

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1970</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>22-1474934</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>973-256-2300</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>332700</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1970</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>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>04/01/1970</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>											
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> <div style="display: flex; justify-content: space-between;"> <div><u>P.O. BOX 288</u> <u>TOTOWA, NJ 07512</u></div> <div><u>30 WEST END ROAD</u> <u>TOTOWA, NJ 07512</u></div> </div>											

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.	10/09/2018	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 450
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) 378
a(2) Total number of active participants at the end of the plan year	6a(2) 371
b Retired or separated participants receiving benefits	6b 4
c Other retired or separated participants entitled to future benefits	6c 70
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 445
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 446
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 15
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	12367488	
b Actuarial value	2b	12367488	
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	422107	422107
b For terminated vested participants	68	453098	453098
c For active participants	387	10741681	10865966
d Total	459	11616886	11741171
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	6.06 %	
6 Target normal cost	6	552112	

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.

<div>SIGN HERE</div>	<div>10/04/2018</div> <div>Date</div> <div>17-03613</div> <div>Most recent enrollment number</div> <div>908-575-7575</div> <div>Telephone number (including area code)</div>
<div>LAWRENCE J. ZELLER</div> <div>Type or print name of actuary</div> <div>PREFERRED PENSION PLANNING CORP.</div> <div>Firm name</div> <div>991 ROUTE 22 WEST BRIDGEWATER, NJ 08807-2956</div> <div>Address of the firm</div>	

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>6.03</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)		1064879
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>6.26</u> %		66661
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		1131540
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	105.33%
15 Adjusted funding target attainment percentage	15	105.33%
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	102.14%
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
11/17/2017	1000000	0			
Totals ▶			18(b)	1000000	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	949667

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ 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	552112	
b Excess assets, if applicable, but not greater than line 31a	31b	552112	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	949667	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	949667	
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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	23900	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:	HUNTER GROUP CPA LLC	b EIN:	22-1807874
c Position:	ACCOUNTANT		
d Address:	17-17 ROUTE 208 FAIR LAWN, NJ 07410	e Telephone:	201-261-4030

Explanation: HUNTER GROUP CPA LLC CEASED OPERATIONS ON 11/1/2017 AND MERGED INTO SAX LLP ON THAT DATE

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>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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	1351953	1520305
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1000000	0
(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)	1280841	5155701
(2) U.S. Government securities.....	1c(2)	758	584
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	11649	10066
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1798159	1632942
(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)	6951599	5730230
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	12402287 14057156
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	12402287 14057156

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1000000
	(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)	1000000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13686
	(B) U.S. Government securities	2b(1)(B)	753
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	-1148
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	13291
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	27267
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	165907
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	193174
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1534160
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1054042
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	480118
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-77584
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-77584

		(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)		550376
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2159375

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	480566	
(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)		480566
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)	23900	
(4) Other	2i(4)	40	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		23940
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		504506

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1654869
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: **SAX LLP**

(2) EIN: **81-2950760**

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			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4094952. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	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 0
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): 22-2120555		
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 8
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
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.	
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) 2017 v. 170203		

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

- 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): _____

**Star Stainless Screw Co.
Pension Plan**

Financial Statements

Years Ended December 31, 2017 and 2016

Star Stainless Screw Co. Pension Plan

Financial Statements

Years Ended December 31, 2017 and 2016

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Independent Auditor's Report

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 (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2017 and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2016, 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 audit. We conducted our audit 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 benefits as of December 31, 2017 and the changes therein for the year then ended and its financial status as of December 31, 2016 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Report on 2016 Financial Statements

The financial statements of the Plan, as of and for the year ended December 31, 2016, were audited by other auditors whose report, dated October 5, 2017, expressed an unmodified opinion on those statements.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets held at end of year as of December 31, 2017, 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 audit 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.

Sax LLP

Clifton, New Jersey
October 5, 2018

Star Stainless Screw Co. Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2017	2016
ASSETS		
Investments, at fair value		
U.S. Government agency securities	\$ 584	\$ 758
Corporate debt securities	10,066	11,649
Common stocks	1,632,942	1,798,159
Mutual funds and other	5,730,230	6,951,599
Cash equivalents	5,155,701	1,280,841
	<u>12,529,523</u>	<u>10,043,006</u>
Cash	<u>1,520,305</u>	<u>1,351,953</u>
Receivables		
Employer's contribution receivable	-	1,000,000
Accrued interest receivable	4,781	4,781
Prepaid federal withholding tax	2,547	2,547
	<u>7,328</u>	<u>1,007,328</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,057,156</u>	<u>\$ 12,402,287</u>

Star Stainless Screw Co. Pension Plan

Statements of Changes Net Assets Available for Benefits

	Years Ended December 31,	
	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (expense)		
Net appreciation in fair value of investments	\$ 952,910	\$ 376,141
Interest income	14,439	5,383
Dividend income	193,173	241,181
Other	(1,147)	(976)
	<u>1,159,375</u>	<u>621,729</u>
Less investment management fees	<u>23,900</u>	<u>19,504</u>
Net investment income	1,135,475	602,225
Employer contributions	<u>1,000,000</u>	<u>1,500,000</u>
Total additions	<u>2,135,475</u>	<u>2,102,225</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefit payments	480,566	416,767
Administrative expenses	40	309
Total deductions	<u>480,606</u>	<u>417,076</u>
Net increase in net assets available for benefits	1,654,869	1,685,149
NET ASSETS AVAILABLE FOR BENEFITS, <i>beginning of year</i>	<u>12,402,287</u>	<u>10,717,138</u>
NET ASSETS AVAILABLE FOR BENEFITS, <i>end of year</i>	<u>\$ 14,057,156</u>	<u>\$ 12,402,287</u>

See accompanying Notes to Financial Statements.

**Star Stainless Screw Co.
Pension Plan**

Statement of Accumulated Plan Benefits

Year Ended December 31, 2016

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits

Participants currently receiving payments

\$ 405,419

Other vested benefits

10,955,711

11,361,130

Nonvested benefits

126,849

**TOTAL ACTUARIAL PRESENT VALUE VALUE OF ACCUMULATED
PLAN BENEFITS**

\$ 11,487,979

**Star Stainless Screw Co.
Pension Plan**

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2016

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, <i>beginning of year</i>	<u>\$ 10,567,772</u>
Increase (decrease) during the year attributable to	
Benefits accumulated	617,987
Increase for interest due to the passage of time	632,644
Benefits paid	(418,635)
Actuarial assumptions and experience	<u>88,211</u>
Net increase	<u>920,207</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, <i>end of year</i>	<u><u>\$ 11,487,979</u></u>

Star Stainless Screw Co. Pension Plan

Notes to the Financial Statements

Years Ended December 31, 2017 and 2016

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 the Financial Statements

Years Ended December 31, 2017 and 2016

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 the Financial Statements

Years Ended December 31, 2017 and 2016

Note 2 - Summary of Significant Accounting Policies - Continued

e. Subsequent Events

Subsequent events have been evaluated through October 5, 2018, 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, 2016 and 2015 are as follows:

Interest rate	6.0%
Mortality	1994 Group Annuity Reserving Mortality Table projected to 2002
Retirement Age	Age 65
Actuarial Funding Method	Unit Credit Method

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2017 and 2016. Had the valuations been performed as of December 31, there would be no material differences.

Star Stainless Screw Co. Pension Plan

Notes to the Financial Statements

Years Ended December 31, 2017 and 2016

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, 2017 and 2016 comply with the minimum funding requirements of ERISA.

Note 3 - Investments

The following table presents the fair value of investments. During 2017 and 2016, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Description	2017		2016	
	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	\$ 952,910	\$ 12,529,523	\$ 376,141	\$ 10,043,006

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 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 ("FDIC") during the year.

Star Stainless Screw Co. Pension Plan

Notes to the Financial Statements

Years Ended December 31, 2017 and 2016

Note 4 - Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board ("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 had the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset 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, 2017 and 2016:

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 and are deemed to be traded on active markets.

Star Stainless Screw Co. Pension Plan

Notes to the Financial Statements

Years Ended December 31, 2017 and 2016

Note 4 - Fair Value Measurements - Continued

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.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and December 31, 2016 :

Security Type	2017			
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ -	\$ 5,155,701	\$ -	\$ 5,155,701
U.S. Government agency securities	584	-	-	584
Corporate debt securities	10,066	-	-	10,066
Common stocks	1,632,942	-	-	1,632,942
Mutual funds	5,730,230	-	-	5,730,230
Total	<u>\$ 7,373,822</u>	<u>\$ 5,155,701</u>	<u>\$ -</u>	<u>\$ 12,529,523</u>

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

Star Stainless Screw Co. Pension Plan

Notes to the Financial Statements

Years Ended December 31, 2017 and 2016

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.

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 2014.

Supplementary Information

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
EIN #22-1474934, Plan #001

(a)	(b)	(c)		(d)	(e)
		Interest Rate	Maturity Date	Number of Shares or Face Value	Current Value
	<u>U.S. Government Agency Securities</u>				
	FNR 1989-25 G	6.000%	06/25/2019	42 \$	19 \$ 20
	FH 1047 H	6.000%	02/15/2021	191	138 144
	FN 9112 H	7.000%	02/25/2021	35	28 23
	FH 1068 E	7.000%	04/15/2021	74	54 58
	FH 1094 K	7.000%	06/15/2021	85	62 65
	FH 168 G	6.500%	07/15/2021	14	6 5
	FH 1286 A	6.000%	05/15/2022	58	40 41
	FN 9476 KA	7.000%	04/25/2024	209	202 228
					549 584
	<u>Corporate Debt Securities</u>				
	JPMMT 2005-S3 1A5	5.750%	01/25/2036	1,760	1,482 1,244
	CWALT 2005-86CB A5	5.500%	02/25/2036	7,155	5,890 5,198
	CWALT 2006-32CB A9	6.000%	11/25/2036	4,647	4,050 3,624
					11,422 10,066
	<u>Common Stocks</u>				
	ACADIA HEALTHCARE COMPANY INC			77	2,866 2,513
	ACCURAY INCORPORATED			633	3,765 2,722
	ACTUANT CORP CMN CLASS			139	3,582 3,517
	ACXIOM CORP			204	3,917 5,622
	AEROVIRONMENT, INC.			73	1,907 4,100
	AIA GROUP LIMITED SPONSORED ADR CMN			404	12,415 13,778
	AIR LIQUIDE ADR ADR			494	11,481 12,463
	ALFA LAVAL AB UNSPONSORED ADR			169	3,809 4,000
	ALLIANZ SE ADR			472	10,099 10,854
	ALLSCRIPTS HEALTHCARE SOL INC			465	4,856 6,766
	ALPHABET INC. CMN CLASS			51	25,099 53,422
	AMAZON.COM INC			29	8,701 33,915
	ANADARKO PETROLEUM CORP			100	7,849 5,364
	ANALOGIC CORP (NEW)			33	2,638 2,764
	ANTERO RESOURCES CORPORATION			592	13,068 11,248
	AON PLC			256	15,366 34,304
	APPLIED MATERIALS INC			177	3,176 9,048
	ARRIS INTL PLC			242	3,477 6,217
	ASPEN PHARMACARE HOLDINGS LTD UNSPONSORED ADR			115	2,482 2,578

See Independent Auditor's Report.

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	ATLANTIC POWER CORPORATION			943 \$	2,315 \$ 2,216
	ATLAS COPCO AB SPONS ADR NEW REPSTG COM			115	4,271 4,975
	ATRICURE, INC.			106	1,986 1,933
	AVERY DENNISON CORPORATION			70	2,127 8,040
	AVIS BUDGET GROUP, INC.			142	4,075 6,231
	BABCOCK & WILCOX ENTERPRISES, CMN			433	1,705 2,459
	BAIDU, INC. SPONSORED ADR			53	10,571 12,413
	BANCO BILBAO VIZCAYA SA SPONSORED ADR CMN			1,042	9,336 8,857
	BANK OF AMERICA CORP			1,194	20,430 35,247
	BANKUNITED INC			98	2,609 3,991
	BAYER AG-SPONSORED ADR SPONSORED ADR			444	14,450 13,862
	BAYERISCHE MOTOREN WERKE AKTIE SPONSORED ADR			116	3,562 4,034
	BBA AVIATION PLC UNSPONSORED ADR			86	1,737 2,034
	BERKSHIRE HATHAWAY INC. CLASS			45	6,073 8,920
	BERKSHIRE HATHAWAY INC. CLASS			275	32,318 54,511
	BP P.L.C. SPONSORED ADR			198	6,750 8,322
	CANADIAN NATIONAL RAILWAY CO.			90	7,131 7,425
	CAPITAL ONE FINANCIAL CORP			123	9,247 12,248
	CBS CORPORATION CMN CLASS			154	8,846 9,086
	CEVA, INC.			59	876 2,723
	CHARLES RIV LABS INTL INC			81	3,105 8,865
	CHECK POINT SOFTWARE TECH. LTD ORDINARY			78	8,360 8,082
	CHUBB LTD			73	10,640 10,667
	CIENA CORPORATION			536	11,232 11,218
	CITIGROUP INC.			640	31,111 47,623
	CLEAN HARBORS INC			75	3,960 4,065
	CLEVELAND-CLIFFS INC			490	3,794 3,533
	COMERICA INCORPORATED			52	1,538 4,514
	CONDUENT INCORPORATED			110	1,679 1,778
	CORELOGIC INC			161	2,897 7,440
	COVANTA HOLDING CORP			217	3,268 3,667
	CROCS, INC.			190	2,081 2,402
	CROWN HOLDINGS INC			110	3,967 6,188
	CSL LIMITED SPONSORED ADR			67	3,465 3,702
	CYPRESS SEMICONDUCTOR CORPORAT			301	1,921 4,587
	DANAOS CORPORATION			216	827 313

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	DASSAULT SYSTEMES SPONSORED ADR			104 \$	11,063
	DBS GROUP HOLDINGS SPONSORED ADR			99	7,364
	DECKERS OUTDOORS CORP			71	5,698
	DELTA AIR LINES, INC.			163	9,128
	DIEBOLD NIXDORF INC CMN DIEBOLD NIXDORF			133	2,175
	DISH NETWORK CORPORATION CMN CLASS			475	22,681
	DST SYSTEM INC COMMON			66	4,097
	DYNEGY INC NEW DEL			274	3,247
	ECOLAB INC.			250	33,545
	ENVISION HEALTHCARE CORPORATION			79	2,730
	EXELON CORPORATION			198	7,803
	EXPRESS, INC.			324	3,289
	FANUC CORP UNSPONSORED ADR			438	10,521
	FIDELITY NATL INFO SVCS INC			63	9,409
	FIREEYE, INC.			324	4,601
	FIRST DATA CORPORATION CMN CLASS			702	11,730
	FLEX LTD.			603	10,848
	FLUIDIGM CORP			629	3,705
	FLUOR CORPORATION			179	9,245
	FORMFACTOR INC			62	1,831
	FREEPORT-MCMORAN INC			320	6,067
	FRESENIUS MEDICAL CARE AG & CO SPONSORED ADR			141	7,410
	FUCHS PETROLUB SE ADR			289	3,839
	GENERAL MOTORS COMPANY			500	20,495
	GRIFOLS S A ADR			144	3,300
	GRUPO FINANCIERO BANORTE, S.A. ADR			128	3,531
	HAEMONETICS CORP			61	3,543
	HAIR CELESTIAL GROUP INC			23	975
	HARSCO CORPORATION			178	3,320
	HDFC BANK LIMITED ADR			33	3,355
	HERTZ GLOBAL HOLDINGS, INC.			144	3,182
	HSBC HOLDINGS PLC SPONSORED ADR			85	4,389
	HUNTINGTON BANCSHARES INCORPOR			329	4,790
	ICICI BANK LIMITED SPONS			395	3,843
	II-VI INC			52	2,441

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	ILG, INC			53 \$	643 \$ 1,509
	IMPAX LABORATORIES, INC. CMN			194	2,468 3,230
	INFINEON TECHNOLOGIES AG ADR SPONSORED ADR			199	4,960 5,457
	INFINERA CORPORATION			515	4,697 3,260
	INFREAREIT, INC.			115	2,073 2,137
	INTEL CORPORATION			207	8,692 9,555
	INTERNATIONAL PAPER CO.			206	10,931 11,936
	INTERSECT ENT, INC.			96	1,180 3,110
	ION GEOPHYSICAL CORPORATION			33	2,132 652
	ITAU UNIBANCO BANCO HLDNG S.A SPONSORED ADR			414	4,841 5,382
	ITRON INC			57	1,910 3,887
	ITT INC.			74	1,886 3,949
	JGC CORP UNSPONSORED ADR			91	2,927 3,520
	JPMORGAN CHASE &			200	11,312 21,388
	KBR, INC.			250	5,839 4,958
	KEYSIGHT TECHNOLOGIES, INC.			213	6,425 8,861
	KEYW HOLDING CORP			524	4,968 3,076
	KUBOTA CORP ADR ADR			37	3,222 3,629
	LIBERTY GLOBAL PLC-LILAC GROUP CMN SERIES			82	2,721 1,631
	LIBERTY GLOBAL, PLC. CMN CLASS			1,250	30,316 42,300
	L'OREAL CO (ADR) ADR			162	6,852 7,196
	LUMINEX CORP DEL			152	2,982 2,994
	LVMH MOET HENNESSY LOUIS VUITTON S.A. ADR			83	4,299 4,892
	MACOM TECHNOLOGY SOLUTIONS			155	5,509 5,044
	MANITOWOC COMPANY, INC. (THE)			67	1,177 2,636
	MARRIOTT INTERNATIONAL, INC CMN CLASS			155	10,165 21,038
	MARSH & MCLENNAN CO INC			86	4,593 7,000
	MAXWELL TECHNOLOGIES INC.			247	1,785 1,423
	MCDERMOTT INTL			193	1,378 1,270
	MELLANOX TECHNOLOGIES, LTD.			110	4,423 7,117
	MERCK & CO., INC.			221	13,090 12,436
	MERCURY SYSTEMS INC			83	922 4,262
	MERITOR INC			79	371 1,853
	METLIFE, INC.			186	9,881 9,404
	MICRO FOCUS INTERNATIONAL PLC SPONSORED ADR			215	6,820 7,222
	MICRON TECHNOLOGY, INC.			191	7,851 7,854

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	MICROSOFT CORPORATION			557 \$	19,575 \$ 47,646
	MITEL NETWORKS, INC.			143	1,186 1,177
	MITSUBISHI ESTATE LTD ADR ADR			132	2,365 2,297
	MOLINA HEALTHCARE, INC.			46	2,306 3,527
	MONOTARO CO LTD ADR			87	2,463 2,780
	MORGAN STANLEY			150	2,186 7,871
	MSG NETWORKS INC			93	1,986 1,883
	NANOSTRING TECHNOLOGIES, INC.			140	1,745 1,046
	NASPERS LIMITED SPONSORED ADR			201	9,510 11,206
	NESTLE SA SPONSORED ADR (REP 1/20 CHF 10 REGD			132	11,400 11,351
	NEW YORK & COMPANY, INC.			133	610 380
	NOBLE ENERGY INC			225	9,641 6,557
	NRG ENERGY, INC.			165	3,744 4,699
	NUANCE COMMUNICATIONS, INC.			382	5,897 6,246
	OCCIDENTAL PETROLEUM CORP			153	10,052 11,271
	OFFICE DEPOT INC			522	1,489 1,848
	ORACLE CORPORATION			1,105	39,976 52,244
	ORMAT TECHNOLOGIES, INC.			70	1,167 4,477
	OSI SYSTEMS INC			44	2,517 2,833
	PARK24 CO., LTD. SPONSORED ADR			113	2,826 2,705
	PENTAIR PLC.			141	9,084 9,957
	PEPSICO, INC.			172	11,245 20,626
	PFIZER INC.			293	9,821 10,612
	PSE&G Corp.			72	2,476 3,415
	QUANTUM CORPORATION			99	1,236 557
	RAMBUS INC			438	3,498 6,228
	RIBBON COMMUNICATIONS INC			321	2,416 2,481
	ROCHE HOLDING AG ADR B SHS			296	9,398 9,359
	ROYAL DUTCH SHELL PLC SPONSORED ADR CMN SERIES			158	8,811 10,790
	RYDER SYSTEM INC			54	2,656 4,545
	SABRE CORPORATION			308	6,049 6,314
	SAP SE (SPON			103	10,793 11,573
	SASOL LTD SPONS ADR SPONSORED ADR			85	2,515 2,908
	SCHLUMBERGER LTD			78	5,304 5,257
	SEACHANGE INTERNATIONAL INC			285	2,676 1,120

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	SEAWORLD ENTERTAINMENT, INC.			196 \$	2,757 \$ 2,660
	SHIRE LIMITED SPONSORED ADR			37	6,205 5,739
	SONOVA HOLDING AG (THE) UNSPONSORED ADR			110	3,574 3,436
	SPIRIT AEROSYSTEMS HOLDINGS INC			75	1,238 6,544
	SYMRISE AG UNSPONSORED ADR			203	3,538 4,365
	SYSMEX CORPORATION ADR			166	4,680 6,535
	TAIWAN SEMICONDUCTOR MFG ADS LTD			311	11,194 12,331
	TCF FINANCIAL CORP			284	3,092 5,822
	TELEDYNE TECHNOLOGIES INC			27	1,200 4,891
	TENARIS SA SPONSORED ADR			66	2,123 2,103
	TETRA TECHNOLOGIES INC (DEL)			394	3,550 1,682
	TEXAS CAPITAL BANCSHARES, INC.			45	1,681 4,001
	TEXTRON INC.DEL.			84	2,312 4,754
	THE GOODYEAR TIRE & RUBBER CO.			253	8,683 8,174
	THERMO FISHER SCIENTIFIC INC			156	13,708 29,621
	TIVO CORP			312	5,842 4,867
	TOTAL SA SPONSORED ADR			208	10,436 11,498
	TREEHOUSE FOODS, INC.			43	3,293 2,127
	TRIPADVISOR, INC.			380	11,876 13,095
	TURKIYE GARANTI BANKASI AS GDS			1,007	3,011 2,847
	TWENTY-FIRST CENTURY FOX, INC. CMN CLASS			650	18,443 22,260
	TWIN DISC INCORPORATED			75	1,403 1,993
	UNDER ARMOUR, INC. CMN CLASS			153	1,708 2,038
	UNILEVER PLC (NEW) SPONSORED ADR			99	5,622 5,479
	UNISYS CORPORATION			179	1,938 1,459
	UNITEDHEALTH GROUP INCORPORATE			113	6,226 24,912
	UNITI GROUP INC.			149	3,543 2,651
	VALMONT INDUSTRIES INC			17	2,077 2,819
	VASCO DATA SEC INTL			113	1,540 1,571
	VEECO INSTRUMENTS INC			179	4,308 2,658
	VERIFONE SYSTEMS INC			206	3,700 3,648
	VERINT SYSTEMS INC			220	7,272 9,207
	VIAVI SOLUTIONS, INC.			284	1,881 2,482
	VODAFONE GROUP PLC ADR			314	8,739 10,017
	W.R. BERKLEY CORPORATION			125	4,516 8,956

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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
	WALMART INC			91	\$ 6,361	\$ 8,986
	WEIBO CORPORATION SPONSORED ADR			57	6,031	5,897
	WELLS FARGO & CO (NEW)			425	22,851	25,785
	WPP PLC ADR			40	4,052	3,622
					<u>1,218,474</u>	<u>1,632,942</u>
	<u>Mutual Funds</u>					
	ALERIAN MLP EXCHANGE TRADED FUND			36,934	399,995	398,518
	DJ WILSHIRE GLOBAL REAL ESTATE ETF			6,109	299,984	298,608
	DJ WILSHIRE REIT ETF CMN ETF			1,691	133,682	158,430
	GS HIGH YIELD FLOATING RATE FD INSTITUTIONAL SHARES			70,829	707,587	685,629
	GS INTERNATIONAL EQUITY INSIGHTS FUND I			38,032	429,419	517,238
	GS STRATEGIC INCOME FUND INSTITUTIONAL SHARES			46,583	476,397	442,076
	GS TACTICAL TILT OVERLAY MUTUAL FUND			30,638	321,060	300,561
	ISHARES MSCI SPAIN CAPPED ETF			3,929	141,220	128,753
	ISHARES TIPS BOND ETF			7,478	850,008	853,090
	DEUTSCHE X-TRACKERS MSCI EAFE EQUITY ETF			10,952	332,068	348,055
	SPDR S&P 500 ETF TRUST			2,341	395,733	624,719
	TECHNOLOGY SELECT INDEX 'SPDR'			4,699	149,851	300,501
	THE FINANCIAL SELECT SECTOR SPDR FUND			7,610	139,053	212,395
	VANGUARD FTSE EMERGING MKTS ETF			5,615	249,980	257,785
	WISDOMTREE EUR HDGD EQ FD CMN			3,200	199,584	203,872
					<u>5,225,621</u>	<u>5,730,230</u>
	<u>Cash Equivalents</u>					
	GOLDMAN SACHS BANK DEPOSIT PROGRAM			5,155,701	5,155,701	5,155,701
					<u>\$ 11,611,767</u>	<u>\$ 12,529,523</u>

STAR STAINLESS SCREW COMPANY PENSION PLAN

Schedule of Active Participant Data

Plan Year: 1/1/2017 to 12/31/2017

Valuation Date: 1/1/2017

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	8	2	0	0	0	0	0	0	0	10
25-29	0	17	8	5	0	0	0	0	0	0	30
30-34	0	8	3	10	2	0	0	0	0	0	23
35-39	0	9	10	14	3	5	0	0	0	0	41
40-44	0	5	6	9	9	8	1	0	0	0	38
45-49	0	5	5	12	8	10	7	0	0	0	47
50-54	0	7	5	6	7	7	13	13	1	0	59
55-59	0	4	4	12	5	13	7	10	9	2	66
60-64	0	2	6	3	5	5	7	4	6	3	41
65-69	0	4	3	2	1	0	2	0	4	5	21
70+	0	1	0	2	1	2	1	1	0	3	11
Total	0	70	52	75	41	50	38	28	20	13	387

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

Average Age: 48.3

Average Service: 17

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> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **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>2017</u>		
2	Assets:		
	a Market value.....	2a	12,367,488
	b Actuarial value	2b	12,367,488
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	4	422,107
	b For terminated vested participants	68	453,098
	c For active participants	387	10,741,681
	d Total	459	11,616,886
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	6.06%
6	Target normal cost	6	552,112

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>10/04/2018</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>6.03%</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).....		1,064,879
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>6.26%</u>		66,661
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		1,131,540
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	105.33%
15 Adjusted funding target attainment percentage.....	15	105.33%
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	102.14%
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
11/17/2017	1,000,000	0			
Totals ▶			18(b)	1,000,000	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	949,667

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:
4.16 %2nd segment:
5.72 %3rd segment:
6.48 %☐ 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**

552,112

b Excess assets, if applicable, but not greater than line 31a**31b**

552,112

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****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

949,667

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

949,667

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

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
EIN #22-1474934, Plan #001

(a)	(b)	(c)		(d)	(e)
		Interest Rate	Maturity Date	Number of Shares or Face Value	Current Value
	<u>U.S. Government Agency Securities</u>				
	FNR 1989-25 G	6.000%	06/25/2019	42 \$	19 \$ 20
	FH 1047 H	6.000%	02/15/2021	191	138 144
	FN 9112 H	7.000%	02/25/2021	35	28 23
	FH 1068 E	7.000%	04/15/2021	74	54 58
	FH 1094 K	7.000%	06/15/2021	85	62 65
	FH 168 G	6.500%	07/15/2021	14	6 5
	FH 1286 A	6.000%	05/15/2022	58	40 41
	FN 9476 KA	7.000%	04/25/2024	209	202 228
					549 584
	<u>Corporate Debt Securities</u>				
	JPMMT 2005-S3 1A5	5.750%	01/25/2036	1,760	1,482 1,244
	CWALT 2005-86CB A5	5.500%	02/25/2036	7,155	5,890 5,198
	CWALT 2006-32CB A9	6.000%	11/25/2036	4,647	4,050 3,624
					11,422 10,066
	<u>Common Stocks</u>				
	ACADIA HEALTHCARE COMPANY INC			77	2,866 2,513
	ACCURAY INCORPORATED			633	3,765 2,722
	ACTUANT CORP CMN CLASS			139	3,582 3,517
	ACXIOM CORP			204	3,917 5,622
	AEROVIRONMENT, INC.			73	1,907 4,100
	AIA GROUP LIMITED SPONSORED ADR CMN			404	12,415 13,778
	AIR LIQUIDE ADR ADR			494	11,481 12,463
	ALFA LAVAL AB UNSPONSORED ADR			169	3,809 4,000
	ALLIANZ SE ADR			472	10,099 10,854
	ALLSCRIPTS HEALTHCARE SOL INC			465	4,856 6,766
	ALPHABET INC. CMN CLASS			51	25,099 53,422
	AMAZON.COM INC			29	8,701 33,915
	ANADARKO PETROLEUM CORP			100	7,849 5,364
	ANALOGIC CORP (NEW)			33	2,638 2,764
	ANTERO RESOURCES CORPORATION			592	13,068 11,248
	AON PLC			256	15,366 34,304
	APPLIED MATERIALS INC			177	3,176 9,048
	ARRIS INTL PLC			242	3,477 6,217
	ASPEN PHARMACARE HOLDINGS LTD UNSPONSORED ADR			115	2,482 2,578

See Independent Auditor's Report.

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	ATLANTIC POWER CORPORATION			943 \$	\$ 2,216
	ATLAS COPCO AB SPONS ADR NEW REPSTG COM			115	4,975
	ATRICURE, INC.			106	1,933
	AVERY DENNISON CORPORATION			70	8,040
	AVIS BUDGET GROUP, INC.			142	6,231
	BABCOCK & WILCOX ENTERPRISES, CMN			433	2,459
	BAIDU, INC. SPONSORED ADR			53	10,571
	BANCO BILBAO VIZCAYA SA SPONSORED ADR CMN			1,042	9,336
	BANK OF AMERICA CORP			1,194	20,430
	BANKUNITED INC			98	2,609
	BAYER AG-SPONSORED ADR SPONSORED ADR			444	14,450
	BAYERISCHE MOTOREN WERKE AKTIE SPONSORED ADR			116	3,562
	BBA AVIATION PLC UNSPONSORED ADR			86	1,737
	BERKSHIRE HATHAWAY INC. CLASS			45	6,073
	BERKSHIRE HATHAWAY INC. CLASS			275	32,318
	BP P.L.C. SPONSORED ADR			198	6,750
	CANADIAN NATIONAL RAILWAY CO.			90	7,131
	CAPITAL ONE FINANCIAL CORP			123	9,247
	CBS CORPORATION CMN CLASS			154	8,846
	CEVA, INC.			59	876
	CHARLES RIV LABS INTL INC			81	3,105
	CHECK POINT SOFTWARE TECH. LTD ORDINARY			78	8,360
	CHUBB LTD			73	10,640
	CIENA CORPORATION			536	11,232
	CITIGROUP INC.			640	31,111
	CLEAN HARBORS INC			75	3,960
	CLEVELAND-CLIFFS INC			490	3,794
	COMERICA INCORPORATED			52	1,538
	CONDUENT INCORPORATED			110	1,679
	CORELOGIC INC			161	2,897
	COVANTA HOLDING CORP			217	3,268
	CROCS, INC.			190	2,081
	CROWN HOLDINGS INC			110	3,967
	CSL LIMITED SPONSORED ADR			67	3,465
	CYPRESS SEMICONDUCTOR CORPORAT			301	1,921
	DANAOS CORPORATION			216	827

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	DASSAULT SYSTEMES SPONSORED ADR			104 \$	11,063
	DBS GROUP HOLDINGS SPONSORED ADR			99	7,364
	DECKERS OUTDOORS CORP			71	5,698
	DELTA AIR LINES, INC.			163	9,128
	DIEBOLD NIXDORF INC CMN DIEBOLD NIXDORF			133	2,175
	DISH NETWORK CORPORATION CMN CLASS			475	22,681
	DST SYSTEM INC COMMON			66	4,097
	DYNEGY INC NEW DEL			274	3,247
	ECOLAB INC.			250	33,545
	ENVISION HEALTHCARE CORPORATION			79	2,730
	EXELON CORPORATION			198	7,803
	EXPRESS, INC.			324	3,289
	FANUC CORP UNSPONSORED ADR			438	10,521
	FIDELITY NATL INFO SVCS INC			63	9,409
	FIREEYE, INC.			324	4,601
	FIRST DATA CORPORATION CMN CLASS			702	11,730
	FLEX LTD.			603	10,848
	FLUIDIGM CORP			629	3,705
	FLUOR CORPORATION			179	9,245
	FORMFACTOR INC			62	1,831
	FREEPORT-MCMORAN INC			320	6,067
	FRESENIUS MEDICAL CARE AG & CO SPONSORED ADR			141	7,410
	FUCHS PETROLUB SE ADR			289	3,839
	GENERAL MOTORS COMPANY			500	20,495
	GRIFOLS S A ADR			144	3,300
	GRUPO FINANCIERO BANORTE, S.A. ADR			128	3,531
	HAEMONETICS CORP			61	3,543
	HAIR CELSTIAL GROUP INC			23	975
	HARSCO CORPORATION			178	3,320
	HDFC BANK LIMITED ADR			33	3,355
	HERTZ GLOBAL HOLDINGS, INC.			144	3,182
	HSBC HOLDINGS PLC SPONSORED ADR			85	4,389
	HUNTINGTON BANCSHARES INCORPOR			329	4,790
	ICICI BANK LIMITED SPONS			395	3,843
	II-VI INC			52	2,441

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	ILG, INC			53 \$	643 \$ 1,509
	IMPAX LABORATORIES, INC. CMN			194	2,468 3,230
	INFINEON TECHNOLOGIES AG ADR SPONSORED ADR			199	4,960 5,457
	INFINERA CORPORATION			515	4,697 3,260
	INFREAREIT, INC.			115	2,073 2,137
	INTEL CORPORATION			207	8,692 9,555
	INTERNATIONAL PAPER CO.			206	10,931 11,936
	INTERSECT ENT, INC.			96	1,180 3,110
	ION GEOPHYSICAL CORPORATION			33	2,132 652
	ITAU UNIBANCO BANCO HLDNG S.A SPONSORED ADR			414	4,841 5,382
	ITRON INC			57	1,910 3,887
	ITT INC.			74	1,886 3,949
	JGC CORP UNSPONSORED ADR			91	2,927 3,520
	JPMORGAN CHASE &			200	11,312 21,388
	KBR, INC.			250	5,839 4,958
	KEYSIGHT TECHNOLOGIES, INC.			213	6,425 8,861
	KEYW HOLDING CORP			524	4,968 3,076
	KUBOTA CORP ADR ADR			37	3,222 3,629
	LIBERTY GLOBAL PLC-LILAC GROUP CMN SERIES			82	2,721 1,631
	LIBERTY GLOBAL, PLC. CMN CLASS			1,250	30,316 42,300
	L'OREAL CO (ADR) ADR			162	6,852 7,196
	LUMINEX CORP DEL			152	2,982 2,994
	LVMH MOET HENNESSY LOUIS VUITTON S.A. ADR			83	4,299 4,892
	MACOM TECHNOLOGY SOLUTIONS			155	5,509 5,044
	MANITOWOC COMPANY, INC. (THE)			67	1,177 2,636
	MARRIOTT INTERNATIONAL, INC CMN CLASS			155	10,165 21,038
	MARSH & MCLENNAN CO INC			86	4,593 7,000
	MAXWELL TECHNOLOGIES INC.			247	1,785 1,423
	MCDERMOTT INTL			193	1,378 1,270
	MELLANOX TECHNOLOGIES, LTD.			110	4,423 7,117
	MERCK & CO., INC.			221	13,090 12,436
	MERCURY SYSTEMS INC			83	922 4,262
	MERITOR INC			79	371 1,853
	METLIFE, INC.			186	9,881 9,404
	MICRO FOCUS INTERNATIONAL PLC SPONSORED ADR			215	6,820 7,222
	MICRON TECHNOLOGY, INC.			191	7,851 7,854

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
	MICROSOFT CORPORATION			557 \$	19,575 \$ 47,646
	MITEL NETWORKS, INC.			143	1,186 1,177
	MITSUBISHI ESTATE LTD ADR ADR			132	2,365 2,297
	MOLINA HEALTHCARE, INC.			46	2,306 3,527
	MONOTARO CO LTD ADR			87	2,463 2,780
	MORGAN STANLEY			150	2,186 7,871
	MSG NETWORKS INC			93	1,986 1,883
	NANOSTRING TECHNOLOGIES, INC.			140	1,745 1,046
	NASPERS LIMITED SPONSORED ADR			201	9,510 11,206
	NESTLE SA SPONSORED ADR (REP 1/20 CHF 10 REGD			132	11,400 11,351
	NEW YORK & COMPANY, INC.			133	610 380
	NOBLE ENERGY INC			225	9,641 6,557
	NRG ENERGY, INC.			165	3,744 4,699
	NUANCE COMMUNICATIONS, INC.			382	5,897 6,246
	OCCIDENTAL PETROLEUM CORP			153	10,052 11,271
	OFFICE DEPOT INC			522	1,489 1,848
	ORACLE CORPORATION			1,105	39,976 52,244
	ORMAT TECHNOLOGIES, INC.			70	1,167 4,477
	OSI SYSTEMS INC			44	2,517 2,833
	PARK24 CO., LTD. SPONSORED ADR			113	2,826 2,705
	PENTAIR PLC.			141	9,084 9,957
	PEPSICO, INC.			172	11,245 20,626
	PFIZER INC.			293	9,821 10,612
	PSE&G Corp.			72	2,476 3,415
	QUANTUM CORPORATION			99	1,236 557
	RAMBUS INC			438	3,498 6,228
	RIBBON COMMUNICATIONS INC			321	2,416 2,481
	ROCHE HOLDING AG ADR B SHS			296	9,398 9,359
	ROYAL DUTCH SHELL PLC SPONSORED ADR CMN SERIES			158	8,811 10,790
	RYDER SYSTEM INC			54	2,656 4,545
	SABRE CORPORATION			308	6,049 6,314
	SAP SE (SPON			103	10,793 11,573
	SASOL LTD SPONS ADR SPONSORED ADR			85	2,515 2,908
	SCHLUMBERGER LTD			78	5,304 5,257
	SEACHANGE INTERNATIONAL INC			285	2,676 1,120

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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	Current Value
SEAWORLD ENTERTAINMENT, INC.				196 \$	2,757 \$ 2,660
SHIRE LIMITED SPONSORED ADR				37	6,205 5,739
SONOVA HOLDING AG (THE) UNSPONSORED ADR				110	3,574 3,436
SPIRIT AEROSYSTEMS HOLDINGS INC				75	1,238 6,544
SYMRISE AG UNSPONSORED ADR				203	3,538 4,365
SYSMEX CORPORATION ADR				166	4,680 6,535
TAIWAN SEMICONDUCTOR MFG ADS LTD				311	11,194 12,331
TCF FINANCIAL CORP				284	3,092 5,822
TELEDYNE TECHNOLOGIES INC				27	1,200 4,891
TENARIS SA SPONSORED ADR				66	2,123 2,103
TETRA TECHNOLOGIES INC (DEL)				394	3,550 1,682
TEXAS CAPITAL BANCSHARES, INC.				45	1,681 4,001
TEXTRON INC.DEL.				84	2,312 4,754
THE GOODYEAR TIRE & RUBBER CO.				253	8,683 8,174
THERMO FISHER SCIENTIFIC INC				156	13,708 29,621
TIVO CORP				312	5,842 4,867
TOTAL SA SPONSORED ADR				208	10,436 11,498
TREEHOUSE FOODS, INC.				43	3,293 2,127
TRIPADVISOR, INC.				380	11,876 13,095
TURKIYE GARANTI BANKASI AS GDS				1,007	3,011 2,847
TWENTY-FIRST CENTURY FOX, INC. CMN CLASS				650	18,443 22,260
TWIN DISC INCORPORATED				75	1,403 1,993
UNDER ARMOUR, INC. CMN CLASS				153	1,708 2,038
UNILEVER PLC (NEW) SPONSORED ADR				99	5,622 5,479
UNISYS CORPORATION				179	1,938 1,459
UNITEDHEALTH GROUP INCORPORATE				113	6,226 24,912
UNITI GROUP INC.				149	3,543 2,651
VALMONT INDUSTRIES INC				17	2,077 2,819
VASCO DATA SEC INTL				113	1,540 1,571
VEECO INSTRUMENTS INC				179	4,308 2,658
VERIFONE SYSTEMS INC				206	3,700 3,648
VERINT SYSTEMS INC				220	7,272 9,207
VIAVI SOLUTIONS, INC.				284	1,881 2,482
VODAFONE GROUP PLC ADR				314	8,739 10,017
W.R. BERKLEY CORPORATION				125	4,516 8,956

Star Stainless Screw Co. Pension Plan

Supplementary Information - Schedule H, Line 4i
Schedule of Assets Held at End of Year
December 31, 2017
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
	WALMART INC			91	\$ 6,361	\$ 8,986
	WEIBO CORPORATION SPONSORED ADR			57	6,031	5,897
	WELLS FARGO & CO (NEW)			425	22,851	25,785
	WPP PLC ADR			40	4,052	3,622
					<u>1,218,474</u>	<u>1,632,942</u>
	<u>Mutual Funds</u>					
	ALERIAN MLP EXCHANGE TRADED FUND			36,934	399,995	398,518
	DJ WILSHIRE GLOBAL REAL ESTATE ETF			6,109	299,984	298,608
	DJ WILSHIRE REIT ETF CMN ETF			1,691	133,682	158,430
	GS HIGH YIELD FLOATING RATE FD INSTITUTIONAL SHARES			70,829	707,587	685,629
	GS INTERNATIONAL EQUITY INSIGHTS FUND I			38,032	429,419	517,238
	GS STRATEGIC INCOME FUND INSTITUTIONAL SHARES			46,583	476,397	442,076
	GS TACTICAL TILT OVERLAY MUTUAL FUND			30,638	321,060	300,561
	ISHARES MSCI SPAIN CAPPED ETF			3,929	141,220	128,753
	ISHARES TIPS BOND ETF			7,478	850,008	853,090
	DEUTSCHE X-TRACKERS MSCI EAFE EQUITY ETF			10,952	332,068	348,055
	SPDR S&P 500 ETF TRUST			2,341	395,733	624,719
	TECHNOLOGY SELECT INDEX 'SPDR'			4,699	149,851	300,501
	THE FINANCIAL SELECT SECTOR SPDR FUND			7,610	139,053	212,395
	VANGUARD FTSE EMERGING MKTS ETF			5,615	249,980	257,785
	WISDOMTREE EUR HDGD EQ FD CMN			3,200	199,584	203,872
					<u>5,225,621</u>	<u>5,730,230</u>
	<u>Cash Equivalents</u>					
	GOLDMAN SACHS BANK DEPOSIT PROGRAM			5,155,701	5,155,701	5,155,701
					<u>\$ 11,611,767</u>	<u>\$ 12,529,523</u>