

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                 |                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |                                           |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                          | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                       |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                         | <b>Basic Plan Information</b> —enter all requested information      |                   |  |
| <b>1a</b> Name of plan<br><u>COORSTEK LLC SAVINGS AND INVESTMENT PLAN</u>                                                                                                                                                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ►                            | <u>002</u>        |  |
|                                                                                                                                                                                                                                                                                                                                                                        | <b>1c</b> Effective date of plan                                    | <u>12/28/1992</u> |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>COORSTEK INC.</u><br><br><u>14143 DENVER WEST PARKWAY, STE 400</u><br><u>GOLDEN, CO 80401-0000</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>84-0178380</u> |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                        | <b>2c</b> Plan Sponsor's telephone number<br><u>303-271-7000</u>    |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                        | <b>2d</b> Business code (see instructions)<br><u>334410</u>         |                   |  |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>10/09/2017</u> | <u>BETH PARISH</u>                                           |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

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

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                   |  |                                                                                              |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          |  | <b>3b</b> Administrator's EIN                                                                |      |
|                                                                                                                                                                                                                   |  | <b>3c</b> Administrator's telephone number                                                   |      |
|                                                                                                                                                                                                                   |  |                                                                                              |      |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name |  | <b>4b</b> EIN                                                                                |      |
|                                                                                                                                                                                                                   |  | <b>4c</b> PN                                                                                 |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           |  | <b>5</b>                                                                                     | 3829 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |  |                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                            |  | <b>6a(1)</b>                                                                                 | 3158 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                 |  | <b>6a(2)</b>                                                                                 | 3046 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                |  | <b>6b</b>                                                                                    | 50   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                |  | <b>6c</b>                                                                                    | 695  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                       |  | <b>6d</b>                                                                                    | 3791 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                        |  | <b>6e</b>                                                                                    | 17   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           |  | <b>6f</b>                                                                                    | 3808 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   |  | <b>6g</b>                                                                                    | 3535 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       |  | <b>6h</b>                                                                                    |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                               |  | <b>7</b>                                                                                     |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2J 2K 2R 2S 2T 3D                           |  |                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                       |  |                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)                                    |      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                                                                                                                                                     |  | <b>(1)</b> <input type="checkbox"/> Insurance                                                |      |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                    |  | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |      |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                                                              |  | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                         |      |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                 |  | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                            |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                 |  |                                                                                              |      |
| <b>a Pension Schedules</b>                                                                                                                                                                                        |  | <b>b General Schedules</b>                                                                   |      |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                             |  | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |      |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                             |  | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |      |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                           |  | <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)                         |      |
|                                                                                                                                                                                                                   |  | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |      |
|                                                                                                                                                                                                                   |  | <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |      |
|                                                                                                                                                                                                                   |  | <b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2016</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                       |                                                                    |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>COORSTEK LLC SAVINGS AND INVESTMENT PLAN</b>              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>002</b>          |
|                                                                                       |                                                                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COORSTEK INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>84-0178380</b> |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**04-2647786**

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

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

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

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

**(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)

FIDELITY INV INST OPS CO

04-2647786

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 37 64 65 71                   | RECORDKEEPER                                                                                             | 43283                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

STRATEGIC ADVISORS, INC.

04-2654524

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | ADVISOR                                                                                                  | 17458                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GS MIDCAP VALUE INST<br><br>13-5108880                              | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ROYCE PA MUTUAL INV<br>PO BOX 8480<br>BOSTON, MA 02266              | 0.20%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP BLUE CHIP GROWTH<br><br>52-2269240                              | 0.15%                                                                                                                                                              |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP DIV GROWTH ADV                                                  | 0.40%                                                                                                                                                              |                                           |
| 52-2269240                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP EQUITY INCOME                                                   | 0.15%                                                                                                                                                              |                                           |
| 52-2269240                                                          |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COHEN & STEERS RLTY<br>PO BOX 8480<br>BOSTON, MA 02266              | 0.40%                                                                                                                                                              |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| TRP DIV GROWTH T<br><br>52-2269240                                  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| NB STRATEGIC INC IS<br><br>04-0025081                               | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MSIF SM CO GRTH A<br>PO BOX 8480<br>BOSTON, MA 02266                | 0.40%                                                                                                                                                              |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                   | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.        |                                           |
| BROKERAGE LINK<br><br>52-2269240                                    | EACH FUND FAMILY MAY OFFER AN INDIRECT SUPPORT FEE PAID TO FIDELITY INVESTMENTS. EACH INDIRECT SUPPORT FEE PAID BY A FUND MAY DIFFER DEPENDING ON THE FORM OF INVESTMENT. |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                   | (c) Enter amount of indirect compensation |
| FIDELITY INV INST OPS CO                                            | 60                                                                                                                                                                        | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.        |                                           |
| TRP MID CAP GROWTH<br><br>52-2269240                                | 0.15%                                                                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                                   | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                           |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.        |                                           |
|                                                                     |                                                                                                                                                                           |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                              |                                                                            |            |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>COORSTEK LLC SAVINGS AND INVESTMENT PLAN</u>                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COORSTEK INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>84-0178380</u>         |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INCOME PORT. II

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3022712-025</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28984418</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

**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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

**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

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>2016</b>                                   |
|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 |                                                             |     |
| <b>A</b> Name of plan<br>COORSTEK LLC SAVINGS AND INVESTMENT PLAN                          | <b>B</b> Three-digit plan number (PN) ►                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COORSTEK INC.             | <b>D</b> Employer Identification Number (EIN)<br>84-0178380 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 460016                | 175053          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 538308                | 242490          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 420999                | 642592          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 3757631               | 4378250         |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 5419482               | 5342544         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 26862795              | 28984418        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 170875655             | 187031125       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 208334886             | 226796472       |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 208334886 | 226796472 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 9051515    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 12712318   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1575186    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 23339019  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 4908       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 230243     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 235151    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 64136      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 6578365    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 6642501   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1149940    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1170627    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -20687    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 253770     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 253770    |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 423816    |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 5648072   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 36521642  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 22868081 |          |
| (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) |          | 22868081 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          | 552511   |
| h Interest expense.....                                                              | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 57539    |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 57539    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 23478131 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 13043511 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  | 5418075  |
| (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: **HOLBEN HAY LAKE BALZER CPAS LLC**

(2) EIN: **84-1474365**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               |           | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               | <b>4d</b> |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    | <b>4g</b> |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          | <b>4h</b> |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     | X  |          |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |          |

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

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year ..... (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

|                                                                                       |                                                                    |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COORSTEK LLC SAVINGS AND INVESTMENT PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COORSTEK INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>84-0178380</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                             | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-6568107</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2016  
v. 160205

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**CoorsTek, LLC Savings and Investment Plan  
Financial Statements  
December 31, 2016 and 2015**

# CoorsTek, LLC Savings and Investment Plan

## Index to Financial Statements and Supplemental Information

---

|                                                                                                                  | <b>Page</b> |
|------------------------------------------------------------------------------------------------------------------|-------------|
| Independent Auditors' Report.....                                                                                | 1           |
| Financial Statements:                                                                                            |             |
| Statements of Net Assets Available For Benefits at December 31, 2016 and 2015 .....                              | 3           |
| Statement of Changes in Net Assets Available For Benefits<br>for the years ended December 31, 2016 and 2015..... | 4           |
| Notes to Financial Statements .....                                                                              | 5           |
| Supplemental Information*:                                                                                       |             |
| Schedule H, Line 4i – Schedule of Assets Held at Year End .....                                                  | 20          |

\* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

# HOLBEN · HAY · LAKE · BALZER

*Certified Public Accountants LLC*

## **INDEPENDENT AUDITORS' REPORT**

The Benefits Committee  
CoorsTek, LLC Savings and Investment Plan  
Golden, Colorado

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

We were engaged to audit the accompanying financial statements of the CoorsTek, LLC Savings and Investment Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015, 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 of Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015, and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Other Matter***

The supplemental Schedule of Assets Held at Year End as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

### **Emphasis of Matter**

As discussed in Note 2, the Plan has adopted ASU 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measure Date Practical Expedient" retrospectively for the years ended December 31, 2016 and 2015. The effects of the retrospective adoption are outlined in Note 2.



Certified Public Accountants LLC  
Denver, Colorado  
October 6, 2017

**CoorsTek, LLC Savings and Investment Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2016 and 2015**

---

|                                                       | <b>DECEMBER 31,</b>   |                       |
|-------------------------------------------------------|-----------------------|-----------------------|
|                                                       | <b>2016</b>           | <b>2015</b>           |
| <b>ASSETS:</b>                                        |                       |                       |
| Investments at fair value (see Notes 3 and 4):        |                       |                       |
| Common stock and other securities                     | \$ 4,378,250          | \$ 3,757,631          |
| Mutual funds                                          | 187,031,125           | 169,762,067           |
| Total investments at fair value                       | 191,409,375           | 173,519,698           |
| Investments at contract value (see Notes 5 and 6):    |                       |                       |
| Investment in common/collective trust                 | 28,984,418            | 26,862,795            |
| Insurance company general account - stable value fund | -                     | 1,113,588             |
| Total investments at contract value                   | 28,984,418            | 27,976,383            |
| Total investments                                     | 220,393,793           | 201,496,081           |
| Receivables:                                          |                       |                       |
| Employer contribution                                 | 175,053               | 460,016               |
| Participant contribution                              | 242,490               | 538,308               |
| Notes receivable from participants                    | 5,342,544             | 5,419,482             |
| Total receivables                                     | 5,760,087             | 6,417,806             |
| Cash and cash equivalents                             | 642,592               | 420,999               |
| Net assets available for benefits                     | <u>\$ 226,796,472</u> | <u>\$ 208,334,886</u> |

The accompanying notes are an integral part of these financial statements.

**CoorsTek, LLC Savings and Investment Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2016 and 2015**

|                                                             | <b>DECEMBER 31,</b> |                |
|-------------------------------------------------------------|---------------------|----------------|
|                                                             | <b>2016</b>         | <b>2015</b>    |
| <b>ADDITIONS:</b>                                           |                     |                |
| Investment income:                                          |                     |                |
| Net realized gains (losses) from sale of investments:       |                     |                |
| Classified as Level 1 investments                           | \$ 455,400          | \$ 239,209     |
| Classified as Level 2 or 3 investments                      | 102,284             | (8,403)        |
| Net unrealized gains (losses):                              |                     |                |
| Classified as Level 1 investments                           | 3,181,027           | (5,250,200)    |
| Classified as Level 2 or 3 investments                      | 2,236,489           | (3,089,891)    |
| Interest and dividend income                                | 8,172,477           | 11,400,038     |
|                                                             | 14,147,677          | 3,290,753      |
| Less investment expenses                                    | (1,195,298)         | (1,188,864)    |
|                                                             | 12,952,379          | 2,101,889      |
| Interest income on notes receivable from participants       | 230,243             | 221,995        |
| Contributions:                                              |                     |                |
| Participants:                                               |                     |                |
| Contributions                                               | 12,712,318          | 11,824,825     |
| Rollovers                                                   | 1,575,186           | 912,031        |
| Employer (see Note 1)                                       | 9,051,515           | 8,599,118      |
|                                                             | 23,339,019          | 21,335,974     |
| Total additions                                             | 36,521,641          | 23,659,858     |
| <b>DEDUCTIONS:</b>                                          |                     |                |
| Benefits paid to participants                               | 22,868,081          | 12,834,928     |
| Administrative expenses                                     | 57,538              | 42,179         |
| Deemed distributions                                        | 552,511             | 272,040        |
| Total deductions                                            | 23,478,130          | 13,149,147     |
| Net increase                                                | 13,043,511          | 10,510,711     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                   |                     |                |
| Beginning of year                                           | 208,334,886         | 197,824,175    |
| Merger of Liberty Woods International Employee Savings Plan | 5,418,075           | -              |
| End of year                                                 | \$ 226,796,472      | \$ 208,334,886 |

The accompanying notes are an integral part of these financial statements.

# **CoorsTek, LLC Savings and Investment Plan**

## **Notes to Financial Statements**

### **Years Ended December 31, 2016 and 2015**

---

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

The following brief description of the CoorsTek, LLC Savings and Investment Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### **General**

The Plan is a defined contribution plan covering the employees described below. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Benefits Committee is responsible for the oversight of the Plan. The Benefits Committee also determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The CoorsTek, Inc. Savings and Investment Plan, formerly the ACX Technologies, Inc. Savings and Investment Plan B, (the Plan) and the related Trust Agreement (the Trust) were established effective December 28, 1992. The Plan's purpose is to encourage employees of CoorsTek, Inc. and certain designated affiliates (the Company or CoorsTek) to accumulate savings systematically to provide an additional source of income upon retirement. Prior to December 28, 1992, employees of the Company were eligible to participate in the Coors Savings and Investment Plan. On December 28, 1992, these participants' accounts in the Coors Savings and Investment Plan were transferred into the CoorsTek, Inc. Savings and Investment Plan concurrent with the spin-off of the Company from Adolph Coors Company.

Assets of the Plan were held in a master trust with assets of the Graphic Packaging Savings and Investment Plan, formerly the ACX Technologies Savings and Investment Plan A (the GPC Plan) until the spin-off of CoorsTek from Graphic Packaging International Corporation, formerly ACX Technologies, Inc., on December 31, 1999. Effective January 1, 2000, the Plan assets were transferred from the master trust into a separate trust sponsored by CoorsTek.

On March 18, 2003, CoorsTek merged with Keystone Acquisition Corp. and became a wholly owned subsidiary of Keystone Holdings LLC. As a result, CoorsTek is no longer a public company and participants of the CoorsTek, Inc. Savings and Investment Plan can no longer invest in the Unitized Stock Fund that consists of CoorsTek common stock. Participants holding shares in the Unitized Stock Fund were required to invest the \$26 received per share of CoorsTek common stock into remaining investment options within the CoorsTek, Inc. Savings and Investment Plan.

Effective April 1, 2014, the Plan's name was changed to CoorsTek, LLC Savings and Investment Plan from CoorsTek, Inc. Savings and Investment Plan. CoorsTek, LLC is charged with assuming the direct responsibility for all health, welfare, retirement and benefit plans for CoorsTek, Inc. and its portfolio companies (the Company).

##### **Eligibility**

All full-time employees of the Company and certain affiliates who are at least age 18 are eligible to participate in the Plan as of the first day of the month coinciding with or following 30 days of service. The following groups are excluded from participation: residents of Puerto Rico, employees covered by collective bargaining agreements, leased employees, nonresident aliens with no income from U.S. sources, independent contractors, and employees who are hired on a probationary basis, until the probation period is satisfied. Further, probationary employees cannot participate until they are at least age 21 and have completed 1,000 hours of service.

##### **Contributions**

For the years ended December 31, 2016 and 2015, participants were allowed to make contributions based on any whole percentage of compensation, as defined in the Plan, received in a pay period up to a maximum of 80% of compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into investment options offered by the Plan. Participants may change their investment options at any time. The Plan currently offers investment options for participants as follows: one common/collective

# CoorsTek, LLC Savings and Investment Plan

## Notes to Financial Statements

### Years Ended December 31, 2016 and 2015

---

trust option, one self-directed brokerage account, and various mutual funds. The mutual funds are qualified investments under the Investment Act of 1940.

Effective January 1, 2012, the Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set initially at 3% of eligible compensation and their contributions invested in a designated fund until changed by the participant. The auto-enrollment deferral percentage increases 1% annually until a maximum deferral rate of 6% is reached.

Any participant contributions deposited prior to December 1, 1986, as part of the Coors Savings and Investment Plan have been taxed previously and are not taxable when paid to the participant. Participant contributions deposited subsequent to November 30, 1986, are taxable when paid to participants.

Beginning January 1, 2002 and through April 13, 2009, CoorsTek's contribution match to the Plan was 100% of the first 3% of eligible compensation and 50% of the next 2% of eligible compensation. Effective April 13, 2009, CoorsTek's safe-harbor matching contribution (100% of the first 3% of eligible compensation and 50% of the next 2% of eligible compensation) was eliminated. The Plan could, however, make a discretionary matching contribution. No discretionary matching contributions for the period from April 1, 2009 to December 31, 2009 were made. Prior to January 1, 2002, CoorsTek matched 50% of each participant's basic contribution up to a maximum of 1% of the participant's eligible contribution.

Effective January 1, 2010 going forward, CoorsTek's safe harbor match was reinstated and increased to 100% of the first 6% of eligible compensation. Additionally, effective January 1, 2010, the Plan was amended to allow for a discretionary match. There were no discretionary match contributions for the years ended December 31, 2016 and 2015.

Effective January 1, 1987, employer contributions to the Coors Payroll Stock Ownership Plan (PAYSOP) were discontinued. However, PAYSOP account values generated by prior employer contributions remain in the Plan.

Contributions are subject to certain IRS limitations.

#### Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All contributions, earnings on investments and related expenses are recorded in separate accounts maintained for each participant. Participants may change their investment options at any time.

#### Vesting

Participants are immediately vested in their entire account balance, including their voluntary contributions, the employer's contributions, and all investment earnings on those funds.

On March 15, 2012, the assets of Ceramtec, Inc. Profit Sharing 401(k) Plan were transferred into the Plan. As part of the transfer, a prior vesting schedule related to pre-2010 employer matching and profit sharing contributions was preserved for participants in the Ceramtec, Inc. Profit Sharing 401(k) Plan who terminated on or before November 8, 2011. The preserved vesting schedule for the pre-2010 employer matching and profit sharing contributions is as follows.

| <u>Years of<br/>Vesting<br/>Service</u> | <u>Vesting<br/>Percentage</u> |
|-----------------------------------------|-------------------------------|
| Less than 1                             | 0%                            |
| 1                                       | 0%                            |

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

---

|           |      |
|-----------|------|
| 2         | 20%  |
| 3         | 40%  |
| 4         | 60%  |
| 5         | 80%  |
| 6 or more | 100% |

**Notes Receivable from Participants**

A participant may borrow from their fund accounts up to 50% of the total value of his or her Plan accounts, excluding the PAYSOP account. The minimum loan amount is \$1,000 and the maximum loan amount is \$50,000 minus the highest outstanding loan balance in the preceding 12 months. These loans are available to active employees who are participants. Only one loan may be outstanding at any time. The loans are secured by the participant's account balance. Rates are equal to the U.S. Prime rate plus one percent and are reset when the U.S. Prime rate changes. A loan origination fee is charged to participants upon initiation of a loan. Loan terms are available for 12, 24, 36, 48 or 60 months. Loans are normally repaid by bi-weekly payroll deductions and these payments are credited back to the participants' Plan accounts and invested according to the most current investment election. A loan is considered in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which a loan is initially considered past due. A default in repayment results in treating the balance due as a taxable distribution. At December 31, 2016 and 2015, rates ranged from 4.25% to 9.50%. Loans are subject to certain payment provisions upon termination of employment, default, lay-off, unpaid leave of absence and disability.

**Payment of Benefits**

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or various annuity options. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The Plan provides for hardship withdrawals. A participant may withdraw certain contributions to satisfy immediate and heavy financial needs for any of the following: medical expenses, purchase of a primary residence, to prevent eviction or foreclosure from a primary residence, post-secondary education expenses, burial or funeral expenses, or certain repairs as defined for repairs to a primary residence. Before obtaining a hardship withdrawal, a participant must exhaust all other assets reasonably available including participant loans available through the Plan. Following a hardship withdrawal, a participant's elective deferral contributions are suspended for a six-month period.

**2. Summary of Accounting Policies**

**Basis of Accounting**

The 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 requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. It is reasonably possible that the Plan's estimates may change in the near term.

**Investment Valuation and Income Recognition**

Investments are reported at fair value except for fully benefit-responsive contracts which are reported at contract 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. The Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

# **CoorsTek, LLC Savings and Investment Plan**

## **Notes to Financial Statements**

### **Years Ended December 31, 2016 and 2015**

---

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2016 or 2015. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are presented as a reduction to the net appreciation of fair value of investments.

#### **Plan Amendments**

The Plan has implemented the provisions of the Pension Protection Act of 2006. The Plan has also been amended to comply with applicable provisions of the Pension Reform Act, the HEROES Act, the Worker, Retiree, and Employer Recovery Act, and the Emergency Economic Stabilization Act.

In 2013, the Company amended the Plan to add new participating employers. Additionally, the Plan was amended as result of the merger of the EmiSense Technologies, LLC 401(k) Plan into the Plan.

Effective June 20, 2014, the Managed Income Portfolio investment option was eliminated. All funds in the Managed Income Portfolio I were transferred to the Managed Income Portfolio II.

On July 11, 2014, the Benefits Committee decided to close the Janus Overseas Fund. Participants with balances in the fund option had their investments transferred to the Fidelity Diversified International Fund.

On September 12, 2014, an Amendment was made to add the Fidelity Freedom K Class Funds to the investment lineup and to discontinue the current Fidelity Freedom Fund investment options as of November 5, 2014. Participants with balances in the Fidelity Freedom Fund options had their investments transferred to the Fidelity Freedom K Class Fund which corresponded to the year originally selected for each fund. Participants with balances in the Fidelity Freedom Income Fund had their investments transferred to the Fidelity Freedom K Income Fund.

Effective December 5, 2014, the Plan was amended as a result of the merger of the iMDs 401(k) and Profit Sharing Plan.

On January 1, 2015 and March 2, 2015, the Plan was amended to add new participating employers.

On January 1, 2016 and December 1, 2016, the Plan was amended to add new participating employers. Additionally, effective April 1, 2016, the Plan was amended as a result of the merger of the Liberty Woods International Employee Savings Plan.

# CoorsTek, LLC Savings and Investment Plan

## Notes to Financial Statements

### Years Ended December 31, 2016 and 2015

---

#### Adoption of New Accounting Principle

The Plan has adopted ASU 2015-12, “Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient” issued by the FASB in July 2015 retrospectively for the years ended December 31, 2016 and 2015. The ASU is a three-part standard which simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. The effect of the retrospective adoption was as follows:

- a. The Plan’s investment in a stable value is only presented at contract value in the Statement of Net Assets Available for Benefits.
- b. Disclosures of investment descriptions have been eliminated.
- c. Disclosures of investments representing 5% or more of net assets has been eliminated.
- d. Disclosures of investments gains/losses by type of investment have been eliminated.

There was no material impact on the Plan’s net assets available for benefits or the changes in net assets available for benefits for 2016 or 2015 as a result of the adoption of the new standard.

#### New Accounting Pronouncements

In May of 2015, the FASB issued ASU 2015-07, “*Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*”. Under the amendments in this update, investments for which fair value is measured at net asset value per share (or its equivalent) using the practical expedient should not be categorized in the fair value hierarchy. Investments that calculate net asset value per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy. The amendments are effective for fiscal years beginning after December 15, 2016. The Plan is currently reviewing the effect of this standard on its financial reporting and will determine an implementation strategy.

In February of 2017, the FASB issued ASU 2017-06, “Plan Accounting: Employee Benefit Plan Master Trust Reporting”. Under the amendments in the update, a plan’s interest in a master trust and any changes in that interest must be presented as separate line items in the statement of net assets available for benefits and the statement of changes in net assets available for benefits. Further, the amendment requires disclosure of the master trust’s assets and liability balances and the plan’s interest in those balances. The amendments are effective for fiscal years beginning after December 15, 2018 with early adoption permitted. The Plan is currently reviewing the effect of this standard on its financial reporting and will determine an implementation strategy.

#### Subsequent Events

Management has evaluated subsequent events and transactions that occurred after the balance sheet date through October 6, 2017, which is the date the financial statements were available to be issued.

### 3. Information Certified by Trustee - Unaudited

For the years ended December 31, 2016 and 2015, the Plan has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the trustee at December 31 and was not subjected to any auditing procedures.

|                           | 2016           | 2015           |
|---------------------------|----------------|----------------|
| Investments               | \$ 220,393,793 | \$ 201,496,081 |
| Cash and cash equivalents | 642,592        | 420,999        |
| Investment income, net    | 12,952,379     | 2,101,889      |

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

---

Activity in the Plan's investments, including cash and cash equivalents, for the years ended December 31 was as follows:

|                                                                           | 2016                  | 2015                  |
|---------------------------------------------------------------------------|-----------------------|-----------------------|
| Balance, beginning of year                                                | \$ 201,917,080        | \$ 191,522,132        |
| Additions:                                                                |                       |                       |
| Contributions                                                             | 23,919,800            | 21,202,698            |
| Transfer of assets from Liberty Woods International Employee Savings Plan | 5,418,075             | -                     |
| Loan repayments                                                           | 3,567,654             | 3,072,297             |
| Interest on previously defaulted loans                                    | (13,259)              | (10,707)              |
| Net realized gains from sales of investments                              | 557,684               | 230,806               |
| Net unrealized gains (losses)                                             | 5,417,516             | (8,340,091)           |
| Interest and dividends reinvested, net                                    | 6,977,240             | 10,211,174            |
|                                                                           | <u>45,844,710</u>     | <u>26,366,177</u>     |
| Deductions:                                                               |                       |                       |
| Benefits paid to participants                                             | 22,868,081            | 12,834,928            |
| Loans to participants                                                     | 3,247,275             | 2,822,082             |
| Deemed distributions                                                      | 552,511               | 272,040               |
| Administrative expenses                                                   | 57,538                | 42,179                |
|                                                                           | <u>26,725,405</u>     | <u>15,971,229</u>     |
| Balance, end of year                                                      | <u>\$ 221,036,385</u> | <u>\$ 201,917,080</u> |

**4. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- 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;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds:* Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common/Collective Trusts:* Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

*Insurance Company General Account – Stable Value Fund:* Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Because participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Benefits Committee evaluates a variety of factors including a review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015 for all recurring items:

|                                                   | Assets as of December 31, 2016 |                      |             |                      |
|---------------------------------------------------|--------------------------------|----------------------|-------------|----------------------|
|                                                   | (Level 1)                      | (Level 2)            | (Level 3)   | Total                |
| Mutual funds*:                                    |                                |                      |             |                      |
| Large cap funds                                   | \$ 57,591,716                  | \$ -                 | \$ -        | \$ 57,591,716        |
| Mid cap funds                                     | 23,506,478                     | -                    | -           | 23,506,478           |
| Small cap funds                                   | 5,369,180                      | -                    | -           | 5,369,180            |
| International                                     | 8,655,015                      | -                    | -           | 8,655,015            |
| Specialty                                         | 8,007,323                      | -                    | -           | 8,007,323            |
| Bond                                              | 11,729,130                     | -                    | -           | 11,729,130           |
| Money market                                      | 8,314,111                      | -                    | -           | 8,314,111            |
| Target retirement funds                           | -                              | 63,858,172           | -           | 63,858,172           |
| Common stock and other securities – self-directed | 4,378,250                      | -                    | -           | 4,378,250            |
| Cash and cash equivalents – self-directed         | -                              | 642,592              | -           | 642,592              |
| Total investments at fair value                   | 127,551,203                    | 64,500,764           | -           | 192,051,967          |
| Interest in common/collective trust               | -                              | 28,984,418           | -           | 28,984,418           |
| Total investments                                 | <u>\$127,551,203</u>           | <u>\$ 93,485,182</u> | <u>\$ -</u> | <u>\$221,036,385</u> |

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

|                                                       | Assets as of December 31, 2015 |                      |                     |                      |
|-------------------------------------------------------|--------------------------------|----------------------|---------------------|----------------------|
|                                                       | (Level 1)                      | (Level 2)            | (Level 3)           | Total                |
| Mutual funds*:                                        |                                |                      |                     |                      |
| Large cap funds                                       | \$ 53,083,327                  | \$ -                 | \$ -                | \$ 53,083,327        |
| Mid cap funds                                         | 24,180,471                     | -                    | -                   | 24,180,471           |
| Small cap funds                                       | 3,822,703                      | -                    | -                   | 3,822,703            |
| International                                         | 9,374,576                      | -                    | -                   | 9,374,576            |
| Real estate                                           | 7,409,910                      | -                    | -                   | 7,409,910            |
| Bond                                                  | 10,674,648                     | -                    | -                   | 10,674,648           |
| Money market                                          | 7,194,337                      | -                    | -                   | 7,194,337            |
| Target retirement funds                               | -                              | 54,022,095           | -                   | 54,022,095           |
| Common stock and other securities – self-directed     | 3,757,631                      | -                    | -                   | 3,757,631            |
| Cash and cash equivalents – self-directed             | -                              | 420,999              | -                   | 420,999              |
| Total investments at fair value                       | 119,497,603                    | 54,443,094           | -                   | 173,940,697          |
| Interest in common/collective trusts                  | -                              | 26,862,795           | -                   | 26,862,795           |
| Insurance company general account – stable value fund | -                              | -                    | 1,113,588           | 1,113,588            |
| Total investments at contract value                   | -                              | 26,862,795           | 1,113,588           | 27,976,383           |
| Total investments                                     | <u>\$119,497,603</u>           | <u>\$ 81,305,899</u> | <u>\$ 1,113,588</u> | <u>\$201,917,080</u> |

\*Qualified investments under the Investment Act of 1940.

Included in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2016 and 2015, is a gain of \$5,417,516 and a loss of \$8,340,091, respectively, attributable to the changes in unrealized gains or losses relating to assets still held at December 31, 2016 and 2015.

For the years ended December 31, 2016 and 2015, there were no significant transfers in or out of Levels 1, 2 or 3.

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets (Insurance company general account – stable value fund) for the year ended December 31:

|                                                   | 2016         | 2015                |
|---------------------------------------------------|--------------|---------------------|
| Beginning balance                                 | \$ 1,113,588 | \$ 1,506,755        |
| Interest reinvested                               | 25           | 12,801              |
| Purchases, sales, issuances and settlements (net) | (1,113,613)  | (405,972)           |
| Unrealized gains (losses)                         | -            | 4                   |
| Ending balance                                    | <u>\$ -</u>  | <u>\$ 1,113,588</u> |

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

---

Amount of total gains or (losses) for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date

\$ -                      \$ 4

Unrealized gains/(losses) from the contract are not included in the statement of changes in net assets available for benefits as the contract is recorded at contract value for purposes of the net assets available for benefits.

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement**

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of value for those inputs.

| <i>Instrument</i>                                      | <i>Fair Value<br/>at<br/>December<br/>31, 2015</i> | <i>Principal<br/>Valuation<br/>Technique</i> | <i>Unobservable<br/>Inputs</i> | <i>Range of<br/>Significant<br/>Input<br/>Values at<br/>December<br/>31, 2015</i> | <i>Weighted<br/>Average at<br/>December<br/>31, 2015</i> |
|--------------------------------------------------------|----------------------------------------------------|----------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| Insurance company general account – stable value funds | \$1,113,588                                        | Assumed proceeds at discontinuance           | Composite crediting rate       | .01%                                                                              | 0.97%                                                    |

**Fair Value of Investments in Entities that Use NAV**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2016 and 2015, respectively.

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

---

|                                     | <i>Unfunded<br/>Commitments</i> | <i>Redemption<br/>Frequency</i> | <i>Redemption<br/>Notice Period</i> |
|-------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| December 31, 2016:                  |                                 |                                 |                                     |
| Mutual funds:                       |                                 |                                 |                                     |
| Large cap funds                     | N/A                             | Daily                           | 1 day                               |
| Mid cap funds                       | N/A                             | Daily                           | 1 day                               |
| Small cap funds                     | N/A                             | Daily                           | 1 day                               |
| International                       | N/A                             | Daily                           | 1 day                               |
| Real estate                         | N/A                             | Daily                           | 1 day                               |
| Specialty                           |                                 |                                 |                                     |
| Bond                                | N/A                             | Daily                           | 1 day                               |
| Money market                        | N/A                             | Daily                           | 1 day                               |
| Target retirement funds             | N/A                             | Daily                           | 1 day                               |
| Interest in common/collective trust | N/A                             | Daily                           | 1 day                               |
| Insurance company general account   | N/A                             | Daily                           | 1 day                               |

|                                     | <i>Unfunded<br/>Commitments</i> | <i>Redemption<br/>Frequency</i> | <i>Redemption<br/>Notice Period</i> |
|-------------------------------------|---------------------------------|---------------------------------|-------------------------------------|
| December 31, 2015:                  |                                 |                                 |                                     |
| Mutual funds:                       |                                 |                                 |                                     |
| Large cap funds                     | N/A                             | Daily                           | 1 day                               |
| Mid cap funds                       | N/A                             | Daily                           | 1 day                               |
| Small cap funds                     | N/A                             | Daily                           | 1 day                               |
| International                       | N/A                             | Daily                           | 1 day                               |
| Real estate                         | N/A                             | Daily                           | 1 day                               |
| Bond                                | N/A                             | Daily                           | 1 day                               |
| Money market                        | N/A                             | Daily                           | 1 day                               |
| Target retirement funds             | N/A                             | Daily                           | 1 day                               |
| Interest in common/collective trust | N/A                             | Daily                           | 1 day                               |
| Insurance company general account   | N/A                             | Daily                           | 1 day                               |

**5. Managed Income Portfolio II**

The Plan has entered into a fully benefit-responsive deposit annuity contract with Fidelity Management Trust Company (FMTC). FMTC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. FMTC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than the contract's minimum guaranteed interest rate. Such interest rates are reviewed on a quarterly basis for resetting.

# CoorsTek, LLC Savings and Investment Plan

## Notes to Financial Statements

### Years Ended December 31, 2016 and 2015

---

This contract meets the fully benefit-responsive contract criteria and therefore is reported at contract value. Contract value is the permitted measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Fidelity Management Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with FMTC. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that would also limit the ability of the Plan to transact at contract value with the participants.

The deposit annuity contract does not permit FMTC to terminate the agreement prior to the scheduled maturity date.

The average yields earned by the deposit annuity contract are as follows:

|                                                                   | <u>2016</u> | <u>2015</u> |
|-------------------------------------------------------------------|-------------|-------------|
| Average yield based on actual earnings                            | 2.01%       | 1.97%       |
| Average yield based on the interest rate credited to participants | 1.58%       | 1.52%       |

The investment values of the deposit annuity contract are as follows:

|                | <u>2016</u>  | <u>2015</u>  |
|----------------|--------------|--------------|
| Contract value | \$28,984,418 | \$26,862,795 |
| Fair value     | 29,084,800   | 27,055,654   |

The contract is supported by the assets in the general account of FTMC. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

## 6. Stable Value Fund

The Plan has entered into a fully benefit-responsive deposit annuity contract with Fidelity Management Trust Company (FMTC). FMTC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. FMTC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than the contract's minimum guaranteed interest rate. Such interest rates are reviewed on a quarterly basis for resetting.

# CoorsTek, LLC Savings and Investment Plan

## Notes to Financial Statements

### Years Ended December 31, 2016 and 2015

---

This contract meets the fully benefit-responsive contract criteria and therefore is reported at contract value. Contract value is the permitted measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Fidelity Management Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with FMTC. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that would also limit the ability of the Plan to transact at contract value with the participants.

The deposit annuity contract does not permit FMTC to terminate the agreement prior to the scheduled maturity date.

The average yields earned by the deposit annuity contract are as follows:

|                                                                   | <u>2015</u> |
|-------------------------------------------------------------------|-------------|
| Average yield based on actual earnings                            | 0.97%       |
| Average yield based on the interest rate credited to participants | 0.01%       |

The investment values of the deposit annuity contract are as follows:

|                | <u>2015</u> |
|----------------|-------------|
| Contract value | \$1,113,588 |
| Fair value     | 1,113,588   |

The contract is supported by the assets in the general account of FTMC. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

During the year ended December 31, 2016, the stable value investments was eliminated and all funds were transferred into the Managed Income Portfolio II.

## 7. Related Party Transactions

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are presented as a reduction to investment income, as they are paid through revenue sharing rather than a direct

# CoorsTek, LLC Savings and Investment Plan

## Notes to Financial Statements

### Years Ended December 31, 2016 and 2015

---

payment. Fees paid directly by the Plan totaled \$57,538 and \$42,179 for the years ended December 31, 2016 and 2015, respectively. The Plan sponsor pays directly any other fees related to the Plan's operations.

#### 8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions

#### 9. Tax Status

The IRS has determined and informed the Company by a letter dated February 14, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the United States federal jurisdiction. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2012.

#### 11. Risks and Uncertainties:

The Plan invests in various investments securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

#### 12. Realized Gains on Investment Transactions - Unaudited

The cost of investments sold or transferred is determined on a participant level by the average cost method.

The Department of Labor Form 5500 requires gains and losses to be determined using the current value method - that is, the current value of the assets as of the beginning of the Plan year, as carried forward from the end of the prior Plan year - or historical cost if the investment was acquired since the beginning of the Plan year. Realized and unrealized investment gains and losses disclosed in the Statement of Changes in Net Assets Available for Benefits have been calculated based upon historical cost.

| <i>Realized gains on investment transactions</i>                            | <u>2016</u> | <u>2015</u>   |
|-----------------------------------------------------------------------------|-------------|---------------|
| As reported in the Statement of Changes in Net Assets using historical cost | \$ 557,684  | \$230,806     |
| As reported in Form 5500 using the current value method                     | (20,687)    | (31,130)      |
| <i>Unrealized gains (losses) on investment transactions</i>                 |             |               |
| As reported in the Statement of Changes in Net Assets using historical cost | \$5,417,516 | (\$8,340,091) |
| As reported in Form 5500 using the current value method                     | 253,770     | (213,798)     |

**CoorsTek, LLC Savings and Investment Plan**  
**Notes to Financial Statements**  
**Years Ended December 31, 2016 and 2015**

---

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. At December 31, 2016 and 2015, there were no benefit claims that had been processed and approved for payments that were not paid prior to year-end.

**13. Plan Mergers**

The Managers of Coorstek, LLC, the Plan's sponsor, consented on November 15, 2015 to merge the Liberty Woods International, Inc. Employee Savings Plan into the Plan as soon as administratively practicable after January 1, 2016. The net assets of the Liberty Woods International Employee Savings Plan were transferred into the Plan at the balances as previously carried in the accounts of the Liberty Woods International Employee Savings Plan. Employees who were participants under the Liberty Woods International Employee Savings Plan became participants in the Plan as of April 1, 2016. A summary of the transferred net assets follows:

|             |              |
|-------------|--------------|
| Investments | \$ 5,418,075 |
|-------------|--------------|

**SUPPLEMENTAL INFORMATION**  
**(See Independent Auditors' Report)**

**CoorsTek, LLC Savings and Investment Plan**  
**EIN#84-0178380 Plan #002**  
**Schedule H, Line 4(i) - Schedule of Assets Held at Year End**  
**December 31, 2016**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment                                        | (d) Cost | (e) Current<br>Value |
|-----|-------------------------------------------------------------|----------------------------------------------------------------------|----------|----------------------|
| *   | Fidelity Investments                                        | Managed Income Portfolio II-Class I                                  | **       | \$ 28,984,418        |
|     |                                                             | Total investments in common/collective trusts                        |          | 28,984,418           |
|     | T. Rowe Price                                               | Mid-Cap Growth Fund                                                  | **       | 12,170,383           |
|     | T. Rowe Price                                               | Blue Chip Growth Fund                                                | **       | 7,163,162            |
|     | T. Rowe Price                                               | Dividend Growth Fund                                                 | **       | 10,936,837           |
|     | T. Rowe Price                                               | Equity Income Fund                                                   | **       | 2,703,134            |
|     | Cohen & Steers Securities                                   | Cohen & Steers Institutional Realty Shares                           | **       | 8,007,323            |
|     | Columbia Threadneedle Investments                           | Columbia Small Cap Index Fund Class R5 Shares                        | **       | 2,300,109            |
|     | Invesco                                                     | Invesco Diversified Dividend Fund R5 Class                           | **       | 1,103,848            |
|     | JP Morgan                                                   | Small Cap Value Fund Class R6                                        | **       | 1,018,356            |
|     | MetWest Funds                                               | Metropolitan West Total Return Bond Fund Class I                     | **       | 7,624,954            |
|     | Neuberger Berman                                            | Strategic Income Fund Institutional Class                            | **       | 552,657              |
|     | Vanguard                                                    | Mid-Cap Index Fund Admiral Shares                                    | **       | 1,905,603            |
|     | Victory Funds                                               | Victory Sycamore Established Value Fund Class R6                     | **       | 2,107,538            |
| *   | Fidelity Investments                                        | Fidelity Inflation-Protected Bond Fund                               | **       | 1,599,544            |
| *   | Fidelity Investments                                        | Fidelity Magellan Fund - Class K                                     | **       | 17,034,020           |
| *   | Fidelity Investments                                        | Fidelity Equity - Income Fund - Class K                              | **       | 4,195,586            |
| *   | Fidelity Investments                                        | Fidelity Low-Priced Stock Fund - Class K                             | **       | 7,322,954            |
| *   | Fidelity Investments                                        | Fidelity Small Cap Growth Fund                                       | **       | 2,050,715            |
| *   | Fidelity Investments                                        | Fidelity Diversified International Fund - Class K                    | **       | 6,997,831            |
| *   | Fidelity Investments                                        | Fidelity Retirement Govt. Money Market Portfolio                     | **       | 8,314,111            |
| *   | Fidelity Investments                                        | Fidelity International Index Fund - Premium Class                    | **       | 1,657,184            |
| *   | Fidelity Investments                                        | Fidelity U.S. Bond Index Fund - Premium Class                        | **       | 1,951,975            |
| *   | Fidelity Investments                                        | Fidelity 500 Index Fund Institutional Class                          | **       | 14,455,129           |
| *   | Fidelity Investments                                        | Fidelity Freedom K Income Fund                                       | **       | 1,641,513            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2005                                         | **       | 199,696              |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2010                                         | **       | 1,205,285            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2015                                         | **       | 3,860,090            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2020                                         | **       | 11,702,065           |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2025                                         | **       | 10,651,147           |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2030                                         | **       | 11,984,755           |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2035                                         | **       | 6,966,906            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2040                                         | **       | 5,011,414            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2045                                         | **       | 5,581,846            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2050                                         | **       | 3,482,118            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2055                                         | **       | 1,385,036            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2060                                         | **       | 186,301              |
|     |                                                             | Total mutual fund investments                                        |          | 187,031,125          |
| *   | Fidelity Brokerage Securities, Inc.                         | Cash and cash equivalents                                            | **       | 642,592              |
| *   | Fidelity Brokerage Securities, Inc.                         | Common stock and other securities                                    | **       | 4,378,250            |
|     |                                                             | Total self-directed brokerage accounts                               |          | 5,020,842            |
| *   | Notes Receivable from Participants                          | Varying maturities and interest rates ranging from<br>4.25% to 9.50% | -        | 5,342,544            |
|     |                                                             |                                                                      |          | \$ 226,378,929       |

\* Represents party-in-interest

\*\* Cost information is not required for participant directed investments and is therefore not included.

Information certified as complete and accurate by Fidelity Management Trust Company.

**CoorsTek, LLC Savings and Investment Plan**  
**EIN#84-0178380 Plan #002**  
**Schedule H, Line 4(i) - Schedule of Assets Held at Year End**  
**December 31, 2016**

| (a) | (b) Identity of Issue, Borrower,<br>Lessor or Similar Party | (c) Description of Investment                                     | (d) Cost | (e) Current<br>Value  |
|-----|-------------------------------------------------------------|-------------------------------------------------------------------|----------|-----------------------|
| *   | Fidelity Investments                                        | Managed Income Portfolio II-Class I                               | **       | \$ 28,984,418         |
|     |                                                             | Total investments in common/collective trusts                     |          | 28,984,418            |
|     | T. Rowe Price                                               | Mid-Cap Growth Fund                                               | **       | 12,170,383            |
|     | T. Rowe Price                                               | Blue Chip Growth Fund                                             | **       | 7,163,162             |
|     | T. Rowe Price                                               | Dividend Growth Fund                                              | **       | 10,936,837            |
|     | T. Rowe Price                                               | Equity Income Fund                                                | **       | 2,703,134             |
|     | Cohen & Steers Securities                                   | Cohen & Steers Institutional Realty Shares                        | **       | 8,007,323             |
|     | Columbia Threadneedle Investments                           | Columbia Small Cap Index Fund Class R5 Shares                     | **       | 2,300,109             |
|     | Invesco                                                     | Invesco Diversified Dividend Fund R5 Class                        | **       | 1,103,848             |
|     | JP Morgan                                                   | Small Cap Value Fund Class R6                                     | **       | 1,018,356             |
|     | MetWest Funds                                               | Metropolitan West Total Return Bond Fund Class I                  | **       | 7,624,954             |
|     | Neuberger Berman                                            | Strategic Income Fund Institutional Class                         | **       | 552,657               |
|     | Vanguard                                                    | Mid-Cap Index Fund Admiral Shares                                 | **       | 1,905,603             |
|     | Victory Funds                                               | Victory Sycamore Established Value Fund Class R6                  | **       | 2,107,538             |
| *   | Fidelity Investments                                        | Fidelity Inflation-Protected Bond Fund                            | **       | 1,599,544             |
| *   | Fidelity Investments                                        | Fidelity Magellan Fund - Class K                                  | **       | 17,034,020            |
| *   | Fidelity Investments                                        | Fidelity Equity - Income Fund - Class K                           | **       | 4,195,586             |
| *   | Fidelity Investments                                        | Fidelity Low-Priced Stock Fund - Class K                          | **       | 7,322,954             |
| *   | Fidelity Investments                                        | Fidelity Small Cap Growth Fund                                    | **       | 2,050,715             |
| *   | Fidelity Investments                                        | Fidelity Diversified International Fund - Class K                 | **       | 6,997,831             |
| *   | Fidelity Investments                                        | Fidelity Retirement Govt. Money Market Portfolio                  | **       | 8,314,111             |
| *   | Fidelity Investments                                        | Fidelity International Index Fund - Premium Class                 | **       | 1,657,184             |
| *   | Fidelity Investments                                        | Fidelity U.S. Bond Index Fund - Premium Class                     | **       | 1,951,975             |
| *   | Fidelity Investments                                        | Fidelity 500 Index Fund Institutional Class                       | **       | 14,455,129            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Income Fund                                    | **       | 1,641,513             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2005                                      | **       | 199,696               |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2010                                      | **       | 1,205,285             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2015                                      | **       | 3,860,090             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2020                                      | **       | 11,702,065            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2025                                      | **       | 10,651,147            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2030                                      | **       | 11,984,755            |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2035                                      | **       | 6,966,906             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2040                                      | **       | 5,011,414             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2045                                      | **       | 5,581,846             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2050                                      | **       | 3,482,118             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2055                                      | **       | 1,385,036             |
| *   | Fidelity Investments                                        | Fidelity Freedom K Fund 2060                                      | **       | 186,301               |
|     |                                                             | Total mutual fund investments                                     |          | 187,031,125           |
|     |                                                             |                                                                   |          |                       |
| *   | Fidelity Brokerage Securities, Inc.                         | Cash and cash equivalents                                         | **       | 642,592               |
| *   | Fidelity Brokerage Securities, Inc.                         | Common stock and other securities                                 | **       | 4,378,250             |
|     |                                                             | Total self-directed brokerage accounts                            |          | 5,020,842             |
|     |                                                             |                                                                   |          |                       |
| *   | Notes Receivable from Participants                          | Varying maturities and interest rates ranging from 4.25% to 9.50% | -        | 5,342,544             |
|     |                                                             |                                                                   |          | <u>\$ 226,378,929</u> |

\* Represents party-in-interest

\*\* Cost information is not required for participant directed investments and is therefore not included.

Information certified as complete and accurate by Fidelity Management Trust Company.

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security<br>Administration<br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1510-0110<br>1510-0089<br><br><b>2016</b><br><br>This Form Is Open to<br>Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br>B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)<br>C If the plan is a collectively-bargained plan, check here ..... <input type="checkbox"/><br>D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____ |

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information - enter all requested information</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                   |
| 1a Name of plan<br><b>COORSTEK LLC SAVINGS AND INVESTMENT PLAN</b>                                                                                                                                                                                                                                                                                                 | 1b Three-digit plan number (PN) ▶ <b>002</b><br>1c Effective date of plan<br><b>12/28/1992</b>                                                                                    |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>COORSTEK INC.</b><br><br><b>14143 DENVER WEST PARKWAY, STE 400</b><br><br><b>GOLDEN CO 80401-0000</b> | 2b Employer Identification Number (EIN)<br><b>84-0178380</b><br>2c Plan Sponsor's telephone number<br><b>303-271-7000</b><br>2d Business code (see instructions)<br><b>334410</b> |

**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<br>HERE                                                                                    | <i>Beth A. Parish</i><br>Signature of plan administrator    | <u>10/9/17</u><br>Date | <b>BETH PARISH</b><br>Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                    | <i>Beth A. Parish</i><br>Signature of employer/plan sponsor | <u>10/9/17</u><br>Date | <b>BETH PARISH</b><br>Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE                                                                                    | _____<br>Signature of DFE                                   | _____<br>Date          | _____<br>Enter name of individual signing as DFE                                   |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                             |                        | Preparer's telephone number                                                        |
|                                                                                                 |                                                             |                        |                                                                                    |