

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information	
1a	Name of plan <u>CENTRIA - AMBRIDGE HOURLY EMPLOYEES PENSION PLAN AGREEMENT</u>	1b Three-digit plan number (PN) ▶ <u>007</u>
		1c Effective date of plan <u>01/01/1997</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRIA</u> <u>1005 BEAVER GRADE ROAD</u> <u>MOON TOWNSHIP, PA 15108-2944</u>	2b Employer Identification Number (EIN) <u>25-1699533</u> 2c Sponsor's telephone number <u>281-897-7500</u> 2d Business code (see instructions) <u>332900</u>
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN
5a	Total number of participants at the beginning of the plan year	5a <u>43</u>
b	Total number of participants at the end of the plan year	5b <u>40</u>
c	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c
d(1)	Total number of active participants at the beginning of the plan year	5d(1) <u>11</u>
d(2)	Total number of active participants at the end of the plan year	5d(2) <u>0</u>
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e <u>0</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	KATY THEROUX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4316627. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2023184	1831035
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2023184	1831035
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-48337	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-48337
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	95458	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	48354	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		143812
i Net income (loss) (subtract line 8h from line 8c)	8i		-192149
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below.....	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CENTRIA - AMBRIDGE HOURLY EMPLOYEES PENSION PLAN AGREEMENT	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTRIA	D Employer Identification Number (EIN) 25-1699533
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	2023184	
b	Actuarial value	2b	1883908	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment.....	28	827416	827416
b	For terminated vested participants.....	4	30548	30548
c	For active participants	11	270060	311726
d	Total.....	43	1128024	1169690
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	5.20 %	
6	Target normal cost.....	6	33569	

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	
KELLY BOSCHKE	09/23/2021
Type or print name of actuary	Date
FIDELITY INVESTMENTS	20-07948
Firm name	Most recent enrollment number
233 S. WACKER DRIVE, SUITE 4850 CHICAGO, IL 60606	312-529-2331
Address of the firm	Telephone number (including area code)

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)	445789	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2660	0
9 Amount remaining (line 7 minus line 8)	443129	0
10 Interest on line 9 using prior year's actual return of <u>24.66</u> %	109276	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		229349
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>5.35</u> %		12128
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		656
c Total available at beginning of current plan year to add to prefunding balance		242133
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)	552405	0

Part III Funding Percentages

14 Funding target attainment percentage	14	113.83 %
15 Adjusted funding target attainment percentage	15	161.06 %
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	124.98 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 33569**b** Excess assets, if applicable, but not greater than line 31a **31b** 33569**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 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** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****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

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Ambridge Hourly Employees' Pension Plan
For Plan Year Ended December 31, 2020



EIN: 25-1699533
Plan Number: 007

Age and Service Distribution of Active Members

Attained Age	Completed Years of Service on January 1, 2020										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	2	0	0	0	0	2
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	1	2	0	0	0	0	3
60-64	0	0	0	0	0	3	2	0	0	0	5
65-69	0	0	0	0	0	0	0	0	0	1	1
Over 69	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	7	2	0	0	1	11

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2020 Plan Year		2019 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First 5 years	3.64%	2.77%	3.74%	2.55%
Next 15 years	5.21%	3.83%	5.35%	3.93%
Over 20 years	5.94%	4.28%	6.11%	4.49%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Interest Rate for FASB ASC 960: 3.85% (previously 3.95%).

Administrative Expenses: Estimated based on an underlying non-investment related expense assumption of \$30,000 plus PBGC premiums for the current year.

Mortality:

ERISA: IRS 2020 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430 (previously IRS 2019 Static Mortality Table using separate tables for annuitants and non-annuitants)

FASB ASC 960: Same as ERISA

Actuarial Assumptions and Methods (continued)

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

Termination: T-1 Table. Rates varying by age, based on the assumption used by the prior actuary for this plan.

Sample rates are shown below.

<u>Age</u>	<u>Termination Rate</u>
20	5.50%
25	4.97%
30	3.80%
35	2.49%
40	1.33%
45	0.62%
50	0.65%
55	1.04%
60	1.56%

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males.

Maximum Benefit: \$230,000 for 2020. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$285,000 for 2020. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed that participants will elect to take their benefit as an immediate single life annuity.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 6.50%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Actuarial Assumptions and Methods (continued)

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 7-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2020	
2 Assets:	
a Market value.....	2a 2,023,184
b Actuarial value.....	2b 1,883,908
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 28 (2) Vested Funding Target 827,416 (3) Total Funding Target 827,416
b For terminated vested participants	4 30,548 30,548
c For active participants.....	11 270,060 311,726
d Total.....	43 1,128,024 1,169,690
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 5.20%
6 Target normal cost.....	6 33,569

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	Kelly Boschke <i>KB</i>	9/23/2021
	Signature of actuary	Date
Kelly Boschke		2007948
	Type or print name of actuary	Most recent enrollment number
Fidelity Investments		312-529-2331
	Firm name	Telephone number (including area code)
233 S. Wacker Drive, Suite 4850		
Chicago IL 60606		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2020
v. 200204

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

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
	☐ N/A, full yield curve used		
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	33,569	
b Excess assets, if applicable, but not greater than line 31a	31b	33,569	
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	0	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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Ambridge Hourly Employees' Pension Plan
For Plan Year Ended December 31, 2020

EIN: 25-1699533
Plan Number: 007

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

Plan Provisions

Name of Plan: CENTRIA Ambridge Hourly Employees' Pension Plan

Employer Identification Number / Plan Number: 25-1699533/007

Effective Date: January 1, 1997 for benefit accruals beginning on or after June 28, 1996

Plan Frozen: Closed to new hires/rehires and frozen to ongoing benefit accruals on April 12, 2001

Covered Employees: Active employees represented by the United Steelworkers of America Local 1211

Participation Date: Later of January 1, 1997 and the Employee's date of hire

Definitions:

Vesting Service: The sum of a Participant's periods of service from initial hiring date with the Company to retirement. For this purpose, a whole year of vesting service shall equal twelve months of service and thirty days of service shall be deemed to be one month. This shall also include a Participant's "Prior Service" (prior to June 28, 1996, if any) as specified in Exhibit A of the plan document.

Benefit Service: The number of years of service, starting on the employee's date of hire and ending on the earlier of severance of service and the benefit accrual freeze on April 12, 2001.

Earnings: The Participant's earnings including the amount resulting from a cost-of-living adjustment provision, only to the extent of the first cost-of-living adjustment which was included in base hourly or salary rates subsequent to April 30, 1974.

Average Monthly Earnings: Highest 60 consecutive monthly earnings out of the last 120 months.

Vesting: 100% after 5 Years of Vesting Service

Normal retirement date (NRD): The later of the participant's 65th birthday and attainment of 5 years of Vesting Service.

Plan Provisions (continued)

Accrued Benefit:

Special Payment:

This payment is for participants who are entitled to receive a vacation in the year of retirement. The special payment is calculated as:

1. The number of weeks of vacation to which the participant was or would have been entitled to
2. The number in (1) is subtracted from 13.
3. The number in (1) is multiplied by the participant's vacation pay
4. The result of (2) is multiplied by the participant's adjusted vacation pay
5. The amounts in (3) and (4) are added and then reduced by the vacation pay the participant received during the year.

For a participant not entitled to vacation in the year of retirement, the Special Payment above is calculated as though the participant had retired in the year in which the participant was last entitled to a vacation.

The Special payment is payable with respect to the first three full calendar months following the retirement. The amount is paid as a lump sum within the first full month of following retirement or the following month after the application for pension, if later.

The Special Payment is reduced by the Special payment multiplied by a percentage equal to the Participant's Prior Service (as specified in Exhibit A of the plan document) divided by total Years of Service. If higher, the reduction is equal to the actual amount of Special payment paid to the participant by the retirement plans of any prior employer

Regular Pension: The greater of (A) or (B), where:

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

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

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

Plan Provisions (continued)

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

62/15 Retirement: Participants who have not attained 65 but has attained 62 with 15 Years of Service is eligible to retire

30-year Retirement: Participants who have not attained 62 but has completed 30 Years of Service is eligible to retire

60/15 Retirement: Participants who have completed at least 15 but less than 30 Years of Service and has attained 60 but not 62

70/80 Retirement: Participants who have not attained the age of 62 years and have completed 15 Years of Service and (i) have attained the age of 55 years and whose combined age and Years of Service equal 70 or more, or (ii) whose combined age and Years of Service shall equal 80 or more

Rule-of-65 Retirement: Participants who have completed at least 20 and whose combined age and Years of Service equals at least 65 but less than 80

Disability: 15 years of Vesting Service after a total and permanent disability

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit determined as of NRD.

Plan Provisions (continued)

Early retirement: A participant who is eligible under 60/15 retirement is eligible to retire with the Accrued Benefit times an early retirement factor based on the following table using the participants age to the nearest month (factors for ages between integer ages are listed in the plan document):

<u>Age at Start of Pension</u>	<u>% Reduction Factor</u>
60	83.82%
61	91.45%
62	100.00%

A Participant who incurs a break in service either prior to attaining age 40 or before completing 15 years of Vesting Service may take an immediate pension at NRD or an actuarially reduced pension beginning at age 60. The percentage reductions are below (factors for ages between integer ages are listed in the plan document):

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

Postponed retirement: Suspension of Benefit Notice is provided to participants working past NRD so no actuarial increases are provided.

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

- After eligibility for Social Security benefits, the amount shall be the participant's Accrued Benefit determined as of the date of permanent incapacity.
- The \$300 supplement is reduced by the percentage determined by the greater of:
 - i. The supplement multiplied by the Participant's "Prior Service" as specified in Exhibit A of the plan document divided by the Participant's Total Years of Service, provided that the reduction will not apply in the event of a permanent shutdown of the plant or by reason of layoff.
 - ii. The actual amount of any comparable supplement paid to the Participant by the retirement plan of a prior employer pursuant to which the Participant accumulated such "Prior Service" as specified in Exhibit A of the plan document.

Plan Provisions (continued)

Death with pre-retirement spouse benefit: Monthly pre-retirement spouse benefit is payable. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise, the benefit is payable when the participant would have been eligible for early retirement.

Surviving Spouse Benefit: With respect to any Participant who has completed at least 15 years of Vesting Service and who dies either while the Participant is still active or after retirement, the surviving spouse benefit is payable for the life of the eligible surviving spouse in the amount of the survivor portion of the 50% joint and survivor annuity with a minimum benefit of \$127.50/month if spouse is under 60, otherwise it is 77.50. This amount is reduced if there is prior service, as outlined in Exhibit A of the plan document.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a 50% or 75% Joint and Survivor Annuity, or a 50% or 100% Co-Pensioner Option.

Actuarial Equivalence: UP-1984 Mortality and 8% interest with a minimum of the Applicable Mortality Table under IRC §417(e)(3) and 7% interest..

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Change in Method

There has been a change in the enrolled actuary beginning with the 2020 plan year.

This is considered a method change with automatic approval under Revenue Procedure 2017-56 since the following conditions are satisfied:

1. There has been a change both in the enrolled actuary for the plan and in the business organization providing actuarial services to the plan;
2. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report or prior Schedule SB of Form 5500;
3. The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary), are both within 3% of those values as determined by the prior enrolled actuary; and
4. The actuarial value of plan assets, as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary), is within 2% of the value as determined by the prior enrolled actuary.

Change in Actuarial Assumptions

Administrative expenses were updated to reflect assumed non-investment related fees of \$30,000 plus PBGC premiums for the current year (previously \$5,100).