_	m 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				2016				
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 10				4065 of the Employee Re						
Employee Be	partment of Labor enefits Security Administration nefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public Inspection			
		Complete all entries in a	ccordance with the inst	ructions to the Form 55	00-SF.					
For calenda	ar plan year 2016 or fise	dentification Information	016	and ending 12	/31/2016					
		X a single-employer plan	a multiple-employer pl	an (not multiemployer) (F		king this bo	k must attach a			
A This ret	urn/report is for:	a one-participant plan		nployer information in acc						
B This retu	rn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 mo	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		-	program				
		special extension (enter descri	ption)							
Part II	Basic Plan Infor	mation—enter all requested info	ormation							
1a Name of plan COLUMBIA SPECIALTY METALS, LLC 401(K) P/S PLAN			1b Threplan plan (PN	number	001					
				-	,	ctive date of				
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2b Emp (EIN	01/01/2007 loyer Identification Number) 73-1689221				
City or		, country, and ZIP or foreign posta		ructions)	,	Sponsor's telephone number +12709270937				
6427 W. HWY 146, SUITE 5 PO BOX 263			-	2d Busi	Business code (see instructions) 331310					
CRESTWOO	D, KY 40014									
	dministrator's name and PECIALTY METALS, I		sor. WY 146, SUITE 5		3b Administrator's EIN 73-1689221					
		PO BOX 2 CRESTWO	63 DOD, KY 40014		3c Adm	ninistrator's t +127092	elephone number 70937			
		plan sponsor has changed since t ber from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN					
a Sponso	or's name				4c PN					
5a Total r	umber of participants a	at the beginning of the plan year			5a		13			
		at the end of the plan year			5b		9			
		ccount balances as of the end of t		-	5c		7			
d(1) Tota	al number of active part	icipants at the beginning of the pla	an year		5d(1)		11			
d(2) Total number of active participants at the end of the plan yeare Number of participants that terminated employment during the plan year with accrued benefits that were less			nefits that were less	5d(2) 5e		9 0				
		r incomplete filing of this return			ise is esta	ablished.				
Under pena SB or Sche	lities of perjury and othe	er penalties set forth in the instruc d signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	oort, incluc	ling, if applic				
SIGN	Filed with authorized/v	alid electronic signature.	06/20/2017	KENT PICKNELL						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	dividual signing as plan administrator					
SIGN HERE										
	Signature of employ name (including firm na	er/plan sponsor me, if applicable) and address (in	Date clude room or suite numbe		ividual signing as employer or plan sponsor Preparer's telephone number					

g Other expenses.....

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions)

Net income (loss) (subtract line 8h from line 8c)......

Part IV Plan Characteristics

i i

j

9a

b

0

11055

53923

6a b									
С	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								
Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	305518	359441					
b	Total plan liabilities	7b	0	0					
C	Net plan assets (subtract line 7b from line 7a)	7c	305518	359441					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	16210						
	(2) Participants	8a(2)	36165						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	12603						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		64978					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10901						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	154						

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 3D 2F 2E 2J 2K 3F

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	t V Compliance Questions					
10	During the plan year:				N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time per described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre Program)	ection		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transa reported on line 10a.)			Х		
С	Was the plan covered by a fidelity bond?	······ 10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was on by fraud or dishonesty?			Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insura carrier, insurance service, or other organization that provides some or all of the benefits u the plan? (See instructions.)	nder		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X			27844
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 2520.101-3.)			Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or on exceptions to providing the notice applied under 29 CFR 2520.101-3					

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section								Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s) 13c(3) P)
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes	Νο				
				gn-based "Prior year" ADP harbor test					
				"Curre ADP t	ent year est		N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:				entage	tage Average N/A benefit test				
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce?		from	Ye	s [No		