	rm 5500-SF	Short Form Annua	Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Inter	nal Revenue Service	This form is required to be filed				2017			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E	RISA), and sections 605 Revenue Code (the Code		3(a) of the Internal This Form Public In				
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 55	500-SF.				
Part I	Annual Report lo Ar plan year 2017 or fisc	dentification Information cal plan year beginning 01/01/201	7	and anding 10	0/04/0047				
		\neg			2/31/2017 Filers chec	king this box must attach a			
A This ret	turn/report is for:	x a single-employer plan a one-participant plan				vith the form instructions.)			
B This retu	urn/report is								
		the first return/report	the final return/report						
	l	an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	program			
	[special extension (enter descrip	ion)						
Part II	Basic Plan Infor	mation—enter all requested infor	mation						
1a Name	•				1b Thre				
RIKEN ELAS	STOMERS CORPORAT	ION 401K RET. SAV. PLAN			pian (PN)	number 001			
					. ,	ctive date of plan 01/01/2008			
		er, if for a single-employer plan) , apt., suite no. and street, or P.O. l	Box)		2b Emp (EIN	loyer Identification Number			
City or		, country, and ZIP or foreign postal		uctions)	`	nsor's telephone number			
					2d Busi	270-475-2150 ness code (see instructions)			
340 RIKEN C	COURT				Zu Dusi	325900			
HOPKINSVII	LE, KY 42240-6828					323900			
3a Plan a	dministrator's name and	I address 🛛 Same as Plan Spons	or.		3h Adm	inistrator's EIN			
					3c Adm	inistrator's telephone number			
		plan sponsor or the plan name has			4b EIN	20-5281505			
		sor's name, EIN, the plan name and TOMERS CORPORATION	I the plan number from th	e last return/report.	4d PN	001			
•		ERS CORPORATION 401(K) RETI	REMENT SAVINGS PLA	N	TUTN	001			
5a Total ı	number of participants a	t the beginning of the plan year			5a	29			
b Total i	number of participants a	t the end of the plan year			5b	31			
		ccount balances as of the end of the			5c	18			
d(1) Tota	al number of active parti	cipants at the beginning of the plar	year		5d(1)	29			
d(2) Tot	al number of active parti	icipants at the end of the plan year			5d(2)	30			
		erminated employment during the p			5e	1			
Caution: A	penalty for the late or	r incomplete filing of this return/r	eport will be assessed	unless reasonable cau					
SB or Sche	edule MB completed and	er penalties set forth in the instruction I signed by an enrolled actuary, as							
SIGN	true, correct, and comple	ete. alid electronic signature.	10/04/2018	LAURA THOMAS					
HERE					ual cianina	as plan administrator			
SIGN	Signature of plan ad	ווווווסנומנטו	Date	Enter name of individu	uai siyililiy	as plan aunimistratur			
SIGN HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			
			Dale		uai siyilliy	as employer or plan sponsor			

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

Form 5500-SF (2017) v.170203

6a b c								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	1035253	1315184				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1035253	1315184				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	25733					

а	Contributions received or receivable from: (1) Employers	8a(1)	25733	
	(2) Participants	8a(2)	57876	
	(3) Others (including rollovers)	8a(3)	31591	
b	Other income (loss)	8b	172887	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		288087
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6122	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	2034	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8156
i	Net income (loss) (subtract line 8h from line 8c)	8i		279931
j	Transfers to (from) the plan (see instructions)	8j		
_				

Part IVPlan Characteristics9aIf the plan provides pension benefits, enter the applic

l	If the	plan	provid	les p	ension	benefits	enter the applicable pension feature codes from the List of P	'lan Characteristic Codes in the instructions:
	2E	2F	2G	2J	2K	2T 3		

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

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond? 1	10c	x		131422
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	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		6619
f	Has the plan failed to provide any benefit when due under the plan? 1	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF						
Department of the Treasury	Short Form Annua	al Return/Repo Benefit Plan	rt of Small Empl	oyee	OMB Nos	. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be filed	d under sections 104 ar	- d 4065 of the Employee R	etirement	2017	,
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections (Revenue Code (the Co	6057(b) and 6058(a) of the ode).	Internal	This Form is (Open to
Pension Benefit Guaranty Corporation	Complete all entries in a		,	00-SE	Public Inspe	
Part I Annual Repor	rt Identification Information					
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending		1/2017	
A This return/report is for:	X a single-employer plan	a multiple-employer list of participating a foreign plan	plan (not multiemployer) (l employer information in ac	Filers check cordance wi	ing this box must a ith the form instruc	ttach a tions.)
B This return/report is	the first return/report	the final return/repo	t			
	an amended return/report	a short plan year re	urn/report (less than 12 mo	onths)		
C Check box if filing under:	凶 Form 5558	automatic extension	, [
	special extension (enter descri		۲ ۱	DFVC pr	ogram	
Part II Basic Plan Inf	ormation—enter all requested info	• /				
1a Name of plan			I	1b Three	digit	
	RPORATION 401K RET. SAV	V. PLAN			umber 001	
					ive date of plan L/2008	
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign postal	. Box)	- 4 ···· - 4 ···· - 1		yer Identification N 36-4862195	lumber
Riken Elastomers Co	rporation	i code (il loreign, see in	structions)		sor's telephone nur 175-2150	nber
340 Riken Court				2d Busine 32590	ess code (see instru 0	uctions)
Hopkinsville	KY 42240-6828					
3a Plan administrator's name a	and address 🛛 Same as Plan Spons	sor.		3b Admini	istrator's EIN	
				0		
				3C Admini	istrator's telephone	number
4 If the name and/or EIN of the	e plan sponsor or the plan name has	s changed since the last	return/report filed for			number
this plan, enter the plan spo a Sponsor's name Riken	onsor's name, EIN, the plan name and Elastomers Corporation	id the plan number from ว	return/report filed for the last return/report.		0-5281505	number
this plan, enter the plan spo a Sponsor's name Riken C Plan Name Riken	onsor's name, EIN, the plan name and Elastomers Corporation Elastomers Corporation	d the plan number from מ 401(k) Retireme	return/report filed for the last return/report. nt Savings Plan	4b EIN ₂ 4d PN 0	0-5281505	
a Sponsor's name Riken c Plan Name Riken 1 5a Total number of participants	onsor's name, EIN, the plan name and Elastomers Corporation Elastomers Corporation at the beginning of the plan year	d the plan number from 1 401(k) Retireme	return/report filed for the last return/report. nt Savings Plan	4b EIN ₂ 4d PN 0 5a	0-5281505	29
a Sponsor's name Riken c Plan Name Riken 5a Total number of participants b Total number of participants with	Elastomers Corporation Elastomers Corporation Elastomers Corporation at the beginning of the plan year at the end of the plan year account balances as of the end of th	d the plan number from 1 401(k) Retireme	return/report filed for the last return/report. nt Savings Plan	4b EIN ₂ 4d PN 0	0-5281505	29 31
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken 1 5a Total number of participants b Total number of participants with complete this item) 	onsor's name, EIN, the plan name and Elastomers Corporation Elastomers Corporation at the beginning of the plan year at the end of the plan year account balances as of the end of the	d the plan number from 1 401(k) Retireme 	return/report filed for the last return/report. nt Savings Plan d contribution plans	4b EIN 2 4d PN 0 5a 5b 5b 5c	0-5281505	29 31 18
a Sponsor's name Riken c Plan Name Riken 5a Total number of participants b Total number of participants with complete this item)	Elastomers Corporation Elastomers Corporation Elastomers Corporation at the beginning of the plan year at the end of the plan year account balances as of the end of the plants at the beginning of the plan	nd the plan number from 401(k) Retireme e plan year (only define	return/report filed for the last return/report. nt Savings Plan d contribution plans	4b EIN 2 4d PN 0 5a 5 5c 5 5d(1)	0-5281505	29 31 18 29
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken I 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active participants who is a spot participants who is a spot participant participant	Elastomers Corporation Elastomers Corporation Elastomers Corporation at the beginning of the plan year account balances as of the end of the inticipants at the beginning of the plan pricipants at the end of the plan year of terminated employment during the p	Id the plan number from 401(k) Retireme e plan year (only define n year	return/report filed for the last return/report. nt Savings Plan d contribution plans	4b EIN 2 4d PN 0 5a 5 5c 5 5d(1) 5 5d(2) 1	0-5281505	29 31
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken I 5a Total number of participants b Total number of participants with complete this item)	onsor's name, EIN, the plan name and Elastomers Corporation Elastomers Corporation at the beginning of the plan year at the end of the plan year account balances as of the end of the inticipants at the beginning of the plan participants at the end of the plan year terminated employment during the p	Id the plan number from 1 401(k) Retireme 1 1 1 1 1 1 1 1 1 1 1 1 1	return/report filed for the last return/report. nt Savings Plan d contribution plans enefits that were less	4b EIN 2 4d PN 0 5a 5 5b 5 5d(1) 5 5d(2) 5	0-5281505 01	29 31 18 29
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken I 5a Total number of participants b Total number of participants with complete this item)	Elastomers Corporation Elastomers Corporation Elastomers Corporation at the beginning of the plan year account balances as of the end of the pricipants at the beginning of the plan pricipants at the end of the plan year the plan year determinated employment during the plan or incomplete filing of this return/r her penalties set forth in the instruction her penalties set forth in the instruction	Id the plan number from 401(k) Retireme e plan year (only define n year plan year with accrued b report will be assessed ons. I declare that I bay	return/report filed for the last return/report. nt Savings Plan d contribution plans enefits that were less unless reasonable caus	4b EIN 2 4d PN 0 5a 5 5b 5 5c 5 5d(1) 5 5e e e is establic iscludice	0-5281505 01 shed.	29 31 18 29 30 1
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken I 5a Total number of participants b Total number of participants with complete this item)	Elastomers Corporation Elastomers Corporation Elastomers Corporation at the beginning of the plan year account balances as of the end of the pricipants at the beginning of the plan pricipants at the end of the plan year the plan year determinated employment during the plan or incomplete filing of this return/r her penalties set forth in the instruction her penalties set forth in the instruction	Id the plan number from 401(k) Retireme e plan year (only define n year plan year with accrued b report will be assessed ons. I declare that I bay	return/report filed for the last return/report. nt Savings Plan d contribution plans enefits that were less unless reasonable cause a examined this return/report	4b EIN 2 4d PN 0 5a 5 5b 5 5c 5 5d(1) 5 5e e e is establic iscludice	0-5281505 01 shed.	29 31 18 29 30 1
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken I 5a Total number of participants b Total number of participants with complete this item)	bonsor's name, EIN, the plan name and Elastomers Corporation Elastomers Corporation at the beginning of the plan year account balances as of the end of the participants at the beginning of the plan articipants at the end of the plan year be terminated employment during the p or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as plete.	Id the plan number from 401(k) Retireme e plan year (only define blan year with accrued b report will be assessed ons, I declare that I have well as the electronic ve	return/report filed for the last return/report. nt Savings Plan d contribution plans enefits that were less unless reasonable caus e examined this return/report resion of this return/report, a	4b EIN 2 4d PN 0 5a 5 5b 5 5c 5 5d(1) 5 5e e e is establi ort, including and to the b	0-5281505 01 shed. I, if applicable, a So est of my knowledg	29 31 18 29 30 1 :hedule ge and
 this plan, enter the plan spot a Sponsor's name Riken c Plan Name Riken I 5a Total number of participants b Total number of participants with complete this item)	bonsor's name, EIN, the plan name and Elastomers Corporation Elastomers Corporation at the beginning of the plan year account balances as of the end of the participants at the beginning of the plan articipants at the end of the plan year be terminated employment during the p or incomplete filing of this return/r her penalties set forth in the instruction and signed by an enrolled actuary, as plete.	Id the plan number from 401(k) Retireme replan year (only define blan year blan year with accrued b report will be assessed fors, I declare that I have well as the electronic ve 10/4/18	return/report filed for the last return/report. nt Savings Plan d contribution plans enefits that were less I unless reasonable caus examined this return/report, a	4b EIN 2 4d PN 0 5a 5 5b 5 5c 5 5d(1) 5 5e e e is establi ort, including and to the b	0-5281505 01 shed. I, if applicable, a So est of my knowledg	29 31 18 29 30 1 :hedule ge and

	1.	•••	• 1
v.	17	020	03

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6a b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an indeper / and condit	ndent qualified public	c accou	ntant (QPA)		X Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC i If "Yes" is checked, enter the My PAA confirmation number from the	insurance p	rogram (see ERISA	section	4021)	? 🗆 Y	es 🗌 No	Not determin	וed s.)
	art III Financial Information				_				
	Plan Assets and Liabilities		(a) Beginning				(b) End	of Year	
	Total plan assets	. 7a	1	,035	,253			1,315,	184
<u></u>	Total plan liabilities	. 7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c	1	,035,	,253			1,315,	184
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int			(b) 1	otal	
а	Contributions received or receivable from:			25	700	1.1			
-	(1) Employers	8a(1)			733				11
	(2) Participants	8a(2)		_	876				
-	(3) Others (including rollovers)			_	591				
	Other income (loss)			172,	887				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		64				288,0	387
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6,	122				
	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		2,	034	1.1			_
g	Other expenses	8g							
_ <u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)							8,1	56
i	Net income (loss) (subtract line 8h from line 8c)	8i			-			279,9	_
j	Transfers to (from) the plan (see instructions)	8j		-				215,5	
Par	t IV Plan Characteristics	이				_			_
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of P	lan Cha	racteri	stic Codes	in the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	in Chara	acteris	tic Codes i	n the instru	ctions:	_
Par	t V Compliance Questions								
10	During the plan year:						-	_	
а		lione within	the time naried	r	Yes	No	A	mount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fid	luciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	clude transactions	10Ь		х			
C	Was the plan covered by a fidelity bond?			10c	х			131,42	22
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	fidelity bond	that was caused	100		x		101,42	
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons l e or all of th	by an insurance e benefits under	10e	x			6,61	 19
f	Has the plan failed to provide any benefit when due under the plan			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruct	ions and 29 CFR	10g		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 n	otice or one of the	10i					_

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VI Pension Funding Compliance			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule \$	SB	Yes No
	11a	Ι	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	n 302 c	of	🗌 Yes 🛛 No
granting the waiver			of the letter ruling Year
you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
Enter the minimum required contribution for this plan year	12b		
	12c		
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d		
		Yes	No N/A
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		
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
If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
			1.0
	-		
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule S (Form 5500) and line 11a below)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)