Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COORSTEK, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/31/1999

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)

COORSTEK, INC.

14143 DENVER WEST PARKWAY SUITE 400
GOLDEN, CO 80401

2b Employer Identification Number (EIN)
84-0178380

2c Plan Sponsor's telephone number
303-271-7000

2d Business code (see instructions)
327900

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.	10/12/2018	LESLIE CHAPMAN
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2275
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)**	489
a(2) Total number of active participants at the end of the plan year	**6a(2)**	456
b Retired or separated participants receiving benefits	**6b**	1102
c Other retired or separated participants entitled to future benefits	**6c**	471
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2029
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	167
f Total. Add lines **6d** and **6e**.	**6f**	2196
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**	0
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 1l

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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **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
COORSTEK, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COORSTEK, INC.

D Employer Identification Number (EIN)
84-0178380

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	147930065
b Actuarial value	**2b**	151843950

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	1306	84569043	84569043
b For terminated vested participants	487	16885178	16885178
c For active participants	489	24121908	24756485
d Total	2282	125576129	126210706

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.83 %
6 Target normal cost	**6**	334000

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

Signature of actuary

10/12/2018
Date

WARREN J KISH
Type or print name of actuary

17-06528
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

303-391-1200
Telephone number (including area code)

555 17TH STREET, SUITE 2050
DENVER, CO 80202
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	28138523
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	28138523
10	Interest on line 9 using prior year's actual return of 6.43 %	0	1809307
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 6.03%		0
	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		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	4648586
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	25299244

Part III Funding Percentages

14	Funding target attainment percentage	14	100.26%
15	Adjusted funding target attainment percentage	15	120.30%
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	100.29%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	334000
b Excess assets, if applicable, but not greater than line 31a	**31b**	334000

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**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
COORSTEK, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COORSTEK, INC.

D Employer Identification Number (EIN)
84-0178380

Part I Service Provider Information (see instructions)

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

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

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

SEI INVESTMENTS

06-1271230

(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?
21 51	NONE	665592	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
11	NONE	161146	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
COORSTEK, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COORSTEK, INC.

D Employer Identification Number (EIN)
84-0178380

Part I Asset and Liability Statement

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	297637	340656
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	147632428	149106134
(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	147930065	149446790
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	147930065	149446790

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(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)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(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)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		9193390
c Other income	2c		3752194
d Total income. Add all **income** amounts in column (b) and enter total	2d		12945584
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10418879	
(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)		10418879
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)		
(4) Other	2i(4)	1009980	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1009980
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11428859
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1516725
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: HOLBEN HAY LAKE BALZER CPAS LLC **(2)** EIN: 84-1474365

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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.)	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		15000000
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 4071797. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
COORSTEK, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COORSTEK, INC.

D Employer Identification Number (EIN)
84-0178380

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): 23-3060382

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** 43

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**

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): _____

---

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: 17.0 % Investment-Grade Debt: 83.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 0.0 %

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):

CoorsTek, Inc. Retirement Plan
Financial Statements
December 31, 2017 and 2016

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

HOLBEN · HAY · LAKE · BALZER
Certified Public Accountants LLC

INDEPENDENT AUDITORS' REPORT

The Retirement Committee
CoorsTek, Inc. Retirement Plan
Golden, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CoorsTek, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits and changes in accumulated plan benefits for the years ended December 31, 2017 and 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by SEI Private Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedules of Assets Held at Year End as of December 31, 2017, Reportable Transactions – Series of Transactions in Same Security Exceeds 5% of Value for the year ended December 31, 2017, and the Reportable Transactions – Single Transactions in Excess of 5% of Value for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974.

Emphasis of Matter – Changes in Actuarial Assumptions

During the year ended December 31, 2016, several actuarial assumptions were changed which resulted in a $2,952,622 decrease in the actuarial present value of accumulated plan benefits. First, the mortality assumption was changed to reflect the Society of Actuaries' MP-2016 improvement scale. Second, the lump sum conversion mortality assumption was updated to project mortality improvement to commencement. Third, the lump sum conversion rate was decreased by 0.30% to 4.10%. Lastly, the Plan's discount rate was increased by 0.20% to 6.80%. The changes in actuarial assumptions are outlined in Note C.

Emphasis of Matter – Adoption of New Accounting Principle

As discussed in Note B, the Plan has adopted ASU 2015-07, "*Fair Value Measurement (Topic 820): Disclosures for Investments that Calculate Net Asset Value per Share (or Its Equivalent)*" effective January 1, 2017. The effects of the adoption are outlined in Note B. Our opinion was not modified with respect to this matter.

Hallbert Hall Lake Bulger

Certified Public Accountants LLC
Denver, Colorado
October 11, 2018

CoorsTek, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	December 31, 2017	December 31, 2016
Assets		
Investments, at fair value (see notes E and F):		
Equity mutual funds	$ 22,969,931	$ 24,659,341
Fixed income mutual funds	101,305,254	99,816,598
U.S. government agencies	24,830,949	23,156,489
Total investments	149,106,134	147,632,428
Accrued interest and dividends	340,656	297,637
Net assets available for benefits	$ 149,446,790	$ 147,930,065

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

CoorsTek, Inc. Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2017 and 2016

	Year Ended December 31, 2017	Year Ended December 31, 2016
Investment Income:		
Net realized gains from sale of investments classified as Level 2 investments	$ 2,403,676	$ 2,936,514
Net unrealized gain classified as Level 2 investments	6,789,713	2,837,290
Interest and dividend income	3,959,358	4,253,313
	13,152,747	10,027,117
Less investment expenses	(207,163)	(218,080)
Total investment income	12,945,584	9,809,037
Contribution from employer	-	-
Total additions	12,945,584	9,809,037
Benefits paid directly to participants	10,427,500	9,778,160
Administrative expenses	1,001,359	872,014
Total deductions	11,428,859	10,650,174
Net increase (decrease) in net assets available for benefits	1,516,725	(841,137)
Net assets available for benefits: Beginning of year	147,930,065	148,771,202
End of year	$ 149,446,790	$ 147,930,065

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

CoorsTek, Inc. Retirement Plan
Statements of Accumulated Plan Benefits
Years Ended December 31, 2017 and 2016

	December 31, 2017	December 31, 2016
Actuarial present value of accumulated plan benefits (see note C):		
Vested benefits:		
Participants currently receiving payments	$ 78,544,268	$ 81,007,459
Other participants	41,102,454	40,886,397
	119,646,722	121,893,856
Nonvested benefits	478,450	551,480
Total actuarial present value of accumulated plan benefits	$ 120,125,172	$ 122,445,336

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

CoorsTek, Inc. Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Years Ended December 31, 2017 and 2016

A reconciliation of the change in the actuarial present value of accumulated plan benefits from January 1, 2017 to December 31, 2017, and from January 1, 2016 to December 31, 2016 as determined by the Plan's actuary is provided below:

	2017	2016
Actuarial present value of accumulated plan benefits at beginning of year	$ 122,445,336	$ 126,664,904
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	430,505	(2,952,622)
Actuarial gains and losses	(303,831)	474,010
Decrease in the discount period	7,972,041	8,037,204
Benefits paid	(10,418,879)	(9,778,160)
Net decrease	(2,320,164)	(4,219,568)
Actuarial present value of accumulated plan benefits at end of year	$ 120,125,172	$ 122,445,336

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

CoorsTek, Inc. Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Years Ended December 31, 2017 and 2016

A. Description of Plan:

The following description of the CoorsTek, Inc. Retirement Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering the employees described below. The Plan sponsor is CoorsTek, Inc. and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Retirement Committee., which is a committee comprised of the Chief Financial Officer of CoorsTek, Inc., the Vice President of Finance and Treasurer of CoorsTek, Inc., the Director of Shared Services of CoorsTek, Inc. and the Vice President of Accounting and Finance of CoorsTek, LLC. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Trustees.

ACX Technologies, Inc. (ACX) established the ACX Technologies, Inc. Retirement Plan, previously known as the Graphic Packaging Retirement Plan, and the related Trust Agreement (the Graphic Packaging Retirement Trust), effective December 28, 1992, for its eligible employees and the employees of its subsidiaries who adopted the Graphic Packaging Retirement Plan. CoorsTek, Inc. was a participating employer in the Graphic Packaging Retirement Plan. Effective as of August 31, 1999, the Board of Directors of ACX spun off the assets and liabilities of the Graphic Packaging Retirement Plan attributable to employees, terminated vested employees, and retirees of CoorsTek, Inc. into the Coors Ceramics Company Retirement Plan. ACX transferred sponsorship of the Coors Ceramics Retirement Plan to CoorsTek, Inc. effective as of September 1, 1999, and the plan was renamed the CoorsTek, Inc. Retirement Plan (the Plan). Effective August 2, 1999, the Plan assets were transferred into a trust sponsored by CoorsTek, Inc. CoorsTek, Inc. was spun off from ACX on December 31, 1999.

Assets allocable to CoorsTek, Inc. employees' accumulated benefits were determined by the Plan's actuary based upon a percentage of the Graphic Packaging Retirement Trust's total asset value on December 31, 1999. Prior to the transfer of the allocable assets to the Plan's trust on January 18, 2001, they depreciated approximately $1.1 million.

In May 2001, the Plan was modified whereby the benefits to be received by participants were frozen as of December 31, 2001. However, service after this date continues to count toward vesting and for determining eligibility to receive benefits. In addition, participants who were age 50 or over and had 10 years of benefit service by December 31, 2001 received an enhanced benefit effective June 30, 2001 by adding 5 years of age and 5 years of service ("5+5 enhanced benefit") to each participant's earned benefit.

On March 18, 2003, CoorsTek merged with Keystone Acquisition Corp. and became a wholly owned subsidiary of Keystone Holdings LLC. As a result, CoorsTek is no longer a public company.

On March 27, 2003, the Plan was amended. The definition of compensation for purposes of §415 testing and restrictions on distributions to certain participants in the event of Plan termination were changed. The effective date of the amendment was August 31, 1999.

Effective January 1, 2007, the provisions of the Plan related to late retirement benefits and suspensions of benefits were amended.

On March 19, 2009, the Plan was amended. The definition of compensation for purposes of §415 testing was changed, a Qualified Joint and 75% Survivor Annuity distribution option was added and minimum distribution provisions were amended. The effective date of the amendment was January 1, 2008.

A. Description of Plan (Continued):

On December 17, 2012, the Plan was amended. The amendment updated the Plan's funding based limitations on pension payments and benefit accruals as required by Code Section 436 of the Internal Revenue Code. The effective date of the amendment was for any Plan years beginning after December 31, 2007.

On December 21, 2012, the Plan was amended to allow for immediate lump sum or annuity distribution options for employees terminated after January 1, 2013. Participants can elect an immediate lump sum or annuity distribution option for the first 90 days after receipt of their legally-required notice relating to their Plan distribution.

Effective April 1, 2013, the Plan was amended to offer eligible vested participants the opportunity to elect to receive their benefits in the form of a lump sum distribution. If elected, lump sums were paid as of July 1, 2013. Eligible vested participants had to make an election to receive a lump sum distribution during the period from April 8, 2013 to May 24, 2013. Eligible participants were those whose severance date was before January 1, 2013, who had not commenced their benefits prior to July 1, 2013, did not terminate employment due to disability, and are under age 65 as of July 1, 2013. Additionally, the lump sum option is now offered at termination to participants after April 1, 2013. A lump sum must be elected within 90 days following notice from the Plan administrator of the available distribution options.

The Plan has implemented the provisions of the Pension Protection Act of 2006. The Plan has also been amended to comply with applicable provisions of the Emergency Economic Stabilization Act of 2008, the Pension Relief Act of 2010, the HEROES Act of 2008, and the Worker, Retiree, and Employer Recovery Act of 2008. A new determination letter was received on November 7, 2016 in accordance with applicable regulations.

Participants should request the Plan document from the Plan administrator for more specific information regarding plan amendments.

The trustee of the Plan is SEI Private Trust Company (the Trustee).

Eligibility

All employees who completed at least 1,000 hours of employment within a 12 consecutive month period prior to January 1, 2002 were automatic participants in the Plan. Additionally, certain part-time employees as defined in the Plan were eligible. Employment prior to the spin off of CoorsTek, Inc. from ACX or its subsidiaries qualified toward eligibility.

Funding Policy

The Plan's funding policy is for the Company to contribute at least the minimum required by the Internal Revenue Code and not more than the maximum tax deductible amount. During 2017 and 2016, the Company did not make any contributions. The Company's contributions for 2017 and 2016 met or exceeded the minimum funding requirements of ERISA.

There are no employee contributions to the Plan.

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.

A. **Description of Plan (Continued):**

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2017 AFTAP for the Plan was 116.93%. The 2016 AFTAP for the Plan was 120.30%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Pension Benefits, Including Death and Disability Benefits

Eligible employees are entitled to normal retirement benefits beginning at the earlier of age 65 or when their age and years of vesting service total 90, but not before the age of 60. Retirement benefits are based upon years of service and average compensation as defined in the Plan. The benefit payable is calculated based on the highest 36 months of compensation in the last 120 months. The Plan permits early retirement benefits for qualified participants. For early retirement, the benefit payable monthly is reduced by .58333% for each month that benefits commencement precedes age 60 and .25% for each month by which participant's 60th birthday precedes the earlier of the participant's 65th birthday or the date for which the participant would have satisfied the Rule of 90. Vesting is based upon hours of service as defined in the Plan. A participant who terminates employment with fewer than 10 years of service is not eligible for early retirement benefits.

The maximum annual benefit for any participant may not exceed the lesser of: (a) $215,000 for 2017 or (b) 100% of the participant's average annual compensation (not exceeding $270,000 for 2017) for the participant's three consecutive calendar years of highest compensation.

Employees may elect to receive the value of their accumulated plan benefits (normal, early or postponed) as qualified joint and survivor annuities (50%, 66 2/3%, 75% or 100%), single life annuities, ten-year certain and life option annuity, level income payments or as a lump sum if elected timely. Annuity payments are payable monthly at the beginning of the month. Effective January 1, 2013, employees may also elect to receive the value of their accumulated plan benefits in immediate lump sum or annuity distribution options.

If an active employee dies while employed and while otherwise eligible for deferred, vested, early, normal or postponed retirement benefits, with a surviving spouse, the death benefits equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally and permanently disabled on or after completing one year of vesting service receive annual disability benefits equivalent to the monthly pension benefit payable at age 65, based upon average monthly compensation at the date of disability and benefit service assuming accrual of benefit service without interruption to the earlier of December 31, 2001 and age 65.

B. **Summary of Accounting Policies:**

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

B. Summary of Accounting Policies (Continued):

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. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note F for 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 investment bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or CoorsTek, Inc., as provided by the Plan document. Expenses that are paid directly by CoorsTek, Inc. are excluded from these financial statements. Certain expenses incurred in conjunction with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are presented as a reduction to the net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Adoption of New Accounting Principle

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

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

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

The Plan adopted ASU 2015-07, "*Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*" effective January 1, 2017. The ASU promulgated that investments for which fair value is measured at net asset value per share (or its equivalent) using the practical expedient should not be categorized in the fair value hierarchy. Investments that calculate net asset value per share (or its equivalent) but for which the practical expedient is not applied will continue to be included in the fair value hierarchy. The effect of the adoption was to amend the disclosures included in Note F to remove the investments for which fair value was measured at net asset value (or its equivalent) from the fair value hierarchy. There was no material impact on the Plan's net assets available for benefits or the changes in net assets available for benefits for 2017 or 2016 as a result of the adoption of the new standard.

B. **Summary of Accounting Policies (Continued):**

New Accounting Pronouncements

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

In July of 2018, the FASB issued ASU 2018-09, "*Codification Improvements*". Included in the improvements was guidance related to disclosures of stable value common collective trust funds. The improvements are effective for fiscal years beginning after December 15, 2019 with early adoption permitted. The Plan is currently reviewing the effect of this standard on its financial reporting and will determine an implementation strategy.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2018, the date the financial statements were available to be issued.

C. **Actuarial Present Value of Accumulated Plan Benefits:**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to employees for services that have previously been 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. Benefits under the Plan are based on employees' highest 36 months of compensation in the last 120 months of credited service. The accumulated plan benefits for active employees are based on their highest 36 months of compensation in the last 120 months ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated Plan benefits is determined by an independent actuary from TowersWatson 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 valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of accumulated Plan benefits as of December 31, 2017 and 2016 are presented in the following table:

Discount rate for benefit obligations	6.80% for 2017 and 6.80% for 2016
Anticipated administrative expenses associated with providing benefits	$549,000 for 2017 and $334,000 for 2016
Investment return	6.80% for 2017 and 6.80% for 2016 compounded annually.
Retirement age	Participants will retire upon becoming eligible for normal retirement

C. **Actuarial Present Value of Accumulated Plan Benefits (Continued):**

Mortality rate	Active participants and nondisabled pensioners: For 2017, the RP-2017 Sex-Distinct Mortality Tables with Generational Projections Using Scale MP-2017 was used. For 2016, the RP-2016 Sex-Distinct Mortality Tables with Generational Projections Using Scale MP-2016 was used. Disabled pensioners: For 2017, the RP-2017 Sex-Distinct Mortality Tables with Generational Projections Using Scale MP-2017 was used. For 2016, the RP-2016 Sex-Distinct Mortality Tables with Generational Projections Using Scale MP-2016 was used.
Termination rate	Graduated rates.
Disability rate	Graduated rates.
Compensation increases	Not Applicable. Plan frozen.
Actuarial value of assets	Market value of assets.

The foregoing actuarial assumptions as of December 31, 2017 and 2016 are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

D. **Plan Termination:**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

A. Benefits attributable to employee contributions, taking into account those paid out before termination.
B. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
C. Other vested benefits insured by the Pension Benefit Guarantee Corporation (PBGC) (a U.S. government agency) up the applicable limitations.
D. All other vested benefits (that is, vested benefits not insured by the PBGC).
E. All nonvested benefits.

Benefits to be provided by the allocations required by ERISA §4044 shall be fully vested and nonforfeitable.

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. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2017 that ceiling is $5,369 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger

D. Plan Termination (Continued):

annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

E. Investments – Unaudited:

For the years ended December 31, 2017 and 2016, the Plan has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the trustee at December 31 and was not subjected to any auditing procedures.

	2017	2016
Investments and cash equivalents	$ 149,106,134	$ 147,632,428
Investment income	13,152,747	10,027,117

Activity in the Plan's investments, including cash and cash equivalents, was as follows:

	Year Ended December 31,	
	2017	2016
Balance, beginning of year	$ 147,632,428	$ 148,482,719
Additions:		
Contributions from employer	-	-
Dividends and interest reinvested, net	3,709,176	4,026,079
Net appreciation in fair value of investments	6,789,713	2,837,290
Proceeds from sales of investments	68,266,334	40,970,763
Reductions:		
Benefits paid directly to participants	(10,427,500)	(9,778,160)
Administrative expenses	(1,001,359)	(872,014)
Cost of investments sold	(65,862,658)	(38,034,249)
Balance, end of year	$ 149,106,134	$ 147,632,428

F. Fair Value Measurements:

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

F. Fair Value Measurements (Continued):

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Equity mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Fixed income mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

U.S government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Money market funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

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

	Assets at Fair Value as of December 31, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
*Mutual funds**:				
Equity mutual funds	$ -	$ 22,969,931	$ -	$ 22,969,931
Fixed income mutual funds	-	101,305,254	-	101,305,254
U.S. government agencies	-	24,830,949	-	24,830,949
Total assets at fair value	$ -	$149,106,134	$ -	$149,106,134

	Assets at Fair Value as of December 31, 2016			
	(Level 1)	(Level 2)	(Level 3)	Total
*Mutual funds**:				
Equity mutual funds	$ -	$ 24,659,341	$ -	$ 24,659,341
Fixed income mutual funds	-	99,816,598	-	99,816,598
U.S. government agencies	-	23,156,489	-	23,156,489
Total assets at fair value	$ -	$147,632,428	$ -	$147,632,428

* Qualified investments under the Investment Act of 1940

G. Risks and Uncertainties:

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significant of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2017 and 2016, there were no significant transfers in or out of levels 1, 2 or 3.

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

H. Tax Status:

The Plan obtained its latest determination letter on November 7, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the United States federal jurisdiction. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

I. Related-Party and Party in Interest Transactions:

Certain plan investments are interests in mutual funds managed by SEI Private Trust Company (SEI). SEI is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are presented as a reduction to investment income, as they are paid through revenue sharing, rather than a direct payment. Fees paid directly by the Plan totaled $665,592 and $596,563 for the years ended December 31, 2017 and 2016, respectively. The Plan sponsor pays directly any other fees related to the Plan's operations.

J. Reconciliation of Financial Statements to Form 5500:

There were no differences in the reported net assets available for pension benefits per the financial statements to the Form 5500 for either of the years ended December 31, 2017 or 2016. There were no differences in the

J. Reconciliation of Financial Statements to Form 5500 (Continued):

reported changes in net assets per the financial statements to the Form 5500 for either of the years ended December 31, 2017 or 2016.

Amounts currently receivable from the employer are recorded on the Form 5500 for contributions made by the employer prior to September 15, but for which a commitment from the employer did not exist prior to December 31.

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. At December 31, 2017 and 2016, there were no benefit claims that had been processed and approved for payments that were not paid prior to year-end.

K. Administrative Expenses:

Administrative expenses paid by the Plan for the years ended December 31 were as follows:

	2017	2016
Investment management fees	$ 590,925	$ 519,759
Trustee fees	74,667	76,804
Actuarial fees	161,146	127,227
Insurance premiums	174,621	148,224
	$ 1,001,359	$ 872,014

CoorsTek, Inc. Retirement Plan
EIN #84-0178380 Plan #001
Schedule H, line 4i- Schedule of Assets Held at End of Year **
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	SEI	**Equity Mutual Funds**		
		Global Managed Volatility Fund – 1,239,646.005 shares	$ 13,831,859	$ 15,049,303
		U.S. Managed Volatility Fund – 543,625.814 shares	7,976,478	7,920,628
		Total equity mutual funds	21,808,337	22,969,931
		Fixed Income Mutual Funds		
*	SEI	Intermediate Duration Credit Fund – 6,167,374.876 shares	61,437,508	62,290,486
*	SEI	Long Duration Credit Fund – 3,666,801.502 shares	37,373,747	39,014,768
		Total fixed income mutual funds	98,811,255	101,305,254
		U.S. Government Agencies		
	U.S. Treasury Strips	Zero coupon, maturing 2/15/24	2,508,967	2,546,657
	U.S. Treasury Strips	Zero coupon, maturing 2/15/27	8,432,174	8,631,048
	U.S. Treasury Strips	Zero coupon, maturing 5/15/32	3,997,741	4,204,751
	U.S. Treasury Strips	Zero coupon, maturing 8/15/32	4,283,342	4,508,679
	U.S. Treasury Strips	Zero coupon, maturing 5/15/37	1,495,494	1,615,846
	U.S. Treasury Strips	Zero coupon, maturing 11/15/46	2,956,221	3,323,968
		Total U.S. government agencies	23,673,939	24,830,949
			$ 144,293,531	$ 149,106,134

* SEI is a party-in-interest because it is the Plan's trustee.
** The information in this schedule has been certified as to its completeness and accuracy by the SEI Private Trust Company.

CoorsTek, Inc. Retirement Plan
EIN #84-0178380 Plan #001
Schedule H, line 4j - Schedule of Reportable Transactions **
Series of Transactions in Same Security Exceeds 5% of Value
For the year ended December 31, 2017

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current value of Asset on Transaction Date	(i) Net Gain (Loss)
*SEI	SEI Global Managed Volatility Fund (SGMAX)						
	Purchases/Reinvested Dividends (22 transactions)	$ 4,553,715	$ -	$ -	$ 4,553,715	$ 4,553,715	$ -
	Sales (66 transactions)	$ -	$ 7,441,495	$ -	$ 7,040,770	$ 7,441,495	$ 400,724
*SEI	SEI Intermediate Duration Credit Fund (SIDCX)						
	Purchases/Reinvested Dividends (13 transactions)	$ 18,309,357	$ -	$ -	$ 18,309,357	$ 18,309,357	$ -
*SEI	SEI Long Duration Credit Fund (SLDAX)						
	Reinvested Dividends (13 transactions)	$ 1,987,124	$ -	$ -	$ 1,987,124	$ 1,987,124	$ -
	Sales (1 transaction)	$ -	$ 22,866,756	$ -	$ 23,265,462	$ 22,866,756	$ (398,706)
U.S. Treasury Strips	Zero Coupon, Maturing 2/15/27						
	Purchases (1 transaction)	$ 8,432,174	$ -	$ -	$ 8,432,174	$ 8,432,174	$ -
*SEI	SEI Global Managed Volatility Fund (SGMAX)						
	Purchases/Reinvested Dividends (22 transactions)	$ 4,553,715	$ -	$ -	$ 4,553,715	$ 4,553,715	$ -
	Sales (66 transactions)	$ -	$ 7,441,495	$ -	$ 7,040,770	$ 7,441,495	$ 400,724

* SEI is a party-in-interest because it is the Plan's trustee.

** The information in this schedule has been certified as to its completeness and accuracy by the SEI Private Trust Company.

CoorsTek, Inc. Retirement Plan
EIN #84-0178380 Plan #001
Schedule H, line 4j - Schedule of Reportable Transactions **
Single Transaction in Same Security Exceeds 5% of Value
For the year ended December 31, 2017

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current value of Asset on Transaction Date	(i) Net Gain (Loss)
*SEI	SEI Intermediate Duration Credit Fund (SIDCX) Purchase (1 transaction)	$ 16,775,734	$ -	$ -	$ 16,775,734	$ 16,775,734	$ -
*SEI	SEI Long Duration Credit Fund (SLDAX) Sale (1 transaction)	$ -	$ 22,866,756	$ -	$ 23,265,462	$ 22,866,756	$ (398,706)

* SEI is a party-in-interest because it is the Plan's trustee.

** The information in this schedule has been certified as to its completeness and accuracy by the SEI Private Trust Company.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 26
Schedule of Active Participant Data for Frozen Plans as of January 1, 2017

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		0		0		15		2		0		0		0		0	
40 - 44	0		0		0		0		18		21		1		0		0		0	
45 - 49	0		0		0		0		33		33		27		0		0		0	
50 - 54	0		0		0		0		23		23		35		17		3		0	
55 - 59	0		0		0		0		31		23		27		12		36		4	
60 - 64	0		0		0		0		11		14		13		9		18		15	
65 - 69	0		0		0		0		3		5		4		2		4		2	
70 & Over	0		0		0		0		1		1		1		0		0		2	
Total	0		0		0		0		135		122		108		40		61		23	

Plan Name: CoorsTek, Inc. Retirement Plan
EIN / PN: 84-0178380 / 001
Plan Sponsor: CoorsTek, Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Economic Assumptions

Interest rate basis

■ Applicable month	September
■ Interest rate basis	Segment Rates

Interest rates	**Reflecting Corridors**	**Not Reflecting Corridors**
■ First segment rate	4.16%	1.52%
■ Second segment rate	5.72%	3.80%
■ Third segment rate	6.48%	4.79%
■ Effective interest rate	5.83%	4.02%

Annual rates of increase

■ Compensation:	N/A
■ Future Social Security wage bases	N/A
■ Statutory limits on compensation	N/A

Plan-related expenses	$334,000

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Mortality

- Healthy — Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2024 using Scale AA.
- Disabled — Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination — Rates varying by age.

Representative Termination Rates

Percentage leaving during the year	
Attained Age	
20	12.00%
25	10.25%
30	8.50%
35	7.00%
40	5.75%
45	5.00%
50	4.50%
55 and over	0.00%

Disability — The rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the year	
Age	
20	0.07%
25	0.08%
30	0.08%
35	0.10%
40	0.12%
45	0.16%
50	0.24%
55	0.40%
60	0.84%

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Retirement

Rates varying by age, average age 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	
55 - 58	4.00%
59 - 64	15.00%
65 - 69	30.00%
70 and over	100.00%

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55 and 10 years of service, or age 65
- Deferred vested benefit: The later of age 55 and 10 years of service, or age 65 or termination of employment
- Disability benefit: Upon disablement
- Retirement benefit: Upon termination of employment

Form of payment

50% of all participants are assumed to elect a lump sum; remaining single participants elect a life annuity and remaining married participants elect a reduced 50% joint and survivor annuity.

Percent married

85% of all participants. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Spouse age

Wife three years younger than husband.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Covered pay	N/A
At-risk assumptions	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.60% in the prior year, and 6.60% in the second prior year (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to $1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

CoorsTek, Inc. furnished participant data as of January 1, 2017. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Lump sum conversion rate

As required by IRC §430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust), rounded up to the next $1,000.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Assumed return for asset smoothing	The assumed return of 6.80% used for asset smoothing is the expected return on assets assumption chosen by the client for the 2017 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2015, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Disability	Disability rates were based on a published table for pension participants due to the lack of credible disability experience for plan participants.
Retirement	Retirement rates were based on an experience study conducted in 2015, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement date for deferred benefits:	
■ Preretirement death benefit	Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

	value, and experience indicates that most spouses do take the benefit as soon as it is available.
■ Deferred vested benefit	Deferred vested participants are assumed to take lump sum benefits immediately upon termination and to begin annuity benefits at normal retirement age (or current age if later). Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience in 2013.
Percent married	The assumed percentage married is based on plan sponsor expectations for the future.
Spouse age	The assumed age difference for spouses is based on plan sponsor expectations for the future.

Source of Prescribed Methods	
Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.
Change in methods since prior valuation	None.

CoorsTek, Inc. Retirement Plan
EIN #84-0178380 Plan #001
Schedule H, line 4j - Schedule of Reportable Transactions **
Series of Transactions in Same Security Exceeds 5% of Value
For the year ended December 31, 2017

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current value of Asset on Transaction Date	(i) Net Gain (Loss)
*SEI	SEI Global Managed Volatility Fund (SGMAX)						
	Purchases/Reinvested Dividends (22 transactions)	$ 4,553,715	$ -	$ -	$ 4,553,715	$ 4,553,715	$ -
	Sales (66 transactions)	$ -	$ 7,441,495	$ -	$ 7,040,770	$ 7,441,495	$ 400,724
*SEI	SEI Intermediate Duration Credit Fund (SIDCX)						
	Purchases/Reinvested Dividends (13 transactions)	$ 18,309,357	$ -	$ -	$ 18,309,357	$ 18,309,357	$ -
*SEI	SEI Long Duration Credit Fund (SLDAX)						
	Reinvested Dividends (13 transactions)	$ 1,987,124	$ -	$ -	$ 1,987,124	$ 1,987,124	$ -
	Sales (1 transaction)	$ -	$ 22,866,756	$ -	$ 23,265,462	$ 22,866,756	$ (398,706)
U.S. Treasury Strips	Zero Coupon, Maturing 2/15/27						
	Purchases (1 transaction)	$ 8,432,174	$ -	$ -	$ 8,432,174	$ 8,432,174	$ -
*SEI	SEI Global Managed Volatility Fund (SGMAX)						
	Purchases/Reinvested Dividends (22 transactions)	$ 4,553,715	$ -	$ -	$ 4,553,715	$ 4,553,715	$ -
	Sales (66 transactions)	$ -	$ 7,441,495	$ -	$ 7,040,770	$ 7,441,495	$ 400,724

* SEI is a party-in-interest because it is the Plan's trustee.

** The information in this schedule has been certified as to its completeness and accuracy by the SEI Private Trust Company.

CoorsTek, Inc. Retirement Plan
EIN #84-0178380 Plan #001
Schedule H, line 4j - Schedule of Reportable Transactions **
Single Transaction in Same Security Exceeds 5% of Value
For the year ended December 31, 2017

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current value of Asset on Transaction Date	(i) Net Gain (Loss)
*SEI	SEI Intermediate Duration Credit Fund (SIDCX) Purchase (1 transaction)	$ 16,775,734	$ -	$ -	$ 16,775,734	$ 16,775,734	$ -
*SEI	SEI Long Duration Credit Fund (SLDAX) Sale (1 transaction)	$ -	$ 22,866,756	$ -	$ 23,265,462	$ 22,866,756	$ (398,706)

* SEI is a party-in-interest because it is the Plan's trustee.

** The information in this schedule has been certified as to its completeness and accuracy by the SEI Private Trust Company.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **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
CoorsTek, Inc. Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CoorsTek, Inc.

D Employer Identification Number (EIN)
84-0178380

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2017

2 Assets:

a Market value	**2a**	147,930,065
b Actuarial value	**2b**	151,843,950

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	1,306	84,569,043	84,569,043
b For terminated vested participants	487	16,885,178	16,885,178
c For active participants	489	24,121,908	24,756,485
d Total	2,282	125,576,129	126,210,706

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.83%
6 Target normal cost	**6**	334,000

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

Warren J Kish — Signature of actuary

10/12/18 — Date

Warren J Kish — Type or print name of actuary

1706528 — Most recent enrollment number

Towers Watson Delaware Inc. — Firm name

303-391-1200 — Telephone number (including area code)

555 17th Street, Suite 2050

Denver CO 80202 — 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	28,138,523
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	28,138,523
10	Interest on line 9 using prior year's actual return of 6.43%	0	1,809,307
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 6.03%		0
	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		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	4,648,586
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	25,299,244

Part III Funding Percentages

14	Funding target attainment percentage	14	100.26%
15	Adjusted funding target attainment percentage	15	120.30%
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	100.29%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	334,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	334,000

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

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

See the attached Statement of Actuarial Assumptions and Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective on January 1, 2013.

Covered employees	All employees of the employer who were hired before January 1, 2002, including part-time employees scheduled to work less than 32 hours per week are covered under the plan. Participation commences the first of month after completion of one year of Participation Service, or, if later, the date of becoming a Covered Employee.
Participation date	Date of becoming a covered employee

Definitions

Vesting service	The total period of employment, plus any period of severance after the employee quits, is discharged, or retires if he returns to employment within 12 months, plus the first 12 months of any leave of absence. For employees of Coors Ceramics on August 31, 1999, vesting service includes vesting service as of August 31, 1999, under the ACX Technologies, Inc. Retirement Plan.
Pension service	*Full-time employees:* The employee's total period of employment plus the first 12 months of any leave of absence. For employees of Coors Ceramics on August 31, 1999, benefit service includes benefit service as of August 31, 1999, under the ACX Technologies, Inc. Retirement Plan. Effective December 31, 2001, benefit service used to determine plan benefits for full-time and part-time employees was frozen. *Part-time employees:* Hours of service worked, divided by 2080. If hours worked is greater than 1,664, a full year of service will be credited. Effective December 31, 2001, benefit service used to determine plan benefits for full-time and part-time employees was frozen.

Schedule SB, Part V – Summary of Plan Provisions

Pensionable pay

Base pay plus overtime, but excluding cash bonuses and profit sharing pay. Effective December 31, 2001, pay used to determine plan benefits was frozen.

Average earnings

The highest monthly average for 36 consecutive months of the last 120 months of employment.

Rule of 90 Date

A participant who terminates employment on or after his 55th birthday, is at least age 60, with age plus vesting service equal to 90.

Normal retirement date (NRD)

First of month coinciding with, or next following, age 65.

Monthly pension benefit

- 1.25% of Average Monthly Compensation, multiplied by the number of years, including partial years, of Benefit Service, not to exceed 25 such years; plus
- .50% of Average Monthly Compensation in excess of Covered Compensation, multiplied by the number of years, including partial years, of Benefit Service, not to exceed 25 such years, plus
- .50% of Average Monthly Compensation multiplied by the number of his years, including partial years, of Benefit Service, if any, in excess of 25 such years, plus
- For each Plan Year beginning January 1, 1996, 0.125% of cash profit sharing and/or bonus pay not in excess of one-quarter of Base pay.

All benefits subject to a minimum of the prior plan benefit as of December 31, 1990 (December 31, 1989 for highly compensated employees). Benefits are subject to a minimum benefit as of January 1, 1991, January 1, 1995, January 1, 1999, and July 1, 2001. Participants who attained age 50 and 10 or more years of service on December 31, 2001, are eligible for the July 1, 2001, minimum benefit. This benefit is determined as if the

Schedule SB, Part V – Summary of Plan Provisions

	participant was 5 years older and had 5 additional years of service as of July 1, 2001.
Monthly preretirement death benefit	Monthly Pension Benefit payable to an eligible spouse commencing on the participant's earliest retirement date, or date of death, if later.
Actuarial Equivalence	Equivalence factor using 10.5% interest and mortality – Unisex Pension Mortality Table of 1984, for employees using a 4-year setback for Contingent Beneficiaries.

Eligibility for Benefits	
Normal retirement	Retirement on NRD
Early retirement	Retire before Normal Retirement Date on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD
Vested termination	Completion of 5 years of vesting service.
Disability	Total and permanent disability on or after completing one year of Vesting Service, but prior to becoming entitled to receive an Early retirement or Normal Retirement Pension.
Preretirement death benefit	Death while employed and while otherwise eligible for deferred vested, early, normal or postponed retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events	
Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly Pension Benefit determined as of actual retirement date, reduced by .58333% for each month that benefit commencement precedes age 60 and .25% for each month by which participant's 60th birthday precedes the earlier of Participant's 65th birthday or

Schedule SB, Part V – Summary of Plan Provisions

	the date the Participant would have satisfied the requirements of the Rule of 90.
Postponed retirement	Monthly Pension Benefit based on Average Monthly Compensation and Benefit Service as of Late Retirement actuarially increased from NRD to retirement date.
Vested termination	Monthly Pension Benefit determined as of termination date, reduction will be applied for each month that commencement of payments precedes age 65 according to actuarial equivalent factors.
Disablement	Monthly Pension Benefit payable at age 65, based upon Average Monthly Compensation at the date of disability and Benefit Service assuming accrual of Benefit Service without interruption to the earlier of December 31, 2001 and age 65.
Preretirement death	Such pension shall be equal to 50% of the Early Retirement Benefit that would have been payable to the participant, as reduced for the 50% joint and survivor basis.

Other Plan Provisions

Forms of payment

- 100% joint and survivor annuity
- 75% joint and survivor annuity
- 66 2/3% joint and survivor annuity
- 50% joint and survivor annuity
- Level income
- Life annuity
- 10 years Certain and Life
- Lump Sum

Pension Increases None

Plan participants' contributions None

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V – Summary of Plan Provisions

Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

CoorsTek, Inc. Retirement Plan
EIN #84-0178380 Plan #001
Schedule H, line 4i- Schedule of Assets Held at End of Year **
December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	SEI	**Equity Mutual Funds**		
		Global Managed Volatility Fund – 1,239,646.005 shares	$ 13,831,859	$ 15,049,303
		U.S. Managed Volatility Fund – 543,625.814 shares	7,976,478	7,920,628
		Total equity mutual funds	21,808,337	22,969,931
		Fixed Income Mutual Funds		
*	SEI	Intermediate Duration Credit Fund – 6,167,374.876 shares	61,437,508	62,290,486
*	SEI	Long Duration Credit Fund – 3,666,801.502 shares	37,373,747	39,014,768
		Total fixed income mutual funds	98,811,255	101,305,254
		U.S. Government Agencies		
	U.S. Treasury Strips	Zero coupon, maturing 2/15/24	2,508,967	2,546,657
	U.S. Treasury Strips	Zero coupon, maturing 2/15/27	8,432,174	8,631,048
	U.S. Treasury Strips	Zero coupon, maturing 5/15/32	3,997,741	4,204,751
	U.S. Treasury Strips	Zero coupon, maturing 8/15/32	4,283,342	4,508,679
	U.S. Treasury Strips	Zero coupon, maturing 5/15/37	1,495,494	1,615,846
	U.S. Treasury Strips	Zero coupon, maturing 11/15/46	2,956,221	3,323,968
		Total U.S. government agencies	23,673,939	24,830,949
			$ 144,293,531	$ 149,106,134

* SEI is a party-in-interest because it is the Plan's trustee.
** The information in this schedule has been certified as to its completeness and accuracy by the SEI Private Trust Company.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	CoorsTek, Inc.
EIN/PN	84-0178380/001
Plan Name	CoorsTek, Inc. Retirement Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Warren Kish, ASA, EA
Enrollment Number	17-06528

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.

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.