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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE EMPLOYEE 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 460

1c Effective date of plan 12/31/2005

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)
CONTRAN CORPORATION

5430 LBJ FREEWAY, SUITE 1700
DALLAS, TX 75240-2697

2b Employer Identification Number (EIN)
74-1646336

2c Plan Sponsor's telephone number
972-233-1700

2d Business code (see instructions)
551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	KATHY COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	GREGORY M. SWALWELL
	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**	2196
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)**	1672
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1705
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	438
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2144
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f Total. Add lines **6d** and **6e**.	**6f**	2164
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2090
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	42
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:

2A 2E 2F 2G 2J 2K 2S 2T 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 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
THE EMPLOYEE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 460

C Plan sponsor's name as shown on line 2a of Form 5500
CONTRAN CORPORATION

D Employer Identification Number (EIN)
74-1646336

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).. . . . . [X] 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

DFA

22-2370029

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

DIAMOND HILL FUNDS

31-6547095

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

EAGLE FUNDS

59-2385219

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

OAKMARK

04-3276558

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

PIMCO FUNDS

95-2632339

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

PRUDENTIAL INVESTMENT

22-3703799

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

VANGUARD

23-1945930

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

VICTORY

13-2700161

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

T. ROWE PRICE

52-2264646

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

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

(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)

WELLS FARGO BANK, NA

94-1347393

(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 21 25 37 38 50 62 64	SERVICE PROVIDER	315272	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ]

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
THE EMPLOYEE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 460

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONTRAN CORPORATION

D Employer Identification Number (EIN)
74-1646336

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: WELLS FARGO STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, NA

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)
41-6202499-001	C	32802601

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)

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

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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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

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
THE EMPLOYEE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 460

C Plan sponsor's name as shown on line 2a of Form 5500
CONTRAN CORPORATION

D Employer Identification Number (EIN)
74-1646336

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	492084	109512
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3760861	3406449
(2) Participant contributions	1b(2)	3489	
(3) Other	1b(3)	1065	
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)	4377630	4761341
(9) Value of interest in common/collective trusts	1c(9)	34989527	32802601
(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)	193597152	237543913
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	237221808	278623816
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	493146	109513
k	Total liabilities (add all amounts in lines 1g through1j)	1k	493146	109513
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	236728662	278514303

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)	7407529	
	(B) Participants	2a(1)(B)	10146186	
	(C) Others (including rollovers)	2a(1)(C)	547841	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		18101556
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)	204572	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		204572
	(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)	8941692	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8941692
	(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)		623435
(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)		32074889
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		59946144
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18836747	
(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)		18836747
f Corrective distributions (see instructions)	2f		11674
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	315272	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		315272
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19163693
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		40782451
l Transfers of assets:			
(1) To this plan	2l(1)		1003190
(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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SUTTON FROST CARY LLP **(2)** EIN: 75-2593210

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		8873
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			

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
THE EMPLOYEE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 460

C Plan sponsor's name as shown on line 2a of Form 5500
CONTRAN CORPORATION

D Employer Identification Number (EIN)
74-1646336

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): 41-6257133

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** 337

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):

THE EMPLOYEE 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2016 and 2017

with

INDEPENDENT AUDITORS' REPORT

THE EMPLOYEE 401(K) RETIREMENT PLAN

Index of Financial Statements and Supplemental Schedules

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SFC
Sutton Frost Cary LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrative Committee of
The Employee 401(k) Retirement Plan:

We have audited the accompanying financial statements of The Employee 401(k) Retirement Plan ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2017, 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

Plan 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 the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Employee 401(k) Retirement Plan as of December 31, 2016 and 2017, and the changes in its net assets available for benefits for the year ended December 31, 2017 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Delinquent Participant Contributions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Sutton Frost Cary

A Limited Liability Partnership
Certified Public Accountants

October 5, 2018
Arlington, Texas

THE EMPLOYEE 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2017

	2016	2017
Assets:		
Investments, at fair value	$ 228,586,679	**$270,346,514**
Receivables:		
Notes receivable from participants	4,377,630	**4,761,341**
Employers' contributions	3,760,861	**3,406,449**
Participants' contributions	3,489	-
Unsettled fund sales	1,065	-
Total receivables	8,143,045	**8,167,790**
Cash	492,084	**109,512**
Total assets	237,221,808	**278,623,816**
Liabilities - Payable for unsettled fund purchases	493,146	**109,513**
Net assets available for benefits	$ 236,728,662	**$278,514,303**

See accompanying Notes to Financial Statements.

THE EMPLOYEE 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 32,698,324
Dividends	8,941,692
Total investment income	41,640,016
Interest income on notes receivable from participants	204,572
Contributions:	
Participants	10,694,027
Employers	7,407,529
Total contributions	18,101,556
Total additions	59,946,144
Deductions:	
Benefits paid to participants	18,848,421
Administrative expenses	315,272
Total deductions	19,163,693
Net increase in net assets available for benefits	40,782,451
Net assets available for benefits:	
Beginning of year	236,728,662
Transfer of assets into the plan	1,003,190
End of year	$278,514,303

See accompanying Notes to Financial Statements.

THE EMPLOYEE 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan:

General - The following description of The Employee 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan. Eligible employees and former employees of Contran Corporation ("Contran") and certain of its subsidiaries and affiliates (individually, an "Employer," and collectively, the "Employers"), including Keystone Consolidated Industries, Inc., Engineered Wire Products, Inc., Keystone Bar Products, Inc. (formerly known as Keystone-Calumet Inc.), Strand-Tech Manufacturing, Inc. (formerly named Strand-Tech Martin, Inc.), CompX International Inc., CompX Security Products Inc., CompX Marine Inc., Custom Marine Inc., Livorsi Marine, Inc., Kronos (US), Inc., EWI RE, Inc., Louisiana Pigment Company, L.P., NL Industries, Inc. and Waste Control Specialists LLC, may elect to participate in the Plan immediately upon hire. The Plan is a single master plan with adoption agreements for each Employer defining certain specific terms for such Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On August 3, 2016, Keystone Consolidated Industries, Inc. acquired all of the ownership interests of Strand-Tech Martin, Inc. Effective April 1, 2017 the Strand-Tech Martin 401(k) plan was merged into the Plan and, as a result, assets consisting of investments at fair value of approximately $957,000 and notes receivable from participants of approximately $46,000 were transferred into the Plan.

Effective January 26, 2018, Waste Control Specialists LLC ceased participation in the Plan.

All of Contran's outstanding voting stock is held by a family trust established for the benefit of Lisa K. Simmons and Serena Simmons Connelly and their children, for which Ms. Simmons and Ms. Connelly are co-trustees, or is held directly by Ms. Simmons and Ms. Connelly or entities related to them. Consequently, Ms. Simmons and Ms. Connelly may be deemed to control the Plan and each of the Employers.

Unless otherwise indicated, references in this report to "we," "us" or "our" refer to Contran Corporation and its subsidiaries, taken as a whole.

Participant and Employer Contributions - The Plan permits participants to defer 1% to 100% (certain highly-compensated employees' maximum deferral percentage may be limited) of their annual compensation, as defined by the Plan, as contributions, not to exceed a combined pre-tax and Roth 401(k) deferral of $18,000 in 2017 (subject to adjustment in future years), through payroll deductions. Participants who will be at least age 50 by the end of the Plan year may elect to make "catch-up" contributions, not to exceed an additional combined pre-tax and Roth 401(k) deferral of $6,000 in 2017 (subject to adjustments in future years) through payroll deductions.

New employees who have not otherwise elected to participate in the Plan are automatically enrolled in the Plan at their first eligible date (unless they have elected to not participate in the Plan), with a default deferral rate established by each Employer in its adoption agreement ranging from 3% to 6%, and deferrals are invested in the Plan's qualified default investment alternatives (unless otherwise elected by the participant). Each Employer in

its adoption agreement may elect to automatically increase certain employees' default deferral rates by 1% each year until the maximum deferral rate elected by the Employer is reached. Only those employees who were automatically enrolled in the Plan, have been automatically enrolled for a period of at least twelve months and who have not made a deferral election change since that time, including an election not to defer, will have their default deferral rate automatically increased by their Employer.

Each Employer may contribute to the Plan based on its discretion, or matching or other formula as defined in the Plan. The Employer's contribution is reduced, as provided by the Plan, by nonvested amounts forfeited by its participants who withdraw from the Plan. At December 31, 2016 and 2017, unallocated forfeited nonvested accounts were approximately $31,000 and $4,000, respectively. Forfeitures of approximately $212,000 were used to reduce employer contributions for the year ended December 31, 2017. Pursuant to the Internal Revenue Code, total participant contributions (pre-tax and after-tax but excluding catch-up contributions) and employer contributions are limited to an aggregate of $54,000 per participant from all employer defined contribution plans in 2017.

Vesting and benefits - Participant deferrals (including earnings thereon) are immediately vested. Employer contributions (including earnings thereon) from all Employers other than Louisiana Pigment Company's non-matching contributions, vest at the rate of 20% per year of service, as defined by each Employer. Louisiana Pigment Company's non-matching employer contributions remain unvested for 3 years of service, after which they become fully vested.

Upon termination of employment, retirement, or death, a participant (or beneficiary, if applicable) may elect to receive a distribution in the form of (i) a lump sum amount not to exceed the vested value of the participant's accounts; (ii) installments over a period of time not exceeding the greater of the life expectancy of the participant or the joint and last survivor expectancy of the participant and designated beneficiary, or (iii) a combination of (i) and (ii). Effective October 3, 2017, the Plan was amended such that (i) without the consent of a participant, the Plan shall make a lump sum distribution of a participant's account balance if the vested portion of the participant's account (excluding any rollover account balances) is not greater than $5,000, and (ii) in the event of such a mandatory distribution greater than $1,000 (including any rollover account balances) , the Plan will automatically rollover a participant's account balance to an individual retirement account designated by the Plan if the participant does not make an election to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or receive a cash distribution directly.

Participants' accounts - Participants' account balances are invested in mutual funds and collective trust funds administered by Wells Fargo Bank, N.A. ("Wells Fargo") and other mutual funds. See Note 3.

Each participant's account is credited with the participant's contribution, an allocation of the Employer's contribution, if any, and investment earnings, and charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings, matching or account balances, as defined in the Plan. Certain administrative expenses may be charged directly to the participants' accounts incurring those expenses.

Notes receivable from participants - With the consent of the Plan administrator, a participant is able to borrow from his/her fund account an amount ranging from a minimum of $1,000 up to a maximum that is generally equal to the lesser of $50,000 or 50% of his/her vested account balance as permitted by the Plan. Principal and interest is paid ratably through payroll deductions.

A loan is collateralized by the balance in the participant's account and bears interest at rates commensurate with local prevailing rates. For outstanding loans at December 31, 2017, the interest rates ranged from 4.25% to 12.00% and mature through 2032.

Tax status - The Plan has been notified by the Internal Revenue Service in letters dated August 12, 2013 and August 28, 2013 that it is a qualified plan under Section 401(a) and Section 401(k) of the Internal Revenue Code (the "Code"), and is therefore exempt from federal income taxes under provisions of Section 501(a) of the Code.

The Plan's Annual Returns/Reports of Employee Benefit Plan prior to 2014 are closed to examination by the applicable tax authorities. The Plan had no significant uncertain tax positions for the years ended December 31, 2016 and 2017.

Plan termination - Each Employer has the right under the Plan to discontinue its contributions at any time and to terminate its participation in the Plan, in compliance with the provisions of ERISA. In the event the Plan is terminated or partially terminated, the accounts of all affected participants would become fully vested.

Note 2 - Summary of significant accounting policies:

Basis of accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Management estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may, in some instances, differ from previously estimated amounts.

Investment valuation and income recognition - The Plan's investments are stated at fair value. See Note 4 for a discussion of fair value measurements.

The net appreciation (depreciation) for the year is reflected in the Plan's statement of changes in net assets available for benefits. The net appreciation (depreciation) includes realized gains or losses and unrealized appreciation (depreciation) on investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Interest income on notes receivable is recorded on the accrual basis.

Payment of benefits - Benefits are recorded when paid.

Expenses of administering the Plan - To the extent not paid by the Plan, administrative expenses are paid by the Employer at its sole discretion.

Subsequent events - The Plan has evaluated subsequent events through October 5, 2018, the date these financial statements were available to be issued.

Note 3 - Investments:

The Plan invests in a collective trust fund administered by Wells Fargo Bank, N.A. ("Wells Fargo"), and also invests in mutual funds administered by third parties. Wells Fargo is the trustee and custodian of the Plan and, therefore, investment transactions involving such collective trust fund administered by Wells Fargo qualify as party-in-interest transactions.

During 2017, the Plan's investments (including gains and losses on investments bought and sold during the year as well as investments held throughout the year) increased in value by a net $32,698,324.

Note 4 – Fair value measurements:

The Plan carries its investments at fair value in accordance with Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures,* which establishes a consistent framework for measuring fair value and is applied to all financial statement items required to be measured at fair value. The standard requires fair value measurements to be classified and disclosed in one of the following three categories:

- *Level 1* – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- *Level 2* – Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the assets or liability; and
- *Level 3* – Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable.

The level within the fair value hierarchy by which the Plan's investments are categorized is based on the lowest level of any input that is significant to the fair value measurement of each investment. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2017, and all of the Plans investments were valued using either Level 1 or Level 2 inputs at such dates.

Mutual funds - Investments are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund - Investments are valued at the NAV of the fund invested in by the collective trust fund at year-end. The NAV, as provided by Wells Fargo, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a redemption of the collective trust fund, Wells Fargo reserves the right to require a 12-month notice of withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. At the discretion of Wells Fargo, the notification period may be waived. The collective trust fund does not have a finite life or any unfunded commitments relating to this type of investment.

The following is a description of certain information regarding the investment with an NAV fair value measurement.

The stable value fund objective is to provide a moderate level of stable income without principal volatility. At December 31, 2017, the stable value fund consists solely of the Plan's investment in the Wells Fargo Stable Return Fund N, "Stable Return Fund", which invests all of its assets in Wells Fargo Stable Return Fund G, a collective trust fund sponsored by Wells Fargo. The Wells Fargo Stable Return Fund G invests in investment contracts and security-backed contracts. An investment contract is a contract issued by a financial institution to provide a stated rate of return to the buyer of the contract for a specified period of time. A security-backed contract has similar characteristics to a traditional investment contract and is comprised of two parts: the first part is a fixed-income security or portfolio of fixed-income securities; the second part is a contract value guarantee (wrapper) provided by a third party. Wrappers provide contract value payments for certain participant-initiated withdrawals and transfers, a floor crediting rate, and return of fully accrued contract value at maturity.

There are several risks specific to investment contracts. One of the primary risks involved is credit risk of the contract issuer. Credit risk for security-backed contracts includes risks arising from the potential inability of the issuer to meet the terms of the contract wrapper and the potential default of the underlying fixed-income securities. Secondly, liquidity is limited because of the unique characteristics of investment contracts and the absence of an actively traded secondary market. Interest rate risk is also present because rates may be fixed with these products.

The fair value of the Stable Return Fund is based on the underlying unit value reported by Wells Fargo Stable Return Fund G, and a NAV can be calculated for the Stable Return Fund. The average yield based on actual earnings of the Stable Return Fund was 2.36% for the year ended December 31, 2017. The average yield based on interest rate credited to participants in the Stable Return Fund was 2.14% as of December 31, 2017. Our investments in the Stable Return Fund are measured at fair value using the NAV per share (or its equivalent) practical expedient and have not been categorized in the fair value hierarchy. The fair value amounts presented in the table below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

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

	Fair Value at Reporting Date Using			
	Total	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2016:				
Collective trust fund-Stable value fund	$ 34,989,537	$ -	$ -	$ -
Mutual funds	193,597,142	193,597,142	-	-
Total investments	$228,586,679	$193,597,142	$ -	$ -

	Fair Value at Reporting Date Using			
	Total	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2017:				
Collective trust fund-Stable value fund	**$ 32,802,601**	**$ -**	**$ -**	**$ -**
Mutual funds	**237,543,913**	**237,543,913**	**-**	**-**
Total investments	**$270,346,514**	**$237,543,913**	**$ -**	**$ -**

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer and employee contributions receivable, unsettled fund sales and unsettled fund purchases. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of the instruments.

Note 5 - Related Party and Party-in-Interest Transactions:

The Plan made direct payments of $315,272 to Wells Fargo in 2017 for investment management services. Such fees are included in administration expenses of the Plan. The Plan sponsor pays directly any other fees related to the Plan's operations.

THE EMPLOYEE 401(K) RETIREMENT PLAN

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

Identity of Party	Description of investment	Fair Value
	T. Rowe Price Large Cap Core Fund	$ 34,996,682
*	Wells Fargo Stable Return Fund N	32,802,601
	Diamond Hill Large Cap Fund	19,499,740
	Oakmark International Fund	18,963,030
	Vanguard Institutional Index Fund	18,332,571
	Victory Munder Midcap Core Growth Fund	16,306,455
	Pimco Total Return Fund	14,616,594
	T. Rowe Price Retirement 2030 Fund	11,586,809
	T. Rowe Price Retirement 2025 Fund	10,850,250
	T. Rowe Price Retirement 2020 Fund	10,713,801
	T. Rowe Price Retirement 2040 Fund	10,216,045
	Oakmark Equity & Income Fund	10,074,974
	DFA US Targeted Value Fund	9,912,567
	T. Rowe Price Retirement 2035 Fund	8,806,061
	Eagle Small Cap Growth Fund	7,905,479
	Prudential QMA Mid Cap Value Fund	6,429,259
	T. Rowe Price Retirement 2045 Fund	4,193,373
	T. Rowe Price Retirement 2015 Fund	3,382,277
	DFA Emerging Markets Fund	3,070,546
	T. Rowe Price Retirement 2050 Fund	2,922,694
	Eagle Small Cap Fund	2,591,140
	Vanguard Extend Market Index Fund	2,566,811
	Pimco Real Return Fund	1,960,074
	Vanguard Total Bond Market Index Fund	1,867,293
	T. Rowe Price Retirement 2055 Fund	1,749,650
	T. Rowe Price Retirement 2010 Fund	1,443,370
	Vanguard Developed Markets Index Fund	843,740
	T. Rowe Price Retirement 2060 Fund	637,191
	T. Rowe Price Retirement 2005 Fund	610,260
	Vanguard Calvert Social Index Fund	495,177
*	Notes receivable from participants (with interest rates from 4.25% to 12.00%), mature through 2032	4,761,341
		$275,107,855

* Investment in a "Party-in-interest" entity, as defined by ERISA.

See Independent Auditors' Report.

THE EMPLOYEE 401(K) RETIREMENT PLAN

SCHEDULE H, line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

Check here if late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
√	$ -	$ 8,873*	$ -	$ -

* The amount relates to 2016 and 2017 participant contributions.

Attachment to 2017 Form 5500, Part I A
Multiple Employer Plan Participating Employer Information

Plan Name: The Employee 401k Retirement Plan
EIN: 74-1646336 PN: 460
Plan Sponsor Name: Contran Corporation

Name of Participating Employer	EIN	Percent of Total Contributions
Contran Corporation	74-1646336	13%
CompX International, Inc.	57-0981653	18%
Keystone Consolidated Industries, Inc.	37-0364250	20%
Kronos (US), Inc.	13-3346363	4%
Louisiana Pigment Co., LP	72-1249283	39%
Waste Control Specialists	76-0483743	5%
EWI RE, Inc.	13-3475665	2%

THE EMPLOYEE 40l(K) RETIREMENT PLAN

EIN 74-1646336, PLAN NUMBER 460

SCHEDULE H, line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

Check here if late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$	$ 8,873*	$	$

* The amount relates to 2016 and 2017 participant contributions.

THE EMPLOYEE 401(K) RETIREMENT PLAN

EIN 74-1646336, PLAN NUMBER 460

SCHEDULE H, line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

Identity of Party	Description of investment	Fair Value
*	T. Rowe Price Large Cap Core Fund	$ 34,996,682
	Wells Fargo Stable Return Fund N	32,802,601
	Diamond Hill Large Cap Fund	19,499,740
	Oakmark International Fund	18,963,030
	Vanguard Institutional Index Fund	18,332,571
	Victory Munder Midcap Core Growth Fund	16,306,455
	Pimco Total Return Fund	14,616,594
	T. Rowe Price Retirement 2030 Fund	11,586,809
	T. Rowe Price Retirement 2025 Fund	10,850,250
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	T. Rowe Price Retirement 2035 Fund	8,806,061
	Eagle Small Cap Growth Fund	7,905,479
	Prudential QMA Mid Cap Value Fund	6,429,259
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	T. Rowe Price Retirement 2015 Fund	3,382,277
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	T. Rowe Price Retirement 2060 Fund	637,191
	T. Rowe Price Retirement 2005 Fund	610,260
	Vanguard Calvert Social Index Fund	495,177
*	Notes receivable from participants (with interest rates from 4.25% to 12.00%), mature through 2032	4,761,341
		$275,107,855

* Investment in a “Party-in-interest” entity, as defined by ERISA.

See Independent Auditors’ Report.

THE EMPLOYEE 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

December 31, 2016 and 2017

with

INDEPENDENT AUDITORS' REPORT

THE EMPLOYEE 401(K) RETIREMENT PLAN

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SFC
Sutton Frost Cary LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrative Committee of
The Employee 401(k) Retirement Plan:

We have audited the accompanying financial statements of The Employee 401(k) Retirement Plan ("Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2017, 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

Plan 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 the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Employee 401(k) Retirement Plan as of December 31, 2016 and 2017, and the changes in its net assets available for benefits for the year ended December 31, 2017 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Delinquent Participant Contributions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Sutton Frost Cary

A Limited Liability Partnership
Certified Public Accountants

October 5, 2018
Arlington, Texas

THE EMPLOYEE 401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2017

	2016	2017
Assets:		
Investments, at fair value	$ 228,586,679	**$270,346,514**
Receivables:		
Notes receivable from participants	4,377,630	**4,761,341**
Employers' contributions	3,760,861	**3,406,449**
Participants' contributions	3,489	-
Unsettled fund sales	1,065	-
Total receivables	8,143,045	**8,167,790**
Cash	492,084	**109,512**
Total assets	237,221,808	**278,623,816**
Liabilities - Payable for unsettled fund purchases	493,146	**109,513**
Net assets available for benefits	$ 236,728,662	**$278,514,303**

See accompanying Notes to Financial Statements.

THE EMPLOYEE 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments	$ 32,698,324
Dividends	8,941,692
Total investment income	41,640,016
Interest income on notes receivable from participants	204,572
Contributions:	
Participants	10,694,027
Employers	7,407,529
Total contributions	18,101,556
Total additions	59,946,144
Deductions:	
Benefits paid to participants	18,848,421
Administrative expenses	315,272
Total deductions	19,163,693
Net increase in net assets available for benefits	40,782,451
Net assets available for benefits:	
Beginning of year	236,728,662
Transfer of assets into the plan	1,003,190
End of year	$278,514,303

See accompanying Notes to Financial Statements.

THE EMPLOYEE 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan:

General - The following description of The Employee 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan. Eligible employees and former employees of Contran Corporation ("Contran") and certain of its subsidiaries and affiliates (individually, an "Employer," and collectively, the "Employers"), including Keystone Consolidated Industries, Inc., Engineered Wire Products, Inc., Keystone Bar Products, Inc. (formerly known as Keystone-Calumet Inc.), Strand-Tech Manufacturing, Inc. (formerly named Strand-Tech Martin, Inc.), CompX International Inc., CompX Security Products Inc., CompX Marine Inc., Custom Marine Inc., Livorsi Marine, Inc., Kronos (US), Inc., EWI RE, Inc., Louisiana Pigment Company, L.P., NL Industries, Inc. and Waste Control Specialists LLC, may elect to participate in the Plan immediately upon hire. The Plan is a single master plan with adoption agreements for each Employer defining certain specific terms for such Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On August 3, 2016, Keystone Consolidated Industries, Inc. acquired all of the ownership interests of Strand-Tech Martin, Inc. Effective April 1, 2017 the Strand-Tech Martin 401(k) plan was merged into the Plan and, as a result, assets consisting of investments at fair value of approximately $957,000 and notes receivable from participants of approximately $46,000 were transferred into the Plan.

Effective January 26, 2018, Waste Control Specialists LLC ceased participation in the Plan.

All of Contran's outstanding voting stock is held by a family trust established for the benefit of Lisa K. Simmons and Serena Simmons Connelly and their children, for which Ms. Simmons and Ms. Connelly are co-trustees, or is held directly by Ms. Simmons and Ms. Connelly or entities related to them. Consequently, Ms. Simmons and Ms. Connelly may be deemed to control the Plan and each of the Employers.

Unless otherwise indicated, references in this report to "we," "us" or "our" refer to Contran Corporation and its subsidiaries, taken as a whole.

Participant and Employer Contributions - The Plan permits participants to defer 1% to 100% (certain highly-compensated employees' maximum deferral percentage may be limited) of their annual compensation, as defined by the Plan, as contributions, not to exceed a combined pre-tax and Roth 401(k) deferral of $18,000 in 2017 (subject to adjustment in future years), through payroll deductions. Participants who will be at least age 50 by the end of the Plan year may elect to make "catch-up" contributions, not to exceed an additional combined pre-tax and Roth 401(k) deferral of $6,000 in 2017 (subject to adjustments in future years) through payroll deductions.

New employees who have not otherwise elected to participate in the Plan are automatically enrolled in the Plan at their first eligible date (unless they have elected to not participate in the Plan), with a default deferral rate established by each Employer in its adoption agreement ranging from 3% to 6%, and deferrals are invested in the Plan's qualified default investment alternatives (unless otherwise elected by the participant). Each Employer in

its adoption agreement may elect to automatically increase certain employees' default deferral rates by 1% each year until the maximum deferral rate elected by the Employer is reached. Only those employees who were automatically enrolled in the Plan, have been automatically enrolled for a period of at least twelve months and who have not made a deferral election change since that time, including an election not to defer, will have their default deferral rate automatically increased by their Employer.

Each Employer may contribute to the Plan based on its discretion, or matching or other formula as defined in the Plan. The Employer's contribution is reduced, as provided by the Plan, by nonvested amounts forfeited by its participants who withdraw from the Plan. At December 31, 2016 and 2017, unallocated forfeited nonvested accounts were approximately $31,000 and $4,000, respectively. Forfeitures of approximately $212,000 were used to reduce employer contributions for the year ended December 31, 2017. Pursuant to the Internal Revenue Code, total participant contributions (pre-tax and after-tax but excluding catch-up contributions) and employer contributions are limited to an aggregate of $54,000 per participant from all employer defined contribution plans in 2017.

Vesting and benefits - Participant deferrals (including earnings thereon) are immediately vested. Employer contributions (including earnings thereon) from all Employers other than Louisiana Pigment Company's non-matching contributions, vest at the rate of 20% per year of service, as defined by each Employer. Louisiana Pigment Company's non-matching employer contributions remain unvested for 3 years of service, after which they become fully vested.

Upon termination of employment, retirement, or death, a participant (or beneficiary, if applicable) may elect to receive a distribution in the form of (i) a lump sum amount not to exceed the vested value of the participant's accounts; (ii) installments over a period of time not exceeding the greater of the life expectancy of the participant or the joint and last survivor expectancy of the participant and designated beneficiary, or (iii) a combination of (i) and (ii). Effective October 3, 2017, the Plan was amended such that (i) without the consent of a participant, the Plan shall make a lump sum distribution of a participant's account balance if the vested portion of the participant's account (excluding any rollover account balances) is not greater than $5,000, and (ii) in the event of such a mandatory distribution greater than $1,000 (including any rollover account balances) , the Plan will automatically rollover a participant's account balance to an individual retirement account designated by the Plan if the participant does not make an election to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or receive a cash distribution directly.

Participants' accounts - Participants' account balances are invested in mutual funds and collective trust funds administered by Wells Fargo Bank, N.A. ("Wells Fargo") and other mutual funds. See Note 3.

Each participant's account is credited with the participant's contribution, an allocation of the Employer's contribution, if any, and investment earnings, and charged with an allocation of administrative expenses, if any. Allocations are based on participant earnings, matching or account balances, as defined in the Plan. Certain administrative expenses may be charged directly to the participants' accounts incurring those expenses.

Notes receivable from participants - With the consent of the Plan administrator, a participant is able to borrow from his/her fund account an amount ranging from a minimum of $1,000 up to a maximum that is generally equal to the lesser of $50,000 or 50% of his/her vested account balance as permitted by the Plan. Principal and interest is paid ratably through payroll deductions.

A loan is collateralized by the balance in the participant's account and bears interest at rates commensurate with local prevailing rates. For outstanding loans at December 31, 2017, the interest rates ranged from 4.25% to 12.00% and mature through 2032.

Tax status - The Plan has been notified by the Internal Revenue Service in letters dated August 12, 2013 and August 28, 2013 that it is a qualified plan under Section 401(a) and Section 401(k) of the Internal Revenue Code (the "Code"), and is therefore exempt from federal income taxes under provisions of Section 501(a) of the Code.

The Plan's Annual Returns/Reports of Employee Benefit Plan prior to 2014 are closed to examination by the applicable tax authorities. The Plan had no significant uncertain tax positions for the years ended December 31, 2016 and 2017.

Plan termination - Each Employer has the right under the Plan to discontinue its contributions at any time and to terminate its participation in the Plan, in compliance with the provisions of ERISA. In the event the Plan is terminated or partially terminated, the accounts of all affected participants would become fully vested.

Note 2 - Summary of significant accounting policies:

Basis of accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Management estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may, in some instances, differ from previously estimated amounts.

Investment valuation and income recognition - The Plan's investments are stated at fair value. See Note 4 for a discussion of fair value measurements.

The net appreciation (depreciation) for the year is reflected in the Plan's statement of changes in net assets available for benefits. The net appreciation (depreciation) includes realized gains or losses and unrealized appreciation (depreciation) on investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Interest income on notes receivable is recorded on the accrual basis.

Payment of benefits - Benefits are recorded when paid.

Expenses of administering the Plan - To the extent not paid by the Plan, administrative expenses are paid by the Employer at its sole discretion.

Subsequent events - The Plan has evaluated subsequent events through October 5, 2018, the date these financial statements were available to be issued.

Note 3 - Investments:

The Plan invests in a collective trust fund administered by Wells Fargo Bank, N.A. ("Wells Fargo"), and also invests in mutual funds administered by third parties. Wells Fargo is the trustee and custodian of the Plan and, therefore, investment transactions involving such collective trust fund administered by Wells Fargo qualify as party-in-interest transactions.

During 2017, the Plan's investments (including gains and losses on investments bought and sold during the year as well as investments held throughout the year) increased in value by a net $32,698,324.

Note 4 – Fair value measurements:

The Plan carries its investments at fair value in accordance with Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures,* which establishes a consistent framework for measuring fair value and is applied to all financial statement items required to be measured at fair value. The standard requires fair value measurements to be classified and disclosed in one of the following three categories:

- *Level 1* – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- *Level 2* – Quoted prices in markets that are not active, or inputs which are observable, either directly or indirectly, for substantially the full term of the assets or liability; and
- *Level 3* – Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable.

The level within the fair value hierarchy by which the Plan's investments are categorized is based on the lowest level of any input that is significant to the fair value measurement of each investment. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2017, and all of the Plans investments were valued using either Level 1 or Level 2 inputs at such dates.

Mutual funds - Investments are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund - Investments are valued at the NAV of the fund invested in by the collective trust fund at year-end. The NAV, as provided by Wells Fargo, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a redemption of the collective trust fund, Wells Fargo reserves the right to require a 12-month notice of withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. At the discretion of Wells Fargo, the notification period may be waived. The collective trust fund does not have a finite life or any unfunded commitments relating to this type of investment.

The following is a description of certain information regarding the investment with an NAV fair value measurement.

The stable value fund objective is to provide a moderate level of stable income without principal volatility. At December 31, 2017, the stable value fund consists solely of the Plan's investment in the Wells Fargo Stable Return Fund N, "Stable Return Fund", which invests all of its assets in Wells Fargo Stable Return Fund G, a collective trust fund sponsored by Wells Fargo. The Wells Fargo Stable Return Fund G invests in investment contracts and security-backed contracts. An investment contract is a contract issued by a financial institution to provide a stated rate of return to the buyer of the contract for a specified period of time. A security-backed contract has similar characteristics to a traditional investment contract and is comprised of two parts: the first part is a fixed-income security or portfolio of fixed-income securities; the second part is a contract value guarantee (wrapper) provided by a third party. Wrappers provide contract value payments for certain participant-initiated withdrawals and transfers, a floor crediting rate, and return of fully accrued contract value at maturity.

There are several risks specific to investment contracts. One of the primary risks involved is credit risk of the contract issuer. Credit risk for security-backed contracts includes risks arising from the potential inability of the issuer to meet the terms of the contract wrapper and the potential default of the underlying fixed-income securities. Secondly, liquidity is limited because of the unique characteristics of investment contracts and the absence of an actively traded secondary market. Interest rate risk is also present because rates may be fixed with these products.

The fair value of the Stable Return Fund is based on the underlying unit value reported by Wells Fargo Stable Return Fund G, and a NAV can be calculated for the Stable Return Fund. The average yield based on actual earnings of the Stable Return Fund was 2.36% for the year ended December 31, 2017. The average yield based on interest rate credited to participants in the Stable Return Fund was 2.14% as of December 31, 2017. Our investments in the Stable Return Fund are measured at fair value using the NAV per share (or its equivalent) practical expedient and have not been categorized in the fair value hierarchy. The fair value amounts presented in the table below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

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

	Fair Value at Reporting Date Using			
	Total	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2016:				
Collective trust fund-Stable value fund	$ 34,989,537	$ -	$ -	$ -
Mutual funds	193,597,142	193,597,142	-	-
Total investments	$228,586,679	$193,597,142	$ -	$ -

	Fair Value at Reporting Date Using			
	Total	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2017:				
Collective trust fund-Stable value fund	**$ 32,802,601**	**$ -**	**$ -**	**$ -**
Mutual funds	**237,543,913**	**237,543,913**	**-**	**-**
Total investments	**$270,346,514**	**$237,543,913**	**$ -**	**$ -**

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer and employee contributions receivable, unsettled fund sales and unsettled fund purchases. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to the short maturity of the instruments.

Note 5 - Related Party and Party-in-Interest Transactions:

The Plan made direct payments of $315,272 to Wells Fargo in 2017 for investment management services. Such fees are included in administration expenses of the Plan. The Plan sponsor pays directly any other fees related to the Plan's operations.

THE EMPLOYEE 401(K) RETIREMENT PLAN

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

Identity of Party	Description of investment	Fair Value
	T. Rowe Price Large Cap Core Fund	$ 34,996,682
*	Wells Fargo Stable Return Fund N	32,802,601
	Diamond Hill Large Cap Fund	19,499,740
	Oakmark International Fund	18,963,030
	Vanguard Institutional Index Fund	18,332,571
	Victory Munder Midcap Core Growth Fund	16,306,455
	Pimco Total Return Fund	14,616,594
	T. Rowe Price Retirement 2030 Fund	11,586,809
	T. Rowe Price Retirement 2025 Fund	10,850,250
	T. Rowe Price Retirement 2020 Fund	10,713,801
	T. Rowe Price Retirement 2040 Fund	10,216,045
	Oakmark Equity & Income Fund	10,074,974
	DFA US Targeted Value Fund	9,912,567
	T. Rowe Price Retirement 2035 Fund	8,806,061
	Eagle Small Cap Growth Fund	7,905,479
	Prudential QMA Mid Cap Value Fund	6,429,259
	T. Rowe Price Retirement 2045 Fund	4,193,373
	T. Rowe Price Retirement 2015 Fund	3,382,277
	DFA Emerging Markets Fund	3,070,546
	T. Rowe Price Retirement 2050 Fund	2,922,694
	Eagle Small Cap Fund	2,591,140
	Vanguard Extend Market Index Fund	2,566,811
	Pimco Real Return Fund	1,960,074
	Vanguard Total Bond Market Index Fund	1,867,293
	T. Rowe Price Retirement 2055 Fund	1,749,650
	T. Rowe Price Retirement 2010 Fund	1,443,370
	Vanguard Developed Markets Index Fund	843,740
	T. Rowe Price Retirement 2060 Fund	637,191
	T. Rowe Price Retirement 2005 Fund	610,260
	Vanguard Calvert Social Index Fund	495,177
*	Notes receivable from participants (with interest rates from 4.25% to 12.00%), mature through 2032	4,761,341
		$275,107,855

* Investment in a "Party-in-interest" entity, as defined by ERISA.

See Independent Auditors' Report.

THE EMPLOYEE 401(K) RETIREMENT PLAN

SCHEDULE H, line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

Check here if late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
√	$ -	$ 8,873*	$ -	$ -

* The amount relates to 2016 and 2017 participant contributions.

Attachment to 2017 Form 5500, Part I A
Multiple Employer Plan Participating Employer Information

Plan Name: The Employee 401k Retirement Plan
EIN: 74-1646336 PN: 460
Plan Sponsor Name: Contran Corporation

Name of Participating Employer	EIN	Percent of Total Contributions
Contran Corporation	74-1646336	13%
CompX International, Inc.	57-0981653	18%
Keystone Consolidated Industries, Inc.	37-0364250	20%
Kronos (US), Inc.	13-3346363	4%
Louisiana Pigment Co., LP	72-1249283	39%
Waste Control Specialists	76-0483743	5%
EWI RE, Inc.	13-3475665	2%

THE EMPLOYEE 40l(K) RETIREMENT PLAN

EIN 74-1646336, PLAN NUMBER 460

SCHEDULE H, line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

Check here if late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$	$ 8,873*	$	$

* The amount relates to 2016 and 2017 participant contributions.

THE EMPLOYEE 401(K) RETIREMENT PLAN

EIN 74-1646336, PLAN NUMBER 460

SCHEDULE H, line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

Identity of Party	Description of investment	Fair Value
*	T. Rowe Price Large Cap Core Fund	$ 34,996,682
	Wells Fargo Stable Return Fund N	32,802,601
	Diamond Hill Large Cap Fund	19,499,740
	Oakmark International Fund	18,963,030
	Vanguard Institutional Index Fund	18,332,571
	Victory Munder Midcap Core Growth Fund	16,306,455
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See Independent Auditors’ Report.

THE EMPLOYEE 40l(K) RETIREMENT PLAN

EIN 74-1646336, PLAN NUMBER 460

SCHEDULE H, line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

Check here if late Participant Loan Repayments are included	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
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* The amount relates to 2016 and 2017 participant contributions.

Attachment to 2017 Form 5500, Part I A
Multiple Employer Plan Participating Employer Information

Plan Name: The Employee 401k Retirement Plan
EIN: 74-1646336 PN: 460
Plan Sponsor Name: Contran Corporation

Name of Participating Employer	EIN	Percent of Total Contributions
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Keystone Consolidated Industries, Inc.	37-0364250	20%
Kronos (US), Inc.	13-3346363	4%
Louisiana Pigment Co., LP	72-1249283	39%
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