Form 55	00-SF	Short Form Annu			oyee		OMB Nos. 1210-0110 1210-0089
Department of the Internal Revenue		This form is required to be fil	Benefit Plan	-	Retirement		2015
Department of Employee Benefits Securi Pension Benefit Guarar	ity Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Fe	orm is Open to c Inspection
		Complete all entries in Ientification Information		structions to the Form 5	500-SF.		
		al plan year beginning 01/01/		and ending 1	2/31/2015		
A This return/repor) rt is for:	a single-employer plan a one-participant plan		r plan (not multiemployer) employer information in a		0	
B This return/report	tis	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 n	nonths)		
C Check box if filin	g under:	 Form 5558	automatic extension			OFVC progr	am
		special extension (enter desc					
1a Name of plan		nation—enter all requested in	nformation		(PN)	number	001 plan
•	· · · ·	r, if for a single-employer plan) apt., suite no. and street, or P.				oyer Identifi	/2008 cation Number 281505
	ate or province,	country, and ZIP or foreign pos		structions)	(EIN) 2c Spor	isor's teleph	one number 5-2150
340 RIKEN COURT 10PKINSVILLE, KY 4	42240-6828				2d Busin		see instructions)
3a Plan administra		ON 340 RIK	ISOT. EN COURT ISVILLE, KY 42240-6828				281505 elephone number
	d the plan numb	lan sponsor has changed since per from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN 4c PN		
-		the beginning of the plan year.			_		21
		the end of the plan year					22
c Number of part	icipants with ac	count balances as of the end o	f the plan year (defined be	enefit plans do not	50		12
d(1) Total number	r of active partic	cipants at the beginning of the p	olan year		5d(1)		17
d(2) Total numbe	r of active partie	cipants at the end of the plan ye	ear		5d(2)		22
than 100% ves	sted	rminated employment during th			5e		0
Under penalties of p	erjury and othe completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary, ate	ctions, I declare that I ha	ve examined this return/re	port, includir	ng, if applica	
SIGN Filed wit		lid electronic signature.	05/12/2016	LAURA THOMAS			
	ure of plan adr	ninistrator	Date	Enter name of individ	lual signing a	as plan adm	inistrator
SIGN HERE Signate		er/plan sponsor	Date	Enter name of individ	lual signing a	as employe	or plan sponsor
		ne, if applicable) and address (telephone	
For Paperwork Reduc	ction Act Notice a	and OMB Control Numbers, see t	ne instructions for Form 55	00-SF.			Form 5500-SF (2015)

6a Were all of the plan's assets during the plan year invested in eligitb Are you claiming a waiver of the annual examination and report of		, ,					X Yes 🗌 No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and conditi	ons.)		·····	·····		X Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined
Part III Financial Information	•			,			
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a Total plan assets	. 7a			548			615506
b Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c		643	548			615506
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
a Contributions received or receivable from:	0-(1)		17	806			
(1) Employers	. 8a(1)			651	_		
(2) Participants	. 8a(2)		01	001			
(3) Others (including rollovers) b Other income (loss)	. 8a(3) . 8b		-10	259			
			10	200	-		59198
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c						59190
to provide benefits)	. 8d		86	506			
e Certain deemed and/or corrective distributions (see instructions)	. 8e				_		
f Administrative service providers (salaries, fees, commissions)	. 8f			734	_		
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				_		87240
Net income (loss) (subtract line 8h from line 8c)	. 8 i				_		-28042
j Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare f	feature cod	es from the List of Plar	n Chara	acterist	ic Coo	les in th	ne instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).	/oluntary F	iduciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x		
C Was the plan covered by a fidelity bond?			10c	Х			65000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bor	nd, that was caused	100		x		
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her persons	s by an insurance the benefits under	10e	х			734
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		Х		
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		
If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	•		10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance							

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

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Page **3** - 1

					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

	orm 5500-SF	Short Form Annua	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t of Small Empl	loyee		OMB N	os. 1210-0110 1210-0089
Dep Int	ernal Revenue Service	This form is required to be filed	Benefit Plan	4065 of the Employee F	Retirement		201	5
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the	Internal			Open to pection
Part I	Benefit Guaranty Corporation	Complete all entries in a Identification Information	ccordance with the inst	tructions to the Form 5	500-SF.			
	dar plan vear 2015 or fi	scal plan year beginning	01/01/2015	and ending	12	/31/201	5	
		X a single-employer plan		plan (not multiemployer)				t attach a
A This re	eturn/report is for:	a one-participant plan		mployer information in a				
B This re	turn/report is	the first return/report	the final return/report					
		an amended return/report	H .	m/report (less than 12 m	ionths)			
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	ram	
		special extension (enter descri						
Part II		rmation—enter all requested info	ormation		1			
1a Name RIKEN		PORATION 401K RET. SA	AV. PLAN		1	number	001	
					(PN) 1c Effect	ctive date o	f plan	
2a Plan s	sponsor's name (emplo	yer, if for a single-employer plan)				01/2008 loyer Identi		Number
City o	r town, state or provinc	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta	Box) I code (if foreign, see inst	ructions)	(EIN	20-528	81505	
RIKEN	ELASTOMERS CO	DRPORATION				nsor's telep		umber
340 R	IKEN COURT					ness code (100	see ins	tructions)
HOPKII	NSVILLE	KY 42240-682	8					
	administrator's name ar ELASTOMERS COI		DF.			inistrator's I 5281505		
340 RI	KEN COURT				anget is gettered	nistrator's t 475-21		ne number
HOPKIN	SVILLE	KY 42240-6828						
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed f	or this plan, enter the	4b EIN	1		
	e, EIN, and the plan nun or's name	nber from the last return/report.			4c PN			
5a Total	number of participants	at the beginning of the plan year			5a			21
		at the end of the plan year			5b			22
C Numb	er of participants with a	account balances as of the end of th	e plan year (defined bene	efit plans do not	5c			20 A.
		ticipants at the beginning of the plan			5d(1)			12
		ticipants at the end of the plan year			5d(2)			<u>17</u> 22
e Numb	per of participants that t	erminated employment during the p	lan year with accrued be	nefits that were less	5e			
Caution: A	penalty for the late of	r incomplete filing of this return/	renort will be assessed	uniess reasonable car	040414000	lichod		0
Under pena SB or Sche	alties of perjury and oth	er penalties set forth in the instructi d signed by an enrolled actuary, as	ons. I declare that I have	examined this return/ren	ort includir	ng if applica	able, a knowle	Schedule dge and
SIGN		mu	5/12/2016	LAURA THOMAS	in the second			
HERE	Signature of plan ad		Date	Enter name of individ	ual signing a	as plan adm	ninistrat	or
SIGN (Jaure Chon	nes	5/12/2016	LAURA THOMAS				
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individu				
Preparers	name (including firm ha	ame, if applicable) and address (inc	lude room or suite numbe	iг)	Preparer's	telephone	number	
		2						
				ŀ	ter part and the state of the		1	
For Paperwe	ork Reduction Act Notice	and OMB Control Numbers, see the i	nstructions for Form 5500-	SF.			Form 55	00-SF (2015)

Form 5500-SF 2015

Γ

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Part III | Financial Information

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	643548	615506
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	643548	615506
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	17806	(0) 10(8)
	(2) Participants	8a(2)	51651	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-10259	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	E	59198
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	86506	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	734	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		87240
i	Net income (loss) (subtract line 8h from line 8c)	81		-28042
j	Transfers to (from) the plan (see instructions)	8j		20042

Part IV | Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2T 3D

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

Part V **Compliance Questions**

10	During the plan year:		Yes	No	N/A	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
c	Was the plan covered by a fidelity bond?	10c	х			650	00
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x			7	34
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			-
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
j	Did the plan trust incur unrelated business taxable income?	10i				n na star na star na star na star na star star na star T	-
Part	VI Pension Funding Compliance		1			1	-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)	ind corr	plete S	Sched	ule SB (Fo	orm TYes TNo	_
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40)		1	11a		-
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of th					SA? Yes X No	_

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			Γ	-	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.	tions, and er	ter the Day	e date of t	he lette Year	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Enter the minimum required contribution for this plan year		12b	-		
c Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	fa	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part VII Plan Terminations and Transfers of Assets		1. 191042			
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No)
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?		trol		Yes [X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to				
13c(1) Name of plan(s):	13c(2) El	N(s)		13c(3) PN(s)
Part VIII Trust Information					
4a Name of trust					
	1	4b Ti	rust's EIN		
14c Name of trustee or custodian	1		Frustee's elephone		
Part IX IRS Compliance Questions					
] Yes			0
 15a Is the plan a 401(k) plan?	loyer [De: bas har	sign- ied safe bor	A	o DP/ACP est
 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas, Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 	vloyer [year [De: bas har	sign- ied safe bor thod	A	DP/ACP est
 15a Is the plan a 401(k) plan?)loyer [year [}	Des bas har mei Yes	sign- ed safe bor thod io centage		DP/ACP est
 15a Is the plan a 401(k) plan?)loyer [year [Des bas har mei Yes Rat per test	sign- ed safe bor thod io centage		DP/ACP est o verage enefit test
 15a Is the plan a 401(k) plan?)loyer [year [Des bas har mei Yes Rat per test	sign- ed safe bor thod io centage		DP/ACP est
 15a Is the plan a 401(k) plan?	year [year] D(b): [Inter the app	Des bas har me Yes Rat per test Yes Yes	sign- ed safe bor thod io centage		DP/ACP est werage benefit test o
 15a Is the plan a 401(k) plan? 15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m) 2(a)(2)(ii))? 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b) Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? 7a Has the plan been timely amended for all required tax law changes? 7b Date the last plan amendment/restatement for the required tax law changes was adopted E for tax law changes and codes). 7c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that extended the plan test of a pre-approved master and prototype (M&P) or volume submitter plan that extended the plan test of a pre-approved master and prototype (M&P) or volume submitter plan that extended the plan test of a pre-approved master and prototype (M&P) or volume submitter plan that extended the plan test of the plan submitter plan that extended the plan test plan t	year [year] D(b): [Des bas har me Yes Rat per test Yes Yes	sign- ed safe bor thod io centage		DP/ACP est werage benefit test o
 15a Is the plan a 401(k) plan?	year [year [D(b): [Enter the app is subject to r e date of the	Des bas har me Yes Rat per test Yes Yes olicable	sign- ed safe bor thod io centage e code orable IRS	A te	DP/ACP est werage benefit tes b b N/ e instruction
 15a Is the plan a 401(k) plan?	year [year] D(b): [Inter the app is subject to r e date of the	Des bas har me Yes Rat per test Yes Yes olicable	sign- ed safe bor thod io centage e code orable IRS	A te	DP/ACP est vverage enenfit test o o N/A e instruction
 15a Is the plan a 401(k) plan?	year [year] D(b): [Enter the app is subject to r e date of the been [s)? [Des: basshar mei Yes Yes Yes Yes Yes Yes a fav.	sign- ed safe bor thod io centage e code orable IRS	A te	DP/ACP est vverage enenfit test o o N/A e instruction
 15a Is the plan a 401(k) plan?	year [year] D(b): [Inter the app is subject to re date of the peen [s)? [De:: bas har mei Yes Rati per- test Yes Yes a fav/ Pan's	sign- ed safe bor thod io centage e code orable IRS	A te	DP/ACP est vverage enenfit test o o N/A e instruction