

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
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:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ► ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>STAR STAINLESS SCREW COMPANY PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>04/01/1970</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STAR STAINLESS SCREW COMPANY</u> <u>P.O. BOX 288</u> <u>TOTOWA, NJ 07512</u> <u>30 WEST END ROAD</u> <u>TOTOWA, NJ 07512</u>	2b	Employer Identification Number (EIN) <u>22-1474934</u>
		2c	Plan Sponsor's telephone number <u>973-256-2300</u>
		2d	Business code (see instructions) <u>332700</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	THOMAS GUIGLIANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 433
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 373
a(2) Total number of active participants at the end of the plan year	6a(2) 378
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits	6c 68
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 450
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 450
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **0** **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>STAR STAINLESS SCREW COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STAR STAINLESS SCREW COMPANY</u>	D Employer Identification Number (EIN) <u>22-1474934</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>10689852</u>
b Actuarial value	2b <u>10689852</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>4</u> (2) Vested Funding Target <u>433341</u> (3) Total Funding Target <u>433341</u>
b For terminated vested participants.....	<u>56</u> <u>270515</u> <u>270515</u>
c For active participants.....	<u>403</u> <u>9661615</u> <u>9761600</u>
d Total.....	<u>463</u> <u>10365471</u> <u>10465456</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.26 %</u>
6 Target normal cost.....	6 <u>539194</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/11/2017</u>
	Signature of actuary	Date
<u>LAWRENCE J. ZELLER</u>	Type or print name of actuary	<u>17-03613</u>
		Most recent enrollment number
<u>PREFERRED PENSION PLANNING CORP.</u>	Firm name	<u>908-575-7575</u>
<u>991 ROUTE 22 WEST</u> <u>BRIDGEWATER, NJ 08807-2956</u>	Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-0.85%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		913774
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.45%</u>		58938
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		972712
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	102.14%
15	Adjusted funding target attainment percentage	15	102.14%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	109.32%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/21/2016	500000	0			
08/01/2017	1000000	0			
Totals ►			18(b)	1500000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1379677
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	0			
22	Weighted average retirement age	22	65			
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27				
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6)	31a	539194			
b	Excess assets, if applicable, but not greater than line 31a	31b	224396			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	0	0			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	314798			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	314798			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1379677			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	1064879			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0			
40	Unpaid minimum required contributions for all years	40	0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years				
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011				
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan STAR STAINLESS SCREW COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STAR STAINLESS SCREW COMPANY	D Employer Identification Number (EIN) 22-1474934	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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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)

GOLDMAN SACHS

200 WEST STREET
NEW YORK, NY 10282

13-3575636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	19504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>STAR STAINLESS SCREW COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STAR STAINLESS SCREW COMPANY</u>	D Employer Identification Number (EIN) <u>22-1474934</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	227848	1351953
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1000000	1000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	7328	7328
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	829306	1280841
(2) U.S. Government securities	1c(2)	1073	758
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	15396	11649
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1618386	1798159
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7017801	6951599
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10717138	12402287

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10717138	12402287
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1500000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4457	
(B) U.S. Government securities	2b(1)(B)	55	
(C) Corporate debt instruments	2b(1)(C)	871	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	-976	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4407
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	21727	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	219454	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		241181
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	445752	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	451757	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6005
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	197852	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		197852

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		184294
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2121729

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	416767	
(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)		416767
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	19504	
(4) Other	2i(4)	309	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		19813
j Total expenses. Add all expense amounts in column (b) and enter total	2j		436580

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1685149
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HUNTER GROUP CPA LLC

(2) EIN: 22-1807874

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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 4015774. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>STAR STAINLESS SCREW COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STAR STAINLESS SCREW COMPANY</u>	D Employer Identification Number (EIN) <u>22-1474934</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-2120555</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>7</u>

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

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

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

Schedule R (Form 5500) 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): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	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	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b 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?	☐ Yes ☐ No
22a 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 .	
22b 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 / / .	

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Financial Statements

December 31, 2016 and 2015

STAR STAINLESS SCREW CO.

PENSION PLAN

Financial Statements

December 31, 2016 and 2015

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Independent Auditor's Report

To the Board of Trustees and Participants of the
Star Stainless Screw Co. Pension Plan
Totowa, New Jersey

Report on the Financial Statements

We have audited the accompanying financial statements of the **Star Stainless Screw Co. Pension Plan**, which comprise the statements of net assets available for plan benefits as of December 31, 2016 and 2015 and the related statements of changes in net assets available for plan benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2015, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for plan benefits as of December 31, 2016 and 2015, and the changes therein for the years then ended and its financial status as of December 31, 2015 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2016, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

**Fair Lawn, New Jersey
October 5, 2017**

Hunter Group CPA LLC

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Statements of Net Assets Available for Plan Benefits
December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>Assets</u>		
Investments, at fair value:		
U.S. Government agency securities	\$ 758	\$ 1,073
Corporate debt securities	11,649	15,396
Common stocks	1,798,159	1,618,386
Mutual funds and other	6,951,599	7,017,801
Cash equivalents	<u>1,280,841</u>	<u>829,306</u>
Total investments	10,043,006	9,481,962
Cash	1,351,953	227,848
Employer's contribution receivable	1,000,000	1,000,000
Accrued interest receivable	4,781	4,781
Prepaid federal withholding tax	<u>2,547</u>	<u>2,547</u>
<u>Net assets available for plan benefits</u>	<u>\$ 12,402,287</u>	<u>\$ 10,717,138</u>

(The accompanying notes are an integral part of these financial statements)

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 376,141	\$ (358,088)
Interest income	5,383	1,663
Dividend income	241,181	292,363
Other expense	<u>(976)</u>	<u>(574)</u>
Total investment income (loss)	621,729	(64,636)
Less investment management fees	<u>19,504</u>	<u>20,228</u>
Net investment income (loss)	602,225	(84,864)
Employer contributions	<u>1,500,000</u>	<u>1,000,000</u>
Total additions	<u>2,102,225</u>	<u>915,136</u>
Deductions from net assets attributed to:		
Benefit payments	416,767	340,929
Administrative expenses	<u>309</u>	<u>285</u>
Total deductions	<u>417,076</u>	<u>341,214</u>
Increase in net assets	1,685,149	573,922
Net assets available for plan benefits:		
Beginning of year	<u>10,717,138</u>	<u>10,143,216</u>
<u>End of year</u>	<u>\$ 12,402,287</u>	<u>\$ 10,717,138</u>

(The accompanying notes are an integral part of these financial statements)

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Statement of Accumulated Plan Benefits
December 31, 2015

**Actuarial present value of
accumulated plan benefits**

Vested benefits:

Participants currently receiving payments	\$ 422,876
Other vested benefits	<u>10,036,021</u>
	10,458,897

Nonvested benefits	<u>108,875</u>
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<u>Total actuarial present value of accumulated plan benefits</u>	<u>\$ 10,567,772</u>
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(The accompanying notes are an integral part of these financial statements)

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2015

Actuarial present value of accumulated plan benefits at beginning of year		\$ 9,681,770
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 575,389	
Increase for interest due to the passage of time	579,401	
Benefits paid	(340,929)	
Actuarial assumptions and experience	<u>72,141</u>	
Net increase		<u>886,002</u>
<u>Actuarial present value of accumulated plan benefits at end of year</u>		<u><u>\$ 10,567,772</u></u>

(The accompanying notes are an integral part of these financial statements)

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Notes to Financial Statements
December 31, 2016 and 2015

Note 1 - Description of Plan:

The following brief description of the **Star Stainless Screw Co. Pension Plan** (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

A. General

The Plan is a defined benefit pension plan designed to provide benefits to employees of **Star Stainless Screw Co.** (the plan sponsor) who as of the plan's entry date, have at least six months of service and are age twenty and one-half (20.5) or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Pension Benefits

Employees are entitled to annual pension benefits beginning at normal retirement age equal to 26% of average compensation (excluding overtime and bonus pay) with a linear reduction in benefits for years of services less than 25.

The maximum monthly benefit is \$867. This maximum monthly benefit can be increased, however, for certain individuals still employed by the plan sponsor after their sixty-fifth birthday.

Normal retirement age is defined as the later of the participant's sixty-fifth birthday or five years of participation in the Plan. The Plan also has provisions for early retirement benefits as well as death and disability benefits.

Pension benefits may be paid in a single lump sum or in installments. Ordinarily, the benefits are paid in a lump sum.

C. Vesting

Vesting is based on years of service as follows:

<u>Years of Service</u>	<u>% Vested</u>
Less than 3	0%
3 but less than 4	20%
4 but less than 5	40%
5 but less than 6	60%
6 but less than 7	80%
7 or more	100%

Participants also become fully vested at normal retirement age.

STAR STAINLESS SCREW CO.
PENSION PLAN

Notes to Financial Statements
December 31, 2016 and 2015

Note 1 - Description of Plan: (continued)

D. Administrative Costs

All costs incurred to administer the Plan other than bank charges and investment management fees and expenses are paid by the plan sponsor and are excluded from the accompanying financial statements.

Note 2 - Summary of Significant Accounting Policies:

A. Basis of Accounting

The Plan's financial statements are prepared using the accrual basis of accounting.

B. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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.

C. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

D. Payment of Benefits

Benefit payments to participants are recorded when paid.

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Notes to Financial Statements
December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies: (continued)

E. Subsequent Events

Subsequent events have been evaluated through October 5, 2017, the date the financial statements were approved and authorized for issue by the plan administrator.

F. Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments, including lump sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the benefit information date and the expected payment dates. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2015 are as follows:

Interest rate:	6.0%
Mortality:	1994 Group Annuity Reserving Mortality Table projected to 2002
Actuarial Funding Method:	Unit Credit Method

There were no changes in assumptions used for the actuarial valuation for funding purposes at December 31, 2014.

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

STAR STAINLESS SCREW CO.
PENSION PLAN

Notes to Financial Statements
December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies: (continued)

G. Funding Policy

The plan sponsor's funding policy is to make contributions to the plan based upon the amount determined by the plan actuary to be sufficient to maintain the plan's funded status at a level sufficient to allow the plan to continue to make lump sum distributions and meet or exceed the annual ERISA minimum funding requirement. No employee contributions are permitted. The Company's contributions for the years ended December 31, 2016 and 2015 comply with the minimum funding requirements of ERISA.

H. Recently Adopted Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-12 (ASU), Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), 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. Part I and Part III are not applicable to the Plan.

Part II of this ASU eliminates the requirements to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation in fair value of investments by general type. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. The requirement to disaggregate investments by nature, characteristics and risks has also been eliminated.

Management has elected to adopt Part II for the year ended December 31, 2016. The impact of adopting the provisions of this ASU is reflected in the financial statements and accompanying footnotes including revisions to prior year disclosures to reflect retrospective application, where applicable. Management believes the adoption was not material to the financial statements taken as a whole.

STAR STAINLESS SCREW CO.
PENSION PLAN

Notes to Financial Statements
December 31, 2016 and 2015

Note 3 - Investments:

The following table presents the fair value of investments. During 2016 and 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$376,141 and \$(358,088), respectively, as follows:

Description	2016		2015	
	Net appreciation (depreciation)		Net appreciation (depreciation)	
	in fair value during year	Fair Value end of year	in fair value during year	Fair Value end of year
Investments at fair value	\$ 376,141	\$ 10,043,006	\$ (358,088)	\$ 9,481,962

Investments in financial instruments create exposure to various risks, such as interest rate risk, market and credit risk. Due to the level of risk associated with certain financial instruments, it is at least reasonably possible that changes in the values of such investments will occur in the near term and such changes could materially affect the amounts reported on the statements of net assets available for plan benefits.

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of cash and cash equivalent deposits in financial institutions. These balances can fluctuate and at times exceed the amount insured by the Federal Deposit Insurance Corporation during the year.

Note 4 - Fair Value Measurements:

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the Topic are described below:

- 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.

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Notes to Financial Statements
December 31, 2016 and 2015

Note 4 - Fair Value Measurements: (continued)

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's 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. The following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2016 and 2015:

U.S. Government Agency securities, corporate debt securities and common stock have been valued at the closing price reported in the active market/exchange in which the individual security is traded.

Mutual funds shares held by the plan are valued at their daily closing prices, net asset value ("NAV"), which is the price they are required to transact at. These shares are deemed to be traded on active markets.

Cash equivalents include unit shares of the money market funds valued using an amortized cost of \$1 per unit which approximates fair value.

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

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Notes to Financial Statements
December 31, 2016 and 2015

Note 4 - Fair Value Measurements: (continued)

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

Security Type	2016			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ -	\$ 1,280,841	\$ -	\$ 1,280,841
U.S. Government Agency bonds	758	-	-	758
Corporate debt bonds	11,649	-	-	11,649
Common stocks	1,798,159	-	-	1,798,159
Mutual funds	6,951,599	-	-	6,951,599
Total	\$ 8,762,165	\$ 1,280,841	\$ -	\$ 10,043,006

Security Type	2015			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ -	\$ 829,306	\$ -	\$ 829,306
U.S. Government Agency bonds	1,073	-	-	1,073
Corporate debt bonds	15,396	-	-	15,396
Common stocks	1,618,386	-	-	1,618,386
Mutual funds	7,017,801	-	-	7,017,801
Total	\$ 8,652,656	\$ 829,306	\$ -	\$ 9,481,962

Note 5 - Plan Termination:

Although it has not expressed any intention 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 set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

STAR STAINLESS SCREW CO.
PENSION PLAN

Notes to Financial Statements
December 31, 2016 and 2015

Note 5 - Plan Termination: (continued)

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 6 - Tax Status:

The Plan Sponsor adopted a Volume Submitter Defined Benefit Plan (VSDB Plan) effective January 1, 2010. The VSDB Plan applied for and received an advisory letter from the Internal Revenue Service (IRS) on March 31, 2010 which indicated that the VSDB Plan as adopted is a qualified plan acceptable under Section 401(a) of the IRS Code for use by employers for the benefit of their employees. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code (IRC) to maintain its qualification. The Plan administrator believes the Plan is 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 management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be realized. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2013.

SUPPLEMENTAL INFORMATION

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

EIN # 22-1474934, Plan #001

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Interest Rate	Maturity Date	Number of Shares or Face Value	Cost	Current Value
<u>U.S. Government Agency Securities</u>						
	FNR 1989-25 G	6.000%	06/25/2019	42	\$ 42	\$ 43
	FH 1047 H	6.000%	02/15/2021	191	213	201
	FN 9112 H	7.000%	02/25/2021	35	46	37
	FH 1068 E	7.000%	04/15/2021	74	80	79
	FH 1094 K	7.000%	06/15/2021	85	93	93
	FH 168 G	6.500%	07/15/2021	14	21	14
	FH 1286 A	6.000%	05/15/2022	58	63	61
	FN 9476 KA	7.000%	04/25/2024	209	202	230
					<u>\$ 760</u>	<u>\$ 758</u>
<u>Corporate Debt Securities</u>						
	JPMMT 2005-S3	5.750%	01/25/2036	1,760	\$ 1,789	\$ 1,476
	CWALT 2005-86CB	5.500%	02/25/2036	7,155	7,238	6,148
	CWALT 2006-32CB	6.000%	11/25/2036	4,647	4,734	4,025
					<u>\$ 13,761</u>	<u>\$ 11,649</u>
<u>Common Stocks</u>						
	Acadia Healthcare Company Inc.			30	\$ 1,056	\$ 993
	Accuray Inc.			527	3,257	2,424
	Acxiom Corp.			162	2,832	4,342
	Aerovironment, Inc.			122	3,169	3,273
	Agilent Technologies, Inc.			284	11,310	12,939
	Allergan Plc			79	15,205	16,591
	Allscripts Healthcare Sol Inc.			406	4,160	4,145
	Alphabet Inc.			21	9,992	16,642
	Alphabet Inc.			28	8,289	22,189
	Alphabet Inc.			58	24,344	44,766
	Amazon.Com Inc.			54	16,184	40,493
	Anadarko Petroleum Corp.			100	7,849	6,973
	Analog Devices, Inc.			219	12,396	15,904
	Analogic Corp.(New)			25	2,023	2,074
	Aon Plc			154	10,752	17,176
	Aon Plc			475	23,313	52,977
	Applied Materials Inc.			532	9,437	17,168
	Arris Intl Plc			246	3,523	7,412
	Atlantic Power Corp.			638	1,553	1,595
	Avery Dennison Corp.			72	2,201	5,056
	Avis Budget Group, Inc.			129	4,329	4,732
	Bank Of America Corp.			1,030	13,406	22,763
	Bank Of America Corp.			1,725	28,981	38,123
	Bankunited Inc.			110	2,895	4,146
	Berkshire Hathaway Inc. Class			102	13,510	16,624
	Berkshire Hathaway Inc. Class			500	48,435	81,489
	BP P.L.C. Sponsored Adr			425	14,747	15,887
	Brocade Communications Systems			95	324	1,187

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

EIN # 22-1474934, Plan #001

(a)	(b)	(c)		(d)	(e)
		Interest Rate	Maturity Date	Number of Shares or Face Value	Current Value
	Identity of Issue, Borrower, Lessor or Similar Party			Cost	
	<u>Common Stocks (continued)</u>				
	Calpine Corporation			1,465 \$	16,745 \$
	Capital One Financial Corp.			237	20,676
	CBS Corporation Cmn Class			258	16,414
	Ceva, Inc.			59	1,979
	Charles Riv Labs Intl Inc.			93	7,086
	Ciena Corp.			195	4,760
	Citigroup Inc.			379	22,524
	Citigroup Inc.			1,000	59,430
	Clean Harbors Inc.			75	4,174
	Cliffs Natural Resources Inc.			443	3,726
	Comcast Corp.Class A			251	17,332
	Comerica Inc.			72	4,904
	Communications Sales & Leasing Inc.			117	2,973
	Corelogic Inc.			166	6,114
	Covanta Holding Corp.			226	3,526
	Covisint Corp.			395	751
	Crocs, Inc.			190	1,303
	Crown Holdings Inc.			115	6,046
	Cypress Semiconductor Corp.			233	2,666
	Danaos Corp.			216	572
	Deckers Outdoors Corp.			37	2,049
	Dish Network Corp.			625	36,205
	DST System Inc.			34	3,643
	Dynegy Inc.			241	2,039
	Ecolab Inc.			325	38,097
	Exelon Corp.			398	14,125
	Express, Inc.			162	1,743
	Fidelity Natl Info Svcs Inc.			125	9,455
	Fireeye, Inc.			212	2,523
	First Data Corp.			1,360	19,298
	Flex Ltd.			1,140	16,382
	Fluidigm Corp.			150	1,092
	Formfactor Inc.			274	3,069
	General Electric Corp.			635	20,066
	Haemonetics Corp.			32	1,286
	Harsco Corp.			216	2,938
	Hewlett Packard Enterprise Corp.			823	19,044
	Huntington Bancshares Inc.			467	6,174
	II-VI Inc.			59	1,749
	ILG, Inc.			53	962
	Infinera Corp.			515	4,372
	Infrareit, Inc.			82	1,469
	International Paper Corp.			308	16,342
	Intersect Ent, Inc.			32	387
	Invesco Ltd.			63	15,140
	Ion Geophysical Corp.			33	198

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016
EIN # 22-1474934, Plan #001

(a)	(b)	(c)		(d)	(e)	
	Identity of Issue, Borrower, Lessor or Similar Party	Interest Rate	Maturity Date	Number of Shares or Face Value	Cost	Current Value
Common Stocks (continued)						
	Itron Inc.			68	\$ 2,348	\$ 4,274
	ITT Inc.			59	1,273	2,276
	JPMorgan Chase Corp.			300	17,385	25,887
	KBR, Inc.			259	6,092	4,323
	Keysight Technologies, Inc.			62	13,878	16,895
	Keyw Holding Corp.			418	3,893	4,928
	Liberty Global, Plc.			207	5,688	4,382
	Liberty Global, Plc.			622	20,271	18,473
	Liberty Global, Plc. Cmn Class			1,300	31,321	38,610
	Luminex Corp.			105	2,023	2,124
	Macom Technology Solutions Inc.			89	2,894	4,119
	Manitowoc Co Inc.			269	1,177	1,609
	Marriott International, Inc.			405	26,069	33,485
	Marsh & McLennan Co Inc.			218	8,230	14,735
	Maxwell Technologies Inc.			247	1,785	1,265
	McDermott Intl.			193	1,378	1,426
	MellanoX Technologies, Ltd.			110	4,423	4,499
	Merck & Co., Inc.			348	19,999	20,487
	Mercury Systems Inc.			175	1,780	5,289
	Meritor Inc.			208	978	2,583
	Microsoft Corp.			248	10,657	15,411
	Microsoft Corp.			1,127	32,472	70,032
	Molina Healthcare, Inc.			70	3,688	3,798
	Mondelez International, Inc.			650	16,313	28,815
	Morgan Stanley Inc.			775	11,297	32,744
	Neustar Inc.			213	5,323	7,114
	New York & Company, Inc.			133	610	302
	Noble Energy Inc.			475	21,914	18,078
	NRG Energy, Inc.			183	4,187	2,243
	Nuance Communications, Inc.			382	5,897	5,692
	Occidental Petroleum Corp.			279	20,242	19,873
	Office Depot Inc.			422	1,168	1,906
	Oracle Corp.			513	20,315	19,725
	Oracle Corp.			1,741	56,555	66,941
	Ormat Technologies, Inc.			70	1,167	3,753
	Osi Systems Inc.			40	2,217	3,045
	Owens Corning Copr.			50	1,840	2,578
	Pepsico Inc.			297	19,458	31,075
	Perrigo Co Plc.			223	19,994	18,559
	Pfizer Inc.			507	15,443	16,467
	PSE&G Corp.			69	2,355	3,027
	Quantum Corporation Data & Storage Systems Inc.			794	1,236	661
	Rambus Inc.			452	3,573	6,224
	Restoration Hardware Hldgs Inc.			69	2,173	2,118
	Ryder System Inc.			54	2,656	4,020
	Seachange International Inc.			285	2,676	656

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

EIN # 22-1474934, Plan #001

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Interest Rate	Maturity Date	Number of Shares or Face Value	Cost	Current Value
<u>Common Stocks (continued)</u>						
	Select Comfort Corp.			93	\$ 1,683	\$ 2,104
	Silver Spring Networks, Inc.			218	1,898	2,902
	Sonus Networks Inc.			241	1,873	1,518
	Spirit Aerosystems Holdings Inc.			75	1,238	4,376
	TCF Financial Corp.			291	3,200	5,701
	Teledyne Technologies Inc.			28	1,245	3,444
	Tetra Technologies Inc.			394	3,550	1,978
	Texas Capital Bancshares, Inc.			58	1,346	4,547
	Textron Inc.			88	2,425	4,273
	Thermo Fisher Scientific Inc.			116	13,414	16,368
	Thermo Fisher Scientific Inc.			200	11,444	28,220
	Time Warner Inc.			145	7,984	13,997
	Tivo Corp.			305	5,705	6,375
	Total SA Sponsored Adr.			324	15,356	16,514
	Twenty-First Century Fox, Inc.			600	11,810	16,824
	Twenty-First Century Fox, Inc.			450	13,699	12,263
	Twin Disc Inc.			79	1,487	1,153
	Ultratech Inc.			270	5,711	6,475
	Unitedhealth Group Inc.			273	15,042	43,691
	Valmont Industries Inc.			17	2,077	2,395
	Veeco Instruments Inc.			147	3,957	4,285
	Verifone Systems Inc.			102	1,887	1,807
	Verint Systems Inc.			204	6,606	7,191
	Viavi Solutions, Inc.			244	1,534	1,996
	Vodafone Group Plc. Adr.			687	21,511	16,783
	W.R. Berkley Corp.			275	9,936	18,290
	Wal Mart Stores Inc.			224	15,430	15,483
	Walgreens Boots Alliance, Inc.			206	16,947	17,049
					\$ 1,305,314	\$ 1,798,159
<u>Mutual Funds</u>						
	DJ Wilshire REIT ETF			2,748	\$ 220,867	\$ 256,526
	GS High Yield Floating Rate Fund			174,242	1,750,000	1,697,118
	GS International Equity Insights Fund			37,424	421,167	398,936
	GS Strategic Income Fund			202,680	2,116,005	1,953,837
	GS Tactical Tilt Overlay Mutual Fund			40,464	424,743	397,356
	IShares MSCI Spain Capped ETF			6,932	250,197	183,767
	IShares Russell 2000 ETF			1,237	126,048	166,809
	Deutsche X-Trackers MSCI Eafe Equity ETF			12,294	375,000	344,970
	Spdr S&P 500 ETF Trust			2,884	486,750	644,661
	Technology Select Index SPDR			9,376	299,001	453,423
	The Financial Select Sector SPDR Fund			16,500	301,494	383,625
	Real Estate Select Sector SPDR Fund ETF			2,295	73,290	70,571
					\$ 6,844,562	\$ 6,951,599
<u>Cash Equivalents</u>						
	Goldman Sachs Bank Deposit Program			1,280,841	\$ 1,280,841	\$ 1,280,841
					\$ 9,445,238	\$ 10,043,006

STAR STAINLESS SCREW COMPANY PENSION PLAN

Schedule of Active Participant Data

Plan Year: 1/1/2016 to 12/31/2016

Valuation Date: 1/1/2016

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	1	15	5	0	0	0	0	0	0	0	21
25-29	0	22	4	9	0	0	0	0	0	0	35
30-34	0	9	5	6	2	0	0	0	0	0	22
35-39	0	9	9	9	8	2	0	0	0	0	37
40-44	0	4	11	8	12	4	1	0	0	0	40
45-49	0	7	3	10	10	11	9	0	0	0	50
50-54	0	8	6	5	8	10	18	12	3	0	70
55-59	0	6	5	11	8	8	7	9	9	2	65
60-64	0	4	5	2	8	3	4	3	5	3	37
65-69	0	3	2	0	1	0	3	0	4	3	16
70+	0	1	0	2	1	2	1	0	0	3	10
Total	1	88	55	62	58	40	43	24	21	11	403

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 47.0

Average Service: 16

STAR STAINLESS SCREW COMPANY PENSION PLAN

EMPLOYER IDENTIFICATION NUMBER 22-1474934; PLAN NUMBER 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

- A. **Election of Optional Forms of Benefit:** It was assumed all participants would elect a lump sum upon retirement.
- B. **Mortality Tables:** Mortality tables were applied on a static basis. Combined mortality tables were used.
- C. **Expected Compensation Increases:** It was assumed that salaries would remain constant through Normal Retirement Date.
- D. **Severance of Employment:** It was assumed that all employees would remain employed until Normal Retirement Date.
- E. **Retirement Date:** It was assumed that all employees would retire at their Normal Retirement Date or as of the valuation date if at, or past, their Normal Retirement Date.
- F. **Normal Retirement Age:** The estimated average age at retirement is 65.
- G. **Expenses:** There is no advance loading charge for expenses.
- H. **Actuarial Value of Assets:** Assets were valued at current market value.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan STAR STAINLESS SCREW COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STAR STAINLESS SCREW COMPANY	D Employer Identification Number (EIN) 22-1474934	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>				
2 Assets:				
a Market value			2a	10,689,852
b Actuarial value			2b	10,689,852
3 Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		4	433,341	433,341
b For terminated vested participants		56	270,515	270,515
c For active participants		403	9,661,615	9,761,600
d Total		463	10,365,471	10,465,456
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b	
5 Effective interest rate			5	6.26%
6 Target normal cost			6	539,194

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

SIGN HERE		<u>10/11/2017</u> Date
Signature of actuary LAWRENCE J. ZELLER		1703613 Most recent enrollment number
Type or print name of actuary PREFERRED PENSION PLANNING CORP.		908-575-7575 Telephone number (including area code)
Firm name 991 ROUTE 22 WEST BRIDGEWATER NJ 08807-2956		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-0.85%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		913,774
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.45%</u>		58,938
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		972,712
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.14%
15 Adjusted funding target attainment percentage.....	15	102.14%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.32%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/21/2016	500,000	0			
08/01/2017	1,000,000	0			
Totals ▶			18(b)	1,500,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,379,677

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.43 %2nd segment:
5.91 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 539,194**b** Excess assets, if applicable, but not greater than line 31a **31b** 224,396

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment.....	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33** 0**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 314,798

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 314,798**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,379,677

38 Present value of excess contributions for current year (see instructions)	
a Total (excess, if any, of line 37 over line 36)	38a 1,064,879
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

STAR STAINLESS SCREW COMPANY PENSION PLAN

EMPLOYER IDENTIFICATION NUMBER 22-1474934; PLAN NUMBER 001

SCHEDULE SB, LINE 22 – WEIGHTED AVERAGE RETIREMENT AGE

Each participant is assumed to retire at the Plan's Normal Retirement Age or as of the valuation date if at, or past, their Normal Retirement Date. The weighted average retirement age was calculated by summing the retirement ages of all participants and dividing by the number of participants.

STAR STAINLESS SCREW COMPANY PENSION PLAN

EMPLOYER IDENTIFICATION NUMBER 22-1474934; PLAN NUMBER 001

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. Eligibility: All employees are eligible on (a) the January 1 coinciding with or next following six months of employment or the later attainment of age 20½ or (b) the January 1 nearest the completion of one Year of Service and the attainment of age 20½.
2. Normal Retirement Date: First of the month coinciding with or next following the attainment of age 65 or the 5th anniversary of the date of participation if later.
3. Early Retirement Date: First of the month coinciding with or next following the attainment of age 55 and the completion of ten years of service.
4. Compensation: Total compensation for the plan year excluding bonuses and overtime. For plan purposes, compensation is limited to \$40,000.
5. Average Compensation: The average of total compensation during the 5, or lesser-completed, consecutive plan years within the last 10 years of participation in which the member is most highly paid.
6. Normal Retirement Benefit: 26% of Compensation pro-rated for less than 25 Years of Service.
7. Early Retirement Benefit: The actuarial equivalent of the accrued benefit is available as of the Early Retirement Date.
8. Accrued Benefit: Projected benefit at Normal Retirement Date multiplied by a fraction equal to (a) years of service as of the date of determination, divided by (b) total years of service at Normal Retirement Date.
9. Standard Form of Retirement Benefit: Life Annuity. If the Participant is married the benefit must be converted to an actuarially equivalent Joint & Survivor Annuity, unless elected otherwise with spousal consent.
10. Disability Benefit: Upon retirement due to total and permanent disability, the actuarial equivalent of the Accrued Benefit is payable.
11. Death Benefits: Upon death prior to retirement, the actuarial present value of the Accrued Benefit is payable (in the form of a Pre-Retirement Survivor Annuity unless elected otherwise with Spousal Consent).
12. Termination of Employment: Upon termination of employment prior to retirement, death, or disability, the vested Accrued Benefit is payable at Normal Retirement Date.
13. Vesting: Vested in the accrued benefit based on years of service. 0% for less than 3 years, 20% after three years, increasing by 20% per year to 100% after 7 years. A year of vesting service is credited for each Plan Year in which an employee completes at least 1,000 hours of service.

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

EIN # 22-1474934, Plan #001

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Interest Rate	Maturity Date	Number of Shares or Face Value	Cost	Current Value
<u>U.S. Government Agency Securities</u>						
	FNR 1989-25 G	6.000%	06/25/2019	42	\$ 42	\$ 43
	FH 1047 H	6.000%	02/15/2021	191	213	201
	FN 9112 H	7.000%	02/25/2021	35	46	37
	FH 1068 E	7.000%	04/15/2021	74	80	79
	FH 1094 K	7.000%	06/15/2021	85	93	93
	FH 168 G	6.500%	07/15/2021	14	21	14
	FH 1286 A	6.000%	05/15/2022	58	63	61
	FN 9476 KA	7.000%	04/25/2024	209	202	230
					<u>\$ 760</u>	<u>\$ 758</u>
<u>Corporate Debt Securities</u>						
	JPMMT 2005-S3	5.750%	01/25/2036	1,760	\$ 1,789	\$ 1,476
	CWALT 2005-86CB	5.500%	02/25/2036	7,155	7,238	6,148
	CWALT 2006-32CB	6.000%	11/25/2036	4,647	4,734	4,025
					<u>\$ 13,761</u>	<u>\$ 11,649</u>
<u>Common Stocks</u>						
	Acadia Healthcare Company Inc.			30	\$ 1,056	\$ 993
	Accuray Inc.			527	3,257	2,424
	Acxiom Corp.			162	2,832	4,342
	Aerovironment, Inc.			122	3,169	3,273
	Agilent Technologies, Inc.			284	11,310	12,939
	Allergan Plc			79	15,205	16,591
	Allscripts Healthcare Sol Inc.			406	4,160	4,145
	Alphabet Inc.			21	9,992	16,642
	Alphabet Inc.			28	8,289	22,189
	Alphabet Inc.			58	24,344	44,766
	Amazon.Com Inc.			54	16,184	40,493
	Anadarko Petroleum Corp.			100	7,849	6,973
	Analog Devices, Inc.			219	12,396	15,904
	Analogic Corp.(New)			25	2,023	2,074
	Aon Plc			154	10,752	17,176
	Aon Plc			475	23,313	52,977
	Applied Materials Inc.			532	9,437	17,168
	Arris Intl Plc			246	3,523	7,412
	Atlantic Power Corp.			638	1,553	1,595
	Avery Dennison Corp.			72	2,201	5,056
	Avis Budget Group, Inc.			129	4,329	4,732
	Bank Of America Corp.			1,030	13,406	22,763
	Bank Of America Corp.			1,725	28,981	38,123
	Bankunited Inc.			110	2,895	4,146
	Berkshire Hathaway Inc. Class			102	13,510	16,624
	Berkshire Hathaway Inc. Class			500	48,435	81,489
	BP P.L.C. Sponsored Adr			425	14,747	15,887
	Brocade Communications Systems			95	324	1,187

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

EIN # 22-1474934, Plan #001

(a)	(b)	(c)		(d)	(e)
		Interest Rate	Maturity Date	Number of Shares or Face Value	Current Value
	Identity of Issue, Borrower, Lessor or Similar Party			Cost	
	<u>Common Stocks (continued)</u>				
	Calpine Corporation			1,465 \$	16,745 \$
	Capital One Financial Corp.			237	20,676
	CBS Corporation Cmn Class			258	16,414
	Ceva, Inc.			59	1,979
	Charles Riv Labs Intl Inc.			93	7,086
	Ciena Corp.			195	4,760
	Citigroup Inc.			379	22,524
	Citigroup Inc.			1,000	59,430
	Clean Harbors Inc.			75	4,174
	Cliffs Natural Resources Inc.			443	3,726
	Comcast Corp. Class A			251	17,332
	Comerica Inc.			72	4,904
	Communications Sales & Leasing Inc.			117	2,973
	Corelogic Inc.			166	6,114
	Covanta Holding Corp.			226	3,526
	Covisint Corp.			395	751
	Crocs, Inc.			190	1,303
	Crown Holdings Inc.			115	6,046
	Cypress Semiconductor Corp.			233	2,666
	Danaos Corp.			216	572
	Deckers Outdoors Corp.			37	2,049
	Dish Network Corp.			625	36,205
	DST System Inc.			34	3,643
	Dynegy Inc.			241	2,039
	Ecolab Inc.			325	38,097
	Exelon Corp.			398	14,125
	Express, Inc.			162	1,743
	Fidelity Natl Info Svcs Inc.			125	9,455
	Fireeye, Inc.			212	2,523
	First Data Corp.			1,360	19,298
	Flex Ltd.			1,140	16,382
	Fluidigm Corp.			150	1,092
	Formfactor Inc.			274	3,069
	General Electric Corp.			635	20,066
	Haemonetics Corp.			32	1,286
	Harsco Corp.			216	2,938
	Hewlett Packard Enterprise Corp.			823	19,044
	Huntington Bancshares Inc.			467	6,174
	II-VI Inc.			59	1,749
	ILG, Inc.			53	962
	Infinera Corp.			515	4,372
	Infrareit, Inc.			82	1,469
	International Paper Corp.			308	16,342
	Intersect Ent, Inc.			32	387
	Invesco Ltd.			63	15,140
	Ion Geophysical Corp.			33	198

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2016
EIN # 22-1474934, Plan #001

(a)	(b)	(c)		(d)	(e)	
	Identity of Issue, Borrower, Lessor or Similar Party	Interest Rate	Maturity Date	Number of Shares or Face Value	Cost	Current Value
Common Stocks (continued)						
	Itron Inc.			68	\$ 2,348	\$ 4,274
	ITT Inc.			59	1,273	2,276
	JPMorgan Chase Corp.			300	17,385	25,887
	KBR, Inc.			259	6,092	4,323
	Keysight Technologies, Inc.			62	13,878	16,895
	Keyw Holding Corp.			418	3,893	4,928
	Liberty Global, Plc.			207	5,688	4,382
	Liberty Global, Plc.			622	20,271	18,473
	Liberty Global, Plc. Cmn Class			1,300	31,321	38,610
	Luminex Corp.			105	2,023	2,124
	Macom Technology Solutions Inc.			89	2,894	4,119
	Manitowoc Co Inc.			269	1,177	1,609
	Marriott International, Inc.			405	26,069	33,485
	Marsh & McLennan Co Inc.			218	8,230	14,735
	Maxwell Technologies Inc.			247	1,785	1,265
	McDermott Intl.			193	1,378	1,426
	MellanoX Technologies, Ltd.			110	4,423	4,499
	Merck & Co., Inc.			348	19,999	20,487
	Mercury Systems Inc.			175	1,780	5,289
	Meritor Inc.			208	978	2,583
	Microsoft Corp.			248	10,657	15,411
	Microsoft Corp.			1,127	32,472	70,032
	Molina Healthcare, Inc.			70	3,688	3,798
	Mondelez International, Inc.			650	16,313	28,815
	Morgan Stanley Inc.			775	11,297	32,744
	Neustar Inc.			213	5,323	7,114
	New York & Company, Inc.			133	610	302
	Noble Energy Inc.			475	21,914	18,078
	NRG Energy, Inc.			183	4,187	2,243
	Nuance Communications, Inc.			382	5,897	5,692
	Occidental Petroleum Corp.			279	20,242	19,873
	Office Depot Inc.			422	1,168	1,906
	Oracle Corp.			513	20,315	19,725
	Oracle Corp.			1,741	56,555	66,941
	Ormat Technologies, Inc.			70	1,167	3,753
	Osi Systems Inc.			40	2,217	3,045
	Owens Corning Copr.			50	1,840	2,578
	Pepsico Inc.			297	19,458	31,075
	Perrigo Co Plc.			223	19,994	18,559
	Pfizer Inc.			507	15,443	16,467
	PSE&G Corp.			69	2,355	3,027
	Quantum Corporation Data & Storage Systems Inc.			794	1,236	661
	Rambus Inc.			452	3,573	6,224
	Restoration Hardware Hldgs Inc.			69	2,173	2,118
	Ryder System Inc.			54	2,656	4,020
	Seachange International Inc.			285	2,676	656

**STAR STAINLESS SCREW CO.
PENSION PLAN**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2016

EIN # 22-1474934, Plan #001

(a)	(b)	(c)			(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Interest Rate	Maturity Date	Number of Shares or Face Value	Cost	Current Value
<u>Common Stocks (continued)</u>						
	Select Comfort Corp.			93	\$ 1,683	\$ 2,104
	Silver Spring Networks, Inc.			218	1,898	2,902
	Sonus Networks Inc.			241	1,873	1,518
	Spirit Aerosystems Holdings Inc.			75	1,238	4,376
	TCF Financial Corp.			291	3,200	5,701
	Teledyne Technologies Inc.			28	1,245	3,444
	Tetra Technologies Inc.			394	3,550	1,978
	Texas Capital Bancshares, Inc.			58	1,346	4,547
	Textron Inc.			88	2,425	4,273
	Thermo Fisher Scientific Inc.			116	13,414	16,368
	Thermo Fisher Scientific Inc.			200	11,444	28,220
	Time Warner Inc.			145	7,984	13,997
	Tivo Corp.			305	5,705	6,375
	Total SA Sponsored Adr.			324	15,356	16,514
	Twenty-First Century Fox, Inc.			600	11,810	16,824
	Twenty-First Century Fox, Inc.			450	13,699	12,263
	Twin Disc Inc.			79	1,487	1,153
	Ultratech Inc.			270	5,711	6,475
	Unitedhealth Group Inc.			273	15,042	43,691
	Valmont Industries Inc.			17	2,077	2,395
	Veeco Instruments Inc.			147	3,957	4,285
	Verifone Systems Inc.			102	1,887	1,807
	Verint Systems Inc.			204	6,606	7,191
	Viavi Solutions, Inc.			244	1,534	1,996
	Vodafone Group Plc. Adr.			687	21,511	16,783
	W.R. Berkley Corp.			275	9,936	18,290
	Wal Mart Stores Inc.			224	15,430	15,483
	Walgreens Boots Alliance, Inc.			206	16,947	17,049
					<u>\$ 1,305,314</u>	<u>\$ 1,798,159</u>
<u>Mutual Funds</u>						
	DJ Wilshire REIT ETF			2,748	\$ 220,867	\$ 256,526
	GS High Yield Floating Rate Fund			174,242	1,750,000	1,697,118
	GS International Equity Insights Fund			37,424	421,167	398,936
	GS Strategic Income Fund			202,680	2,116,005	1,953,837
	GS Tactical Tilt Overlay Mutual Fund			40,464	424,743	397,356
	IShares MSCI Spain Capped ETF			6,932	250,197	183,767
	IShares Russell 2000 ETF			1,237	126,048	166,809
	Deutsche X-Trackers MSCI Eafe Equity ETF			12,294	375,000	344,970
	Spdr S&P 500 ETF Trust			2,884	486,750	644,661
	Technology Select Index SPDR			9,376	299,001	453,423
	The Financial Select Sector SPDR Fund			16,500	301,494	383,625
	Real Estate Select Sector SPDR Fund ETF			2,295	73,290	70,571
					<u>\$ 6,844,562</u>	<u>\$ 6,951,599</u>
<u>Cash Equivalents</u>						
	Goldman Sachs Bank Deposit Program			1,280,841	\$ 1,280,841	\$ 1,280,841
					<u>\$ 9,445,238</u>	<u>\$ 10,043,006</u>