

c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1291523
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INCOME SEP ACCT-R6

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

c EIN-PN 42-0127290-118	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1560388
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-R6

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

c EIN-PN 42-0127290-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10313
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 NCI GROUP, INC.		D Employer Identification Number (EIN) 76-0398132

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	16677119	15630289
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16677119	15630289

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16677119	15630289
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	360000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		360000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-596531
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-236531

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	790458	
(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)		790458
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	19841	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		19841
j Total expenses. Add all expense amounts in column (b) and enter total	2j		810299

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1046830
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: **ACM LLP**

(2) EIN: **01-0724563**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 4158822. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NCI GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0398132</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Pension Plan for Bargaining
Group Hourly Employees of the
Cambridge, Ohio Plant of NCI
Group, Inc.**

Financial Statements and Supplemental
Schedules

As of December 31, 2018 and 2017 and for
the Year Ended December 31, 2018



Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

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Independent Auditor's Report

The Plan Administrator of the
Pension Plan for Bargaining Group Hourly
Employees of the Cambridge, Ohio Plant of NCI Group, Inc.
Houston, TX

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc. (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, 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 investment information summarized in Note 4, which was certified by Principal Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the 2018 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2018 and for the year then ended, that the information provided to the plan administrator by the custodian 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 on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of Assets (Held at End of Year) as of December 31, 2018 and Reportable Transactions for the year ended December 31, 2018 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Other Matter – 2017 Financial Statement

The financial statement of the Plan as of December 31, 2017, was audited by predecessor auditors. 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 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated October 11, 2018, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations - 2018

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ACM LLP

Denver, Colorado

October 15, 2019

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	2018	2017
Assets:		
Investments, at fair value	\$ 15,630,289	\$ 16,677,119
Net assets available for plan benefits	\$ 15,630,289	\$ 16,677,119

See accompanying independent auditor's report and notes to financial statements.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Statement of Changes in Net Assets Available for Benefits

<i>For the Year Ended December 31,</i>	2018
Additions to (deductions from) net assets attributed to:	
Employer contributions	\$ 360,000
Total contributions	360,000
Investment loss:	
Net depreciation in fair value of investments	(596,531)
Total investment loss	(596,531)
Benefits paid to participants	(790,458)
Administrative expenses	(19,841)
Net decrease in net assets available for benefits	(1,046,830)
Net assets available for benefits, beginning of year	16,677,119
Net assets available for benefits, end of year	\$ 15,630,289

See accompanying independent auditor's report and notes to financial statements.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

1. PLAN DESCRIPTION

The following description of the Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc., formerly Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of CENTRIA, formerly Smith Steelite (the “Plan”), as amended, 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 noncontributory defined benefit pension plan covering substantially all bargaining unit employees of Local 1825, International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, who were in the active employment of NCI Group, Inc. (the “Company”), formerly CENTRIA, formerly Smith Steelite, on or after February 12, 1993 and prior to June 11, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). On June 28, 1996, Smith Steelite combined with H.H. Robertson and E.G. Smith Construction Products, Inc. and changed its name to CENTRIA. The benefits for participants of this Plan were not affected by this combination. In connection with the purchase by Smith Steelite of certain net assets of E.G. Smith Construction Products, Inc., a subsidiary of Armco, Inc. (the “Subsidiary”), the accrued pension benefits for employees of the Subsidiary for service through the acquisition date remained the responsibility of the Subsidiary. In May 1999, the Subsidiary was acquired by AK Steel Holding Corporation. The Company is responsible for pension costs incurred for service subsequent to the acquisition date which essentially provides benefits similar to the former plan. On January 15, 2015, CENTRIA was acquired by NCI Building Systems, Inc. and on June 26, 2017, the plan sponsorship was transferred to NCI Group, Inc. The Plan was renamed at various points during these transactions.

The Plan has been amended and restated over the years to comply with various regulatory requirements.

Custodian and Administration of the Plan

The administrator of the Plan is the Pension Board, which consists of three or more officers or other persons from management of the Company. The Benefits Administrative Committee and investment advisor determine the appropriateness of the Plan’s investment offerings and monitor investment performance.

The custodian of the Plan’s assets is Principal Life Insurance Company (“Custodian” or “Principal”).

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

Participation

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

Pension Benefits

Participants with five or more years of service are eligible for benefit payments upon reaching age 65. Monthly payments are determined by application of the life income benefit rate applicable at retirement multiplied by the number of years of continuous service, as defined in the Plan Document. Certain early retirement options are available, reduced for certain early retirement factors, as further described in the Plan Document.

In general, benefits are a monthly annuity payment. Lump sum payments are permitted prior to commencement of pension payments where the actuarial equivalent of such pension does not exceed \$5,000.

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

Funding Policy

The Company’s funding policy is to make annual minimum contributions to the Plan as recommended by the Plan’s actuary and specified by ERISA and required under the Internal Revenue Code (“IRC”). No employee contributions are permitted. Employer contributions of \$360,000 were made for the plan year ended December 31, 2018. These contributions exceeded the minimum funding requirements as calculated by the Plan’s actuary.

Termination of the Plan

Although the Company has not expressed any intention to do so, it may terminate the Plan at any time. The rights of all affected employees to benefits accrued upon termination are nonforfeitable. Net assets of the Plan available to provide benefits shall be allocated upon termination in accordance with the guidelines prescribed by ERISA and its related regulations. If the Plan

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

terminates, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”), a U.S. governmental agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are 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 (“GAAP”) requires the Plan’s management to use estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates and such differences could be material.

Investment Valuation and Income Recognition

Investments in the pooled separate accounts are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3, *Fair Value Measurements and Disclosures*, for a discussion of fair value measurements.

The Plan presents, in the Statements of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains and losses from sales of investments and unrealized appreciation (depreciation) on investments. The net change in unrealized appreciation (depreciation) in the fair value of investments is determined by the change in fair value from the beginning of the year, if held for the entire year, or from date of purchase to end of year.

Purchases and sales are recorded on a trade-date basis.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

Payment of Benefits

Benefit payments to participants are recorded when paid to participants.

Administrative Expenses

Certain plan expenses for investment advising and administrative or operating costs are paid through the Plan. Other administrative functions are performed by employees of the Company at no cost to the Plan. All other costs not paid by the Plan are paid by the Company and excluded from these financial statements.

3. FAIR VALUE MEASUREMENTS AND DISCLOSURES

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are the highest priority and consist of unadjusted quoted prices in active markets for identical assets and liabilities. Level 2 inputs are inputs for quoted prices for similar assets or liabilities in active markets; inputs for quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs are the lowest priority and are unobservable and significant to the fair value measurement of an asset or liability. 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value. There were no changes in the methodologies used at December 31, 2018 and 2017.

Pooled Separate Accounts (PSAs): Are valued at net asset value (“NAV”) of the PSA, which is not publicly quoted. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Investments held within the PSAs include domestic stocks, international stocks, mutual funds, collective trust funds, and other separate accounts. PSAs can be redeemed on a daily basis.

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

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's investments, at fair value as of December 31, 2018 and 2017:

<i>As of December 31, 2018</i>	Level 1	Level 2	Level 3	Total
Total assets in the fair value hierarchy	\$ -	\$ -	\$ -	\$ -
Investments measured at net asset value (a)	-	-	-	15,630,289
Total investments at fair value				\$ 15,630,289

<i>As of December 31, 2017</i>	Level 1	Level 2	Level 3	Total
Total assets in the fair value hierarchy	\$ -	\$ -	\$ -	\$ -
Investments measured at net asset value (a)	-	-	-	16,677,119
Total investments at fair value				\$ 16,677,119

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV as a practical expedient per share have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2018 and 2017, respectively.

<i>Investment Type</i>	<i>Fair Value – December 31, 2018</i>	<i>Fair Value – December 31, 2017</i>	<i>Unfunded Commitments</i>	<i>Redemption Frequency</i>	<i>Redemption Notice Period</i>
Pooled Separate Accounts	\$15,630,289	\$16,677,119	None	Daily	30 days

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal has certified that the following information included in the accompanying financial statements is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of December 31, 2018 and 2017;

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

- Net depreciation in the fair value of investments as shown in the Statements of Changes in Net Assets Available for Benefits for the year ended December 31, 2018;
- All investment information included in Note 3;
- Investment information included in the accompanying supplemental schedules as of and for the year ended December 31, 2018.

The Plan's independent auditors did not perform any auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provision to the service employees have rendered through the freeze date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries upon retirement, death, disability or termination. Benefits under the Plan are based on employees' years of credited service.

The actuarial present value of accumulated plan benefits presented is based on the Plan's actuarial valuation as of January 1, 2019 and 2018, prepared by the Plan's actuary, Cowden Associates, Inc. Had the valuations been performed as of December 31st, there would be no material difference.

The present value of accumulated Plan benefits as determined by the actuary as of December 31, 2018 and 2017 is as follows:

	December 31, 2018	December 31, 2017
Vested benefits:		
Participants currently receiving payments	\$ 11,678,084	\$ 11,023,460
Current and terminated employees with vested benefits	821,641	1,909,430
Total vested benefits	12,499,725	12,932,890
Non-vested benefits	108,885	117,450
Total actuarial present value of accumulated Plan benefits	\$ 12,608,610	\$ 13,050,340

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

The following comprises the changes in accumulated Plan benefits:

Actuarial present value of accumulated Plan benefits as of December 31, 2017	\$ 13,050,340
Increase (decrease) during the year attributable to:	
Decrease in discount period	488,632
Benefits paid	(790,458)
Changes in actuarial assumptions (a)	(314,796)
Benefits accumulated and plan experience	174,892
Actuarial present value of accumulated Plan benefits as of December 31, 2018	\$ 12,608,610

- (a) The following actuarial assumptions remain comparable to those used in previous valuations except for the mortality table and interest assumptions have been updated.

Significant assumptions and methods underlying the actuarial computations for 2018 and 2017 are as follows:

	2018	2017
Mortality	2019 Small Plan Combined Annuitant and Non-Annuitant IRS Static Mortality Table	2018 Small Plan Combined Annuitant and Non-Annuitant IRS Static Mortality Table
Interest and expected rate of return	4.03%	3.86%
Actuarial Assumed Retirement Age	Age 62 or attained age if later	Age 62 or attained age if later
Payment Form Election	Life Annuity	Life Annuity

The assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are in pooled separate accounts managed by the Custodian. The Custodian receives certain asset-based fees as outlined in the various fee disclosures. Certain investment management services may be included in the net appreciation (depreciation) in fair value of investments. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Direct fees paid by the Plan for custodian and administrative services were \$19,841 for the year ended December 31, 2018.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

7. INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service ("IRS") dated June 18, 2014, indicating the Plan is designed in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter; however, the Company and plan administrator believe the Plan is being operated in compliance with the applicable requirements of the IRC and the Plan and related trust are tax-exempt. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. CONCENTRATIONS, RISKS AND UNCERTAINTIES

The Plan provides for investments in pooled separate accounts. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Additionally, the value, liquidity and related income of the investments are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investments and the level of uncertainty related to the changes in the value of investments, it is at least reasonably possible that changes in the values of investments 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 Benefits. As of December 31, 2018 and 2017, there were three investments which individually represented more than 10% of assets held by the Plan. Refer to the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2018.

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

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Notes to Financial Statements

9. SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 15, 2019 which is the date the financial statements were available to be issued. There were no events or transactions discovered during the evaluation that require recognition or disclosure in the financial statements, except as described below.

Effective May 23, 2019, the Company changed its name from NCI Building Systems, Inc. to Cornerstone Building Brands, Inc.

During 2019, the Company decided to combine all committees into one committee that covers all benefit plans of the Company, Cornerstone Building Brands Benefits Committee. Upon combining all committees, the Cornerstone Building Brands Benefits Committee became responsible for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) –
As of December 31, 2018

EIN: 25-1699533

Plan Number: 003

(a)	(b)	(c) <u>Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity</u>	(d)	(e)
	<u>Identity of Issuer, Borrower, Lessor or Similar Party</u>	<u>Value</u>	<u>Cost</u>	<u>Current Value</u>
	Principal Life Insurance Company:			
*	Principal Global Investors Equity Income Sep Acct-I3	Pooled Separate Account	\$ 511,596	\$ 4,360,292
*	Principal Global Investors Large Cap S&P 500 Index SA-R6	Pooled Separate Account	395,714	1,747,059
*	T. Rowe Price/Brown Advisory Large Cap Growth I Sep Acct-R6	Pooled Separate Account	435,141	4,331,112
*	Principal Global Investors MidCap Growth Separate Acct-R6	Pooled Separate Account	296,323	398,244
*	Principal Global Investors Small Cap S&P 600 Index SA-R6	Pooled Separate Account	289,422	417,634
*	Principal Global Investors Diversified Intl Sep Acct-R6	Pooled Separate Account	119,398	902,202
*	Principal Global Investors Intl Small Cap Separate Acct-R6	Pooled Separate Account	48,000	611,522
*	Principal Global Investors Liquid Assets Separate Acct-R6	Pooled Separate Account	10,265	10,313
*	Principal Global Investors Core Plus Bd Separate Acct-R6	Pooled Separate Account	245,182	1,291,523
*	Principal Global Investors Income Separate Acct-R6	Pooled Separate Account	271,311	1,560,388
	Total assets (held at end of year)		\$	15,630,289

* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

**Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions – For the
Year Ended December 31, 2018**

<i>For the Year Ended December 31, 2018</i>						EIN #: 25-1699533 Plan Number: 003	
(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	# of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii)–series of transactions in excess of 5% of Plan assets:</u>							
*Principal Global Investors Liquid Assets Separate Acct-R6	Pooled Separate Account	9	\$ 460,284	\$ -	\$ 460,284	\$ 460,284	\$ -
*Principal Global Investors Liquid Assets Separate Acct-R6	Pooled Separate Account	26	\$ -	\$ 563,239	\$ 562,260	\$ 563,239	\$ (980)

* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements.

There were no category (i), (ii) or (iv) reportable transactions during 2018.

NOTE: Reportable transactions are included as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. In general terms, reportable transactions are those transactions, or series of transactions when aggregated, with the plan year which involve an amount in excess of five percent of total assets as of the beginning of the plan year.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 Form 5500 Schedule SB

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	2	0	0	0	0	0	2
50 to 54	0	0	0	0	3	0	0	0	0	0	3
55 to 59	0	0	0	0	1	0	0	0	1	0	2
60 to 64	0	0	0	0	0	0	0	0	0	1	1
65 to 69	0	0	0	0	0	0	0	0	0	4	4
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	8	0	0	0	1	5	14

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 Form 5500 Schedule SB

Part V – Statement of Actuarial Assumptions/Methods

As of January 1, 2018

Mortality for Minimum and Maximum Funding: IRS 2018 Combined Annuitant and Non-Annuitant Static Mortality Table (new tables based on SOA RP-2014 Mortality Tables Report)

Mortality for ASC 960: Same as Minimum and Maximum Funding

IRS Prescribed Interest Rates for Funding Target Liability in 2018 and 2017, Updated for HATFA corridors. Maximum contributions are based on pre-HATFA rates.

	Current Year (Min/Max)	Prior Year (Min/Max)
Minimum/Maximum Funding	3.92%/1.81%	4.16%/1.57%
First Segment Rate	5.52%/3.68%	5.72%/3.77%
Second Segment Rate	6.29%/4.53%	6.48%/4.73%
Third Segment Rate		
Look back Month	January	January
ASC 960 – Effective rate	3.86%	3.93%

Withdrawal Rates: T-4 of Actuary's Pension Handbook

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, 2018.

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.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 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 2018, 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 – chosen by the plan sponsor

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

**Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions – For the
Year Ended December 31, 2018**

<i>For the Year Ended December 31, 2018</i>							EIN #: 76-0398132
							Plan Number: 003
(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	# of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii)–series of transactions in excess of 5% of Plan assets:</u>							
*Principal Global Investors Liquid Assets Separate Acct-R6	Pooled Separate Account	9	\$ 460,284	\$ -	\$ 460,284	\$ 460,284	\$ -
*Principal Global Investors Liquid Assets Separate Acct-R6	Pooled Separate Account	26	\$ -	\$ 563,239	\$ 562,260	\$ 563,239	\$ (980)

* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements.

There were no category (i), (ii) or (iv) reportable transactions during 2018.

NOTE: Reportable transactions are included as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974. In general terms, reportable transactions are those transactions, or series of transactions when aggregated, with the plan year which involve an amount in excess of five percent of total assets as of the beginning of the plan year.

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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning01/01/2018and ending12/31/2018

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

A Name of plan
PENSION PLAN FOR BARGAINING GROUP HOURLY EMPLOYEES OF THE CAMBRIDGE, OHIO PLANT OF NCI GROUP, INC.

B Three-digit plan number (PN) ▶003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NCI GROUP, INC.

D Employer Identification Number (EIN)
76-0398132

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: Month01Day01Year2018

2 Assets:

a Market value.....**2a**16,677,119

b Actuarial value**2b**15,242,124

3 Funding target/participant count breakdown

a For retired participants and beneficiaries receiving payment949,293,8269,293,826

b For terminated vested participants3116,231116,231

c For active participants141,415,6131,511,850

d Total11110,825,67010,921,907

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**5.62%

6 Target normal cost**6**51,019

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
ROBERT CRNJARICH
Type or print name of actuary
COWDEN ASSOCIATES, INC.
Firm name
FOUR GATEWAY CENTER
144 LIBERTY AVE - SUITE 605
PITTSBURGH PA 15222-1222
Address of the firm

10/10/2019
Date
1705141
Most recent enrollment number
412-394-9951
Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2018
v. 171027

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).....	944,322	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	944,322	0
10 Interest on line 9 using prior year's actual return of <u>21.09%</u>	199,158	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		622,566
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>5.80%</u>		36,109
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		658,675
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)	1,143,480	0

Part III Funding Percentages

14 Funding target attainment percentage	14	129.08%
15 Adjusted funding target attainment percentage	15	139.55%
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	136.83%
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
02/02/2018	120,000	0			
04/27/2018	120,000	0			
10/25/2018	120,000	0			
Totals ▶			18(b)	360,000	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	352,137

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ 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)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute
	Current regulation:	☒ 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	51,019	
b Excess assets, if applicable, but not greater than line 31a	31b	51,019	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
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	352,137	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	352,137	
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

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 Form 5500 Schedule SB

Schedule SB, line 22 – Weighted Average Retirement Age

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

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 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, 2018. Please refer to the plan document for a more complete description of the most recent plan provisions.

- A. Effective Date (§1.1): February 12, 1993
- B. Plan Year (§1.2): Calendar year with a short plan year from February 12, 1993 to December 31, 1993
- C. Actuarial Equivalence (§1.2): UP84 Mortality and PBGC interest rates as of the date of determination
- D. Eligible Employees (§1.2): Any employee employed by CENTRIA compensated on an hourly basis and covered by the Basic Agreement between CENTRIA and Local 1825, International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America. **Effective June 11, 2005: Employees hired on or after June 11, 2005 shall not be eligible to participate in the plan.**
- E. Normal Form of Payment (§3.11, §5.2): Life only annuity
- F. Continuous Service (§4.1): Elapsed time computed to the nearest month
- G. Lump Sums (§3.12): Permitted to \$3,500
- H. May 1994 Collective Bargaining Agreement (Amendment No.1 ratified 3/29/95):

<u>Contract Periods</u>	<u>Benefit Rate</u>
02/12/93 through 05/31/93	\$25.00
06/01/93 through 06/05/94	\$26.00
06/06/94 through 06/01/95	\$27.00
06/02/95 through 05/30/96	\$28.00
05/31/96 through 06/08/97	\$28.00

In addition, a \$1.00 supplement to the Benefit Rate will be added to an employee's pension calculation if retirement is effective by January 1, 1995.

- I. November 1996 Collective Bargaining Agreement:

<u>Contract Periods</u>	<u>Benefit Rate</u>
06/09/97 through 06/08/98	\$29.00
06/09/98 through 06/08/99	\$29.50
06/09/99 through 06/08/00	\$30.00
06/09/00 through 06/08/01	\$30.50
06/09/01 through 06/08/02	\$32.50
06/09/02 through 06/08/03	\$34.50
06/09/03 through 06/08/04	\$37.00
06/09/04 through 06/10/05	\$39.50
06/11/05 through 08/06/17	\$40.00
08/07/17 and after	\$42.00

A Break-in-Service of Continuous Service occurs due to a plant shutdown after 3 years or length of seniority whichever is less.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 Form 5500 Schedule SB

Plan Provisions (continued)

J. Retirement:

1. Normal Retirement (§2.1): Age 65
2. 55/15 Retirement (§2.2): Age 55 with 15 years of Continuous Service
3. 55/10 Retirement (§2.3): Age 55 with 10 years of Continuous Service
4. 60/15 Retirement (§2.4): Age 60 with 15 years of Continuous Service
5. 30-year Retirement (§2.5): After 30 years of Continuous Service
6. Permanent Incapacity Retirement (§2.6): After 10 years of Continuous Service an employee is considered to be permanently incapacitated only if totally disabled so as to be prevented from engaging in any employment of the type covered by the collective bargaining agreement
7. Deferred Vested (§2.7): After 5 years of Continuous Service

K. Benefits:

1. Normal, 60/15 or 30 Year Retirement Pension (§3.2): A monthly amount equal to (A) less (B) below:

(A) Benefit Rate times years of Continuous Service

(B) monthly benefit amount as specified in Appendix B of the plan document (related to Continuous Service with prior employer through February 11, 1993)
2. 55/15 Retirement Pension (§3.3): A monthly amount equal to the participant's Accrued Benefit. Payments are deferred to age 60. An immediate pension may be elected prior to age 60 but reduced by 0.45% per month prior to age 60. This benefit is only available on benefits accrued December 21, 2001.
3. 55/10 Retirement Pension (§3.4): A monthly amount equal to the participant's Accrued Benefit. Payments are deferred to age 62. An immediate pension may be elected prior to age 62 but reduced by 0.45% per month prior to age 62.
4. Permanent Incapacity Pension (§3.5): A monthly amount equal to (A) or (B) as follows:

(A) Before eligibility for Social Security benefits amount shall be the sum of (1) and (2) where:

(1) is the participant's Accrued Benefit determined as of the date of permanent incapacity, and

(2) is equal to the Benefit Rate in effect at the date of permanent incapacity multiplied by the participant's Continuous Service at the date of permanent incapacity up to a maximum of 25 years.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

EIN: 76-0398132 / PN: 003

Attachment to 2018 Form 5500 Schedule SB

Plan Provisions (continued)

(B) After eligibility for Social Security benefits amount shall be the participant's Accrued Benefit determined as of the date of permanent incapacity.

5. Deferred Vested Pension (§3.6): A monthly amount equal to the participant's Accrued Benefit. Payments are deferred to age 65. An immediate pension may be elected prior to age 65 (after age 55 and 5 years of Continuous Service) but reduced by 0.45% per month prior to age 65.
6. Pre-retirement Spouse Option (§5.1): After 5 years of Continuous Service and prior to actual retirement. In event of the participant's death, the surviving spouse is eligible for monthly income for his/her life only commencing on the later of the date of the participant's death or the date the deceased participant would have attained age 55. The benefit is equal to the Accrued Benefit payable in the form of an automatic surviving spouse benefit option and reduced for early payment.
7. Automatic Surviving Spouse Benefit Option (§5.2, §5.3): The participant's monthly pension times 95% (+0.5% for each year over 5 that the spouse is older than the participant, or -0.5% for each year over 5 that the spouse is younger than the participant, minimum/maximum adjustments = 90% and 100%). After the participant's death, 70% of the reduced pension is payable to the surviving spouse.

Pension Plan for Bargaining Group Hourly Employees of the Cambridge, Ohio Plant of NCI Group, Inc.

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) –
As of December 31, 2018

EIN: 76-0398132

Plan Number: 003

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	Principal Life Insurance Company:			
*	Principal Global Investors Equity Income Sep Acct-I3	Pooled Separate Account	\$ 511,596	\$ 4,360,292
*	Principal Global Investors Large Cap S&P 500 Index SA-R6	Pooled Separate Account	395,714	1,747,059
*	T. Rowe Price/Brown Advisory Large Cap Growth I Sep Acct-R6	Pooled Separate Account	435,141	4,331,112
*	Principal Global Investors MidCap Growth Separate Acct-R6	Pooled Separate Account	296,323	398,244
*	Principal Global Investors Small Cap S&P 600 Index SA-R6	Pooled Separate Account	289,422	417,634
*	Principal Global Investors Diversified Intl Sep Acct-R6	Pooled Separate Account	119,398	902,202
*	Principal Global Investors Intl Small Cap Separate Acct-R6	Pooled Separate Account	48,000	611,522
*	Principal Global Investors Liquid Assets Separate Acct-R6	Pooled Separate Account	10,265	10,313
*	Principal Global Investors Core Plus Bd Separate Acct-R6	Pooled Separate Account	245,182	1,291,523
*	Principal Global Investors Income Separate Acct-R6	Pooled Separate Account	271,311	1,560,388
	Total assets (held at end of year)		\$	15,630,289

* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report and notes to financial statements.