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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1980

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)
MIKRON CORP MONROE

8100 S. POTOMAC STREET
ENGLEWOOD, CO 80112

2b Employer Identification Number (EIN)
06-0974033

2c Plan Sponsor's telephone number
203-261-3100

2d Business code (see instructions)
423800

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.	07/30/2018	FLORENCIA SALDIAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2018	FLORENCIA SALDIAS
	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**	144
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)**	124
a(2) Total number of active participants at the end of the plan year	**6a(2)**	127
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	148
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	109
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:

2E 2F 2G 2J 2K 2R 3D 3H

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)** [ ] **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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 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
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIKRON CORP MONROE

D Employer Identification Number (EIN)
06-0974033

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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

04-3275255

(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?
15 18 37 38 51 52 73		35636	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

H BECK INC

6600ROCKLEDGE DRIVE
6TH FLOOR
BETHESDA, MD 20817

(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?
27 28		0	Yes [X] No [ ]	Yes [ ] No [X]	8204	Yes [ ] No [X]

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

DEVLIN & HALE ASSOCIATES INC

2275 SILAS DEANE HIGHWAY
THIRD FLOOR
ROCKY HILL, CT 06067-2329

06-1080876

(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?
13 37 64		5182	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

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

A Name of plan
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MIKRON CORP MONROE

D Employer Identification Number (EIN)
06-0974033

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	1499006

a Name of MTIA, CCT, PSA, or 103-12 IE: WLMNTRBR EAFE EQ INDX 6

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	29134

a Name of MTIA, CCT, PSA, or 103-12 IE: WLMNTRBR EMRGMKTEQINDX 6

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	45565

a Name of MTIA, CCT, PSA, or 103-12 IE: WLMNTRBR MDCAP EQ INDX 6

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	41575

a Name of MTIA, CCT, PSA, or 103-12 IE: WLMNTRBR RSL 2000 GR 6

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	10908

a Name of MTIA, CCT, PSA, or 103-12 IE: WLMNTRBR RSL 2000 INDX 6

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	305

a Name of MTIA, CCT, PSA, or 103-12 IE: WLMNTRBR RSL 2000 VAL 6

b Name of sponsor of entity listed in (a): MIKRON CORP MONROE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0974033-001	C	685

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIKRON CORP MONROE

D Employer Identification Number (EIN)
06-0974033

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11636	15834
(2) Participant contributions	1b(2)	30099	
(3) Other	1b(3)	1419	
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)	104778	85115
(9) Value of interest in common/collective trusts	1c(9)	1573880	1627178
(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)	5121992	6791777
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9077	

			(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	6852881	8519904
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6852881	8519904

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)	302611	
	(B) Participants	2a(1)(B)	628202	
	(C) Others (including rollovers)	2a(1)(C)	24019	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		954832
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)	4451	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4451
	(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)		30306
(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)		995192
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1984781
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	248336	
(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)		248336
f Corrective distributions (see instructions)	2f		28731
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)	5182	
(3) Investment advisory and management fees	2i(3)	35509	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		40691
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		317758
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1667023
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: EKS&H LLLP (2) EIN: 46-1497033

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		168868
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
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	X		

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_____. (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
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIKRON CORP MONROE

D Employer Identification Number (EIN)
06-0974033

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): 04-3275255

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**

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EKS&H

Digitally signed by
Sarah Beckham
Date: 2018.07.25
14:42:14 -06'00'

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Financial Statements
and
Independent Auditors' Report
December 31, 2017 and 2016

EKS&H

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

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EKS&H

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EKS&H LLLP

INDEPENDENT AUDITORS' REPORT

To the Trustees
Mikron Corp Monroe Retirement Plan and Trust
Englewood, Colorado

REPORT ON FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Mikron Corp Monroe Retirement Plan and Trust (the "Plan"), which are comprised of the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, 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.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian 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 custodian 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 MATTERS

Supplemental Schedules

The supplemental schedules as of and 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 THE DEPARTMENT OF LABOR'S 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 custodian, 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 the Employee Retirement Income Security Act of 1974.

EKS&H LLLP

EKS&H LLLP

Denver, Colorado
July 25, 2018

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	2017	2016
Assets		
Investments, at fair value		
Mutual funds	$ 6,791,777	$ 5,121,992
Stable value fund	1,499,006	1,485,856
Common collective trusts	128,172	88,024
Self-directed investments	-	9,077
Total investments, at fair value	8,418,955	6,704,949
Receivables		
Participant loans	85,115	104,778
Employer contributions	15,834	11,636
Employee contributions	-	31,518
Total receivables	100,949	147,932
Net assets available for benefits	$ 8,519,904	$ 6,852,881

See notes to financial statements.

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2017

Investment income	
Net appreciation in fair value of assets	$ 1,025,498
Interest from participant loans	4,451
Contributions	
Employer	302,611
Employee	628,202
Rollover	24,019
Total contributions	954,832
Deductions from net assets	
Benefits paid to participants	277,067
Administrative fees	40,691
Total deductions from net assets	317,758
Net increase	1,667,023
Net assets available for benefits	
Beginning of year	6,852,881
End of year	$ 8,519,904

See notes to financial statements.

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of Mikron Corp Monroe Retirement Plan and Trust (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established February 1, 1980 and subsequently amended. The Plan is available to all employees age 21 years or older who have completed six months of service with Mikron Corp Monroe or Mikron North America Corporation, excluding those subject to collective bargaining agreements, non-resident aliens, and leased employees. The entry date for eligible participants is the first day of the month following obtaining eligibility. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Officers of Mikron Corp Monroe (the "Company") administers the Plan and act as Trustees. Devlin and Hale Associates, Inc. serves as the recordkeeper of the Plan, manages the Plan assets, and maintains the Plan's records. Nationwide Financial Services, Inc. ("Nationwide") serves as custodian of the Plan assets. Nationwide offers Plan participants a variety of investment options through various mutual funds, a stable value fund, common collective trust funds, and self-directed investments. Individual accounts are invested in the various investment options at the direction of the participants.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Contributions

Participants may make before-tax contributions up to 100% of their annual eligible compensation, as limited by the IRS, which is adjusted annually by the Secretary of the Treasury for inflation. This maximum percentage may be reduced by the Plan administrator in certain circumstances. Eligible employees who have reached age 50 during the Plan year may elect to make catch-up contributions, as limited by the IRS. The Plan also permits rollover contributions from other qualified retirement plans. Employee contributions to the Plan are made through regular payroll deductions.

The Company may make discretionary profit-sharing and matching contributions to the Plan in an amount determined by the Company. These contributions are limited by the Internal Revenue Code. For the year ended December 31, 2017, the Company did not make a discretionary profit-sharing contribution or a discretionary matching contribution.

The Plan is operating pursuant to the Safe Harbor provisions of the Code Section 401(k)(12). The Company's Safe Harbor matching contributions are on an annual basis and will equal 100% of elective deferrals up to 3% of compensation and 50% of elective deferrals between 3% and 5% of eligible compensation. The Company has the right to designate all or a portion of the matching Safe Harbor contributions as qualified. To the extent matching contributions are so designated, they are non-forfeitable and may not be withdrawn from the Plan prior to separation from service or attainment of age 59½. Safe Harbor contributions totaled $302,611 for the year ended December 31, 2017.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Participants' Accounts

Each participant's account is credited or debited with the participant's contributions and withdrawals, as applicable, and an allocation of the Company's contributions, Plan earnings or losses, forfeitures, and Plan expenses. Allocations are based upon Plan earnings or losses and account balances, as defined by the Plan. The benefit to which a participant is entitled is the vested portion of the participant's account.

Vesting

Participants are 100% vested in their voluntary contributions, allocated earnings or losses thereon, and any qualified employer matching contributions, discretionary employer profit-sharing contributions, and discretionary employer matching contributions.

Participant Loans

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Participants may have a maximum of one loan outstanding at any given time. The loans are secured by the balances in the participants' accounts and bear interest at rates that range from 4.25% to 5.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator at loan origination, and mature at various dates through October 2022. Loans have a maximum term of five years, unless such loan is for the purchase of the participant's primary residence, in which case the repayment period may not exceed twenty-five years from the date of the loan origination. Principal and interest are paid ratably through payroll deductions. Participant loans are recorded in the financial statements at amortized cost (which represents unpaid principal plus accrued interest). Upon termination of a participant from employment, the participant's loan shall continue to be payable in accordance with the provisions of the participant's loan or be due in full. Loans in the amount of $28,731 were deemed a distribution in the current year.

Payment of Benefits

Upon death, disability, retirement, or termination of service, a participant or his or her beneficiary may receive, at his or her election, within a reasonable period of time, a lump sum in the amount equal to the participant's vested account balance. Benefits are recorded when paid.

The Plan allows in-service distributions and partial distributions to participants age 59½ or older who have not terminated employment with the Plan sponsor. The Plan also provides for hardship withdrawals for defined hardship events. Participants who are granted a hardship withdrawal are not allowed to make contributions for the six months following such withdrawal. The Plan allows in-plan Roth conversions. Furthermore, the Plan allows for terminated participant vested account balances of $1,000 or less to be automatically distributed and balances of $1,000 to $5,000 to be automatically rolled out of the Plan into an IRA. The IRS has required minimum distributions once a participant reaches age 70½ during the previous Plan year and is no longer employed by the Company.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition

Investments are recorded at fair value as reported to the Plan by the custodian. 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 Investment Committee determines the Plan's valuation policy utilizing information provided by the investment advisers, including the appointment of investment managers, and the monitoring of the performance of the Plan's investment funds. See Note 3 for discussion of fair value measurements.

Investments in mutual funds are reported at the last reported sales price at the end of the respective periods using quoted market values.

Self-directed brokerage investments represent a self-directed brokerage account, which is valued based on its underlying assets.

The stable value fund and common collective trusts typically invest in a variety of fully benefit-responsive investment contracts, including traditional guaranteed investment contracts, security-backed investment contracts, and separate account guaranteed investment contracts. The common collective trusts are valued at net asset value ("NAV") of units of the common collective trusts. The NAV is used as a practical expedient to estimate fair value.

The net realized and unrealized investment gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statement of changes in net assets available for benefits and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in net assets available for benefits and disclosures. Accordingly, actual results could differ from those estimates.

Risks, Uncertainties, and Concentrations

The Plan provides for various investments that, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Risks, Uncertainties, and Concentrations (continued)

Additionally, some investments held by Nationwide are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

During the year ended December 31, 2017, no investments accounted for more than 10% of investment income. At December 31, 2017 and 2016, one investment accounted for 18% and 22% of total investments at fair value, respectively.

Subsequent Events

The Plan administrator has evaluated all subsequent events through the auditors' report date, which is the date these financial statements were available to be issued, with the exception of the following, there were no material subsequent events that required recognition or additional disclosure in these financial statements:

As of January 2018, the Plan transferred all assets from Nationwide to Vanguard and increased the qualified employer matching contributions to 100% of participant 401(k) deferrals up to 5% of eligible compensation.

Note 2 - Assets Certified by the Custodian

Nationwide has certified in writing to the Plan administrator that the stated amounts for investments at fair value and participant loans at amortized cost as of December 31, 2017 and 2016 and the income earned or losses incurred thereon for the year ended December 31, 2017, as reflected in the accompanying financial statements and the supplemental schedule of assets (held at end of year), are complete and accurate.

The Plan administrator has elected the method of compliance as 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 Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the investment information certified by the custodian, except for comparing the information contained therein to information included in the financial statements and the supplemental schedule of assets (held at end of year).

Note 3 - Fair Value Accounting

Generally accepted accounting principles require disclosure about how fair value is determined and establish 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 are described below:

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis.

As of December 31, 2017:

Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,791,777	$ -	$ -	$ 6,791,777
Investments measured at net asset value*				1,627,178
Total investments at fair value	$ 6,791,777	$ -	$ -	$ 8,418,955

As of December 31, 2016:

Description	Level 1	Level 2	Level 3	Total
Mutual funds	$ 5,121,992	$ -	$ -	$ 5,121,992
Self-directed investments	-	9,077	-	9,077
Investments measured at net asset value*				1,573,880
Total investments at fair value	$ 5,121,992	$ 9,077	$ -	$ 6,704,949

*Investments measured at net asset value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation to total investments at fair value.

There were no changes to the valuation techniques used during the period.

Note 3 - Fair Value Accounting (continued)

Reported Net Asset Values

The Plan's investments in the stable value fund and common collective trust investments had a value of $1,627,178 and $1,573,880 as of December 31, 2017 and 2016, respectively, determined based upon the net asset value ("NAV") of the investments comprising the funds. The NAV is used as a practical expedient to approximate fair value. The NAV investments have no unfunded commitments, can be redeemed daily, and have daily redemption notice periods.

Note 4 - Income Taxes

The Plan did not obtain a plan-specific determination letter, as it operates with the custodian's opinion letter, which was issued on the basic Plan document March 31, 2014. The Plan administrator believes that the Plan continues to be operated and administered in compliance with the applicable requirements of the Internal Revenue Code.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5 - Administration of the Plan

The Company provides, at no cost to the Plan, certain administrative, accounting, and legal services to the Plan and also pays the cost of certain outside services for the Plan.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested, and the Plan administrator is to distribute each participant's interest to the participant or the participant's beneficiary.

Note 7 - Related Party and Party-in-Interest Transactions

Certain Plan investments are mutual funds and a stable value fund, which are managed by Nationwide. Nationwide is the asset custodian, as defined by the Plan; therefore, these transactions qualify as party-in-interest and are exempt from the prohibited transaction rules. In addition, the Plan provides for loans to participants, which are also party-in-interest transactions that are exempt from the prohibited transaction rules.

SUPPLEMENTAL SCHEDULES

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
As of December 31, 2017

Employer Identification Number - 06-0974033
Plan Number - 001

		Total that Constitute Non-Exempt Prohibited Transactions			
Plan Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2016	$ -	$ 130,979 *	$ -	$ -	$ -
2017	$ -	$ 37,889 *	$ -	$ -	$ -

* Corrected during 2018 under VFCP

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2017

Employer Identification Number - 06-0974033
Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Mutual funds		
*	Nationwide	Investor Destinations Moderate	$ 667,297
*	Nationwide	Investor Destinations Moderately Aggressive	661,827
	Vanguard	Target Retirement 2030	644,003
	Vanguard	Target Retirement 2020	593,357
*	Nationwide	Investor Destinations Conservative	254,636
	American Funds	Fundamental	244,153
	Vanguard	Target Retirement 2035	240,047
	American Funds	The Growth Fund of America	225,794
*	Nationwide	S&P 500 Index	213,222
	Vanguard	Selected Value	191,095
	Wells Fargo	Discovery	185,751
	Vanguard	Small Capitalization Growth Index	181,574
	Principal	LargeCap Growth	154,083
	Vanguard	Target Retirement 2055	128,418
	Oppenheimer	Developing Markets	106,627
	Vanguard	Total Retirement 2045	103,946
	Oppenheimer	Global Opportunities	103,140
*	Nationwide	Investor Destinations Moderately Conservative	102,259
	Oppenheimer	International Growth	101,736
	Vanguard	Small Capitalization Value Index	96,976
*	Nationwide	Investor Destinations Aggressive	74,437
	Vanguard	Target Retirement 2025	72,991
	Oppenheimer	Value	71,572
	Vanguard	Total Stock Market Index	71,415
	Prudential	Total Return Bond	71,333
	Vanguard	Target Retirement 2060	66,379
	Vanguard	Target Retirement Income	55,912
	Vanguard	Target Retirement 2050	48,076
	American Beacon	International Equity	47,932
	Vanguard	Target Retirement 2040	43,832
	Invesco	European Growth	43,241
	PIMCO	Long Duration Total Return	42,213

(Continued on the following page.)

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2017

Employer Identification Number - 06-0974033
Plan Number - 001

(Continued from the previous page.)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	DFA	Emerging Markets Core Equity Portfolio	41,788
	Oppenheimer	Main Street Mid Cap	41,185
	Delaware Funds	Extended Duration Bond	40,035
	Vanguard	Total International Stock Index	38,559
	JPMorgan	Equity Income	37,673
*	Nationwide	Loomis All Cap Growth	37,496
	Oppenheimer	International Small-Mid Company	35,524
	Vanguard	Total Bond Market Index	34,083
	DFA	U.S. Large Cap Value Portfolio	32,800
	Columbia	Select Large Cap Growth	32,507
	Delaware Funds	Value	29,381
	Nuveen	Symphony Credit Opportunities Fund	26,981
	Vanguard	500 Index	26,084
	American Century	Mid Cap Value	25,916
	DFA	Inflation-Protected Securities Portfolio	24,813
	PIMCO	Real Return	23,353
	JPMorgan	Intrepid America	22,150
	BlackRock	Strategic Income Opportunities Portfolio	20,900
	Invesco	Growth and Income	20,765
	TCW	Total Return Bond	20,564
	Calamos	Global Growth & Income	18,954
	Columbia	Contrarian Core	18,720
	AllianzGI	Convertible	17,756
	Prudential	Global Real Estate	17,455
	Harbor Funds	International	17,239
	Templeton	Global Bond	15,780
	Vanguard	Equity-Income	15,232
	DFA	U.S. Targeted Value Portfolio	14,465
	Vanguard	Explorer	13,746
	Janus Henderson	U.S. Managed Volatility	12,711
	PIMCO	GNMA	12,299
	Franklin Funds	International Small Cap Growth	11,739

(Continued on the following page.)

MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2017

Employer Identification Number - 06-0974033
Plan Number - 001

(Continued from the previous page.)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	American Century	Short Duration Inflation Protection	11,192
	Principal	High Yield	10,594
	Federated	Short-Intermediate Total Return Bond	9,217
	Putnam Fund	Equity Income	9,188
	Vanguard	Long-Term Treasury	8,971
	PIMCO	Commodity Real Return Strategy	8,563
	T Rowe Price	Price European Stock	7,593
	BlackRock	S&P 500 Index	7,277
	BlackRock	Large Cap Growth	5,880
	Oppenheimer	International Bond	3,844
	Federated	Prudent Bear	1,531
	Total mutual funds		6,791,777
	Stable value fund		
*	Nationwide	Stable Value Fund VI	1,499,006
	Common collective trusts		
	Wilmington Trust Cit BlackRock	Emerging Market Equity Index	45,565
	Wilmington Trust Cit BlackRock	Mid Cap Equity Index	41,575
	Wilmington Trust Cit BlackRock	EAFE Equity Index	29,134
	Wilmington Trust Cit BlackRock	Russell 2000 Growth Index	10,908
	Wilmington Trust Cit BlackRock	Russell 2000	685
	Wilmington Trust Cit BlackRock	Russell 2000 Index	305
	Total common collective trusts		128,172
*	Participant loans	Interest rates ranging from 4.25% to 5.25% and maturity dates ranging through October 2022, secured by participants' vested account balances	85,115
			$ 8,504,070

* Party-in-interest

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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.)
- ☒ a single-employer plan;
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report;
- ☐ the final return/report;
- ☐ an amended return/report;
- ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ► ☐

D Check box if filing under:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 02/01/1980

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)

MIKRON CORP MONROE

8100 S. POTOMAC STREET

US ENGLEWOOD CO 80112

2b Employer Identification Number (EIN)
06-0974033

2c Plan Sponsor's telephone number
(203) 261-3100

2d Business code (see instructions)
423800

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	Florencia	July 30 2018	FLORENCIA SALDIAS
	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 and 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**	144
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)**	124
a(2) Total number of active participants at the end of the plan year	**6a(2)**	127
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	148
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	148
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	109
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:

2E 2F 2G 2J 2K 2R 3D 3H

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

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

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

a Pension Schedules

(1) [x] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [x] **H** (Financial Information)

(2) [ ] **I** (Financial Information - Small Plan)

(3) [ ] ____ **A** (Insurance Information)

(4) [x] **C** (Service Provider Information)

(5) [x] **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 H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2017** and ending **12/31/2017**

Name of plan
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Employer Identification Number
06-0974033

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NATIONWIDE TRUST COMPANY, FSB	ALLNZGI CONV INST	15,199	17,756
	NATIONWIDE TRUST COMPANY, FSB	AMBEN INTL EQ INST	40,983	47,932
	NATIONWIDE TRUST COMPANY, FSB	AMCENT MDCAP VAL I	19,137	25,916
	NATIONWIDE TRUST COMPANY, FSB	AMCENT SHTDRINFLPRBD R5	11,183	11,192
	NATIONWIDE TRUST COMPANY, FSB	AMFDS FDMNTL INV R6	185,240	244,153
	NATIONWIDE TRUST COMPANY, FSB	AMFDS FR FD AM R6	155,763	225,794
	NATIONWIDE TRUST COMPANY, FSB	BLKRK LGCAP FOCS GR INST	4,904	5,880
	NATIONWIDE TRUST COMPANY, FSB	BLKRK STRAT INC OPPR I	19,901	20,900
	NATIONWIDE TRUST COMPANY, FSB	BLKRK IS S P 500 INDX INST	6,369	7,277
	NATIONWIDE TRUST COMPANY, FSB	CALAMOS GLBL GR INC I	15,336	18,954
	NATIONWIDE TRUST COMPANY, FSB	COL CONTRA COR INST2	13,971	18,720
	NATIONWIDE TRUST COMPANY, FSB	COL SEL LGCAP GR INST2	26,957	32,507
	NATIONWIDE TRUST COMPANY, FSB	DE EXTND DUR BD INST	33,448	40,035
	NATIONWIDE TRUST COMPANY, FSB	DE VAL INST	22,621	29,381
	NATIONWIDE TRUST COMPANY, FSB	DFA EMRG MKT COR EQ INST	35,559	41,788
	NATIONWIDE TRUST COMPANY, FSB	DFA INFL PRTCT SEC INST	24,538	24,812
	NATIONWIDE TRUST COMPANY, FSB	DFA US LGCAP VAL INST	29,793	32,800
	NATIONWIDE TRUST COMPANY, FSB	DFA US TRGT VAL INST	13,981	14,465
	NATIONWIDE TRUST COMPANY, FSB	FED PRUDNT BEAR INST	1,615	1,531
	NATIONWIDE TRUST COMPANY, FSB	FED SHRTINTMDTTLRTNBD INST	9,093	9,217
	NATIONWIDE TRUST COMPANY, FSB	FNKLN INTL SMCAP GR ADV	9,195	11,739
	NATIONWIDE TRUST COMPANY, FSB	FNKLNTMP GLBL BD R6	16,035	15,780
	NATIONWIDE TRUST COMAPNY, FSB	HARBOR INTL INST	15,121	17,239
	NATIONWIDE TRUST COMPANY, FSB	INVSCO EURO GR Y	29,356	43,241
	NATIONWIDE TRUST COMPANY, FSB	INVSCO GR INC R5	17,738	20,765
	NATIONWIDE TRUST COMPANY, FSB	JPM EQ INC R5	36,157	37,673
	NATIONWIDE TRUST COMPANY, FSB	JPM INTREPID AM R5	16,666	22,150
	NATIONWIDE TRUST COMPANY, FSB	JNSHNDRSN US MGD VLTLTY I	11,576	12,711
	NATIONWIDE TRUST COMPANY, FSB	MORLEY STBL VAL VI	1,485,356	1,499,006
	NATIONWIDE TRUST COMPANY, FSB	NW INV DEST AGGR R6	62,467	74,437
	NATIONWIDE TRUST COMPANY, FSB	NW INV DEST CNSRV R6	233,199	254,636
	NATIONWIDE TRUST COMPANY, FSB	NW INV DEST MOD AGGR R6	526,560	661,827
	NATIONWIDE TRUST COMPANY, FSB	NW INV DEST MOD CNSRV R6	91,924	102,259
	NATIONWIDE TRUST COMPANY, FSB	NW INV DEST MOD R6	509,065	667,297
	NATIONWIDE TRUST COMPANY, FSB	NW LOOMIS ALL CAP GR R6	36,424	37,496
	NATIONWIDE TRUST COMPANY, FSB	NW S P 500 INDX R6	197,414	213,222
	NATIONWIDE TRUST COMPANY, FSB	NUVN SYMPH CR OPPR I	26,370	26,981
	NATIONWIDE TRUST COMPANY, FSB	OPP DEVL MKT Y	87,992	106,627
	NATIONWIDE TRUST COMPANY, FSB	OPP GLBL OPPR Y	57,656	103,140

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2017** and ending **12/31/2017**

Name of plan
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Employer Identification Number
06-0974033

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NATIONWIDE TRUST COMPANY, FSB	OPP INTL BD Y	3,485	3,844
	NATIONWIDE TRUST COMPANY, FSB	OPP INTL GR Y	84,143	101,736
	NATIONWIDE TRUST COMPANY, FSB	OPP INTL SMMD CO Y	29,367	35,524
	NATIONWIDE TRUST COMPANY, FSB	OPP MN ST MDCAP Y	34,188	41,185
	NATIONWIDE TRUST COMPANY, FSB	OPP VAL Y	55,839	71,572
	NATIONWIDE TRUST COMPANY, FSB	PIMCO GNMA FD INST	12,017	12,299
	NATIONWIDE TRUST COMPANY, FSB	PIMCO LNGDUR TTLRTN INST	35,505	42,213
	NATIONWIDE TRUST COMPANY, FSB	PIMCO REAL RTN INST	22,519	23,353
	NATIONWIDE TRUST COMPANY, FSB	PIMCO COMDYREALRTN STRAT INST	8,329	8,563
	NATIONWIDE TRUST COMPANY, FSB	PRNCPL HI YLD INST	9,194	10,594
	NATIONWIDE TRUST COMPANY, FSB	PRNCPL LGCAP GR INST	119,153	154,082
	NATIONWIDE TRUST COMPANY, FSB	PRUDNTL GLBL REALEST Z	16,026	17,455
	NATIONWIDE TRUST COMPANY, FSB	PRUDNTL TTL RTN BD Q	70,596	71,333
	NATIONWIDE TRUST COMPANY, FSB	PTNM EQ INC Y	6,987	9,188
	NATIONWIDE TRUST COMPANY, FSB	TCW TTL RTN BD I	20,106	20,564
	NATIONWIDE TRUST COMPANY, FSB	TROWEPR EURO STK	7,250	7,593
	NATIONWIDE TRUST COMPANY, FSB	VNGRD 500 INDX FD AS	21,214	26,084
	NATIONWIDE TRUST COMPANY, FSB	VNGRD EQ INC INV	11,367	15,232
	NATIONWIDE TRUST COMPANY, FSB	VNGRD EXPLR ADML	12,025	13,746
	NATIONWIDE TRUST COMPANY, FSB	VNGRD LT TRSRY INV	8,853	8,971
	NATIONWIDE TRUST COMPANY, FSB	VNGRD SEL VAL INV	180,400	191,095
	NATIONWIDE TRUST COMPANY, FSB	VNGRD SMCAP GR INDX INV	142,005	181,574
	NATIONWIDE TRUST COMPANY, FSB	VNGRD SMCAP VAL INDX INV	75,376	96,976
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2020 INV	440,356	593,357
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2025 INV	48,276	72,991
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2030 INV	525,827	644,003
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2035 INV	196,449	240,047
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2040 INV	33,062	43,832
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2045 INV	86,894	103,946
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2050 INV	40,426	48,076
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2055 INV	107,708	128,418
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT 2060 INV	55,043	66,379
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TRGT RTRMT INC	50,756	55,912
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TTL BND MKT LDX ADM	33,915	34,083
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TTL INTLSTKINDX ADML	36,037	38,559
	NATIONWIDE TRUST COMPANY, FSB	VNGRD TTL STMKT INDX FD AS	56,743	71,415
	NATIONWIDE TRUST COMPANY, FSB	WF DISC INST	128,337	185,751
	NATIONWIDE TRUST COMPANY, FSB	WLMNTRBR EAFE EQ INDX 6	24,764	29,134
	NATIONWIDE TRUST COMPANY, FSB	WLMNTRBR EMRGMKTEQINDX 6	37,093	45,565

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2017** and ending **12/31/2017**

Name of plan
MIKRON CORP MONROE RETIREMENT PLAN AND TRUST

Employer Identification Number
06-0974033

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	NATIONWIDE TRUST COMPANY, FSB	WLMNTRBR MDCAP EQ INDX 6	30,934	41,575
	NATIONWIDE TRUST COMPANY, FSB	WLMNTRBR RSL 2000 GR 6	8,778	10,908
	NATIONWIDE TRUST COMPANY, FSB	WLMNTRBR RSL 2000 INDX 6	214	305
	NATIONWIDE TRUST COMPANY, FSB	WLMNTRBR RSL 2000 VAL 6	646	685
	PARTICIPANT LOANS	4.25%-5.25%	0	85,115

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning **01/01/2017** and Ending **12/31/2017**
Name of Plan: **MIKRON CORP MONROE RETIREMENT PLAN AND TRUST**
Employer Identification Number: **06-0974033** Three-digit plan number: **001**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$21,372			**$21,372**	
$21,889			**$21,889**	
$40,038			**$40,038**	
$26,031			**$26,031**	
$21,650			**$21,650**	
$37,889			**$37,889**	