Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification information									
For calend	lar plan year 2016 or fi	scal plan year beginning 01/01/2	2016		and ending 12	2/31/2	016				
A This re	turn/report is for:	a single-employer plan			in (not multiemployer) (ployer information in ac		-				
		a one-participant plan	af	oreign plan	,			,			
B This ret	urn/report is	the first return/report	the	final return/report							
		an amended return/report	a s	hort plan year returr	/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	ш	tomatic extension		DF	FVC program				
Dant II	Dania Dian Info	special extension (enter descr									
Part II		ormation—enter all requested inf	formatic	on		I 41.					
1a Name		ATION 401K RET. SAV. PLAN				10	Three-digit plan number				
NINEN ELA	STOWERS CORPORA	ATION 40 IN NET. SAV. FLAN					(PN)	001			
						1c	Effective date of 01/01	•			
20.01						01					
Mailin	g address (include roo	oyer, if for a single-employer plan) im, apt., suite no. and street, or P.C		(if foreign, see instr	uctions)	26	Employer Identification (EIN) 20-52	81505			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RIKEN ELASTOMERS CORPORATION						2c Sponsor's telephone number 270-475-2150					
						2d	Business code (s	see instructions)			
340 RIKEN (32590				
HOPKINSVI	LLE, KY 42240-6828										
3a Plan a	administrator's name a	nd address X Same as Plan Spor	nsor.			3b	Administrator's E	IN			
						3c	Administrator's to	elephone number			
		e plan sponsor has changed since mber from the last return/report.	the last	return/report filed for	or this plan, enter the	4b	EIN				
a Spons	sor's name					4c	PN				
5a Total	number of participants	at the beginning of the plan year				5		23			
		at the end of the plan year				5	b	28			
		account balances as of the end of		, , ,	•	5c					
d(1) Tot	tal number of active pa	articipants at the beginning of the pl	an year			5d(1)					
d(2) To	tal number of active pa	articipants at the end of the plan yea	ar			5d	(2)	2			
		terminated employment during the	, ,			5	е				
		or incomplete filing of this return									
SB or Sch		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.		05/18/2017	LAURA THOMAS						
HERE	Signature of plan a	administrator									

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accurder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		ant (IC	(PA)			X	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section of the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section of the plan is a defined benefit plan, is it covered under the pBGC insurance program (see ERISA section of the plan is a defined benefit plan, is it covered under the pBGC insurance program (see ERISA section of the plan is a defined benefit pl			_	_	_	☐ No	t deteri	mined
Part III Financial Information								
7 Plan Assets and Liabilities (a) Beginning of	Year				(b) En	d of Yea	ar	
a Total plan assets	15506					10	35253	
b Total plan liabilities								
C Net plan assets (subtract line 7b from line 7a)	15506					10	35253	
8 Income, Expenses, and Transfers for this Plan Year (a) Amount					(b)	Total		
a Contributions received or receivable from:	25494							
(1) Employers	7766							
(2) Farticipants	79776							
(3) Others (including followers)	60719							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						4:	23755	
d Benefits paid (including direct rollovers and insurance premiums								
to provide benefits)	2730							
e Certain deemed and/or corrective distributions (see instructions).								
f Administrative service providers (salaries, fees, commissions) 8f	1278	_						
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)							4008	
i Net income (loss) (subtract line 8h from line 8c)						4	19747	
j Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 2E 2F 2G 2J 2K 2T 3D	n Char	racteri	stic Co	odes in	n the in	structior	is:	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Chara	cterist	tic Cod	des in t	the inst	tructions	:	
Part V Compliance Questions								
10 During the plan year:		Yes	No	N/A		Am	ount	
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	X						20000
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		X					
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	10e	X						1278
f Has the plan failed to provide any benefit when due under the plan?	10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i							

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat per test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	rt Identification Information				
For calendar plan year 2016 or		01/01/2016	and ending	12/31/2	016
A This	X a single-employer plan	a multiple-employer p	an (not multiemployer)	(Filers checking the	nis box must attach a
A This return/report is for:	a one-participant plan	list of participating en	nployer information in	accordance with th	e form instructions.)
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12	months)	
C Check box if filing under:	Form 5558	automatic extension		П ргус	
	special extension (enter desc			☐ DFVC program	m
Part II Basic Plan Int	formation—enter all requested in				
1a Name of plan	romation—enter an requested in	normation		1h Th	
1991	RPORATION 401K RET. S.	AV. PLAN	8	1b Three-digition plan numb (PN) ▶	
				1c Effective d	
Mailing address (include ro	oom, apt., suite no. and street, or P.	O. Box)			dentification Number 5281505
RIKEN ELASTOMERS CO	nce, country, and ZIP or foreign pos DRPORATION	tal code (if foreign, see insti	ructions)		telephone number
340 RIKEN COURT				2d Business c 325991	ode (see instructions)
HOPKINSVILLE	KY 42240-682				
3a Plan administrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administrat	tor's EIN
4 If the name and/or FIN of t					
name, EIN, and the plan n a Sponsor's name	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	
	in at the beginning of the least			4c PN	
	s at the beginning of the plan year.				23
 Total number of participant Number of participants with 	s at the end of the plan year n account balances as of the end of	the plen year (anh. dafin ad		. 5b	28
complete this item)		trie plan year (only delined	contribution plans	5c	16
	articipants at the beginning of the p			5d(1)	23
d(2) Total number of active p	articipants at the end of the plan ye	ar		5d(2)	28
 Number of participants that 	it terminated employment during the	plan year with accrued ber	nefits that were less	5e	
Caution: A penalty for the late	or incomplete filing of this retur	/report will be assessed	uniose reasonable es		1
orider perfaities of perfury and c	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions I declare that I have	evamined this return/re	anort including if	policoble a Cobadula
SIGN Jaura	Thomas	5/18/17	LAURA THOMAS	An William Commission Commission Commission Commission Commission Commission Commission Commission Commission	***************************************
HERE Signature of plan		Date	Enter name of individ	lual signing as plar	administrator
SIGN Warra C	homas	5/18/m	LAURA THOMAS	add organing do prair	, daminot ator
HERE Signature of empl	oyer/plan sponsor	Date	Enter name of individ	lual signing as emr	oloyer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (ir	clude room or suite numbe	r)	Preparer's teleph	

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6a b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepen	dent qualified public	account	tant (IC	OPA)			X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-SF and mus	t inste	ad use	Forn	n 5500.		△ Tes ☐ NO
C	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not determined
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	. [-	b) End	of Year
а	Total plan assets	7a	(/ 33	615,					1,035,253
b	Total plan liabilities	7b				****			
С	Net plan assets (subtract line 7b from line 7a)	7c		615,	506				1,035,253
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal
а ——	Contributions received or receivable from: (1) Employers	8a(1)		25,	494				
	(2) Participants	8a(2)		57,	766				
	(3) Others (including rollovers)	8a(3)		279,	776				
b	Other income (loss)	8b		60,	719				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			18				423,755
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2,	730				
5.55	Certain deemed and/or corrective distributions (see instructions)	8e							
f_	Administrative service providers (salaries, fees, commissions)	8f		1,	278				
	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						W-market	4,008
	Net income (loss) (subtract line 8h from line 8c)	8i						419,747	
J	Transfers to (from) the plan (see instructions)	8j							
-	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of PI	an Cha	racteris	stic Co	odes in	the insti	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	ic Co	des in th	ne instru	ictions:
Pari	t 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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	uciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	l, that was caused	10d		Х			20,000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons e or all of th	by an insurance e benefits under	10e	Х			***************************************	1,278
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			10g		X		19820	
h		See instruc	ions and 29 CFR	10g 10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the	1011					

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Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an (Form 5500) and line 11a below)	d complete Sch	edule SI	3	Y	es No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			***************************************		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	n 302 of		_ Y	es X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	instructions, and	d enter t		I of the letter Year	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ne 13.	Duy		rear	
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 negative amount)	ne left of a	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					
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 under the control of the PBGC?				Yes X	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s)	to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's Ell	١	
14c Name of trustee or custodian				or custodia number	an's
Part IX IRS Compliance Questions	<u></u>			,	
15a Is the plan a 401(k) plan? If "No," skip b	Yes			No	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe h	n-based arbor nt year"		"Prior yea test	ar" ADP
	☐ ADP t			N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce	ntage	☐ Ave	rage	 □ N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Yes

test

Yes

N/A

benefit test

No

No

No