## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	n									
For calend	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	/2018		and ending 1:	2/31/2018						
A This ref	turn/report is for:	X a single-employer plan			an (not multiemployer) ( aployer information in ac							
D This nat		a one-participant plan	a for	eign plan								
<b>D</b> This red	urn/report is	the first return/report	the final return/report									
		an amended return/report	a sho	rt plan year returr	n/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558	auto	matic extension		DFVC progra	ım					
		special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformation			1						
1a Name	•					<b>1b</b> Three-dig						
KML CORPO	ORATION 401(K) PLA	AN				plan numb (PN) ▶	ber	001				
						1c Effective of	date of					
						TO Elicolive	07/01/	•				
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	O. Box)			<b>2b</b> Employer (EIN)	Identific 91-13					
City or KML CORPO		ce, country, and ZIP or foreign pos	stal code (if	foreign, see instr	ructions)	2c Sponsor's	s teleph 53-475-					
						2d Business code (see instructions)						
	STREET PAUL AVEN	NUE .				321900						
TACOMA, W	A 98421											
3a Plan a	dministrator's name a	and address X Same as Plan Spo	onsor.			<b>3b</b> Administra	ator's E	IN				
						3c Administra	ator's te	elephone number				
						7 (311)						
		ne plan sponsor or the plan name h				4b EIN						
	an, enter the plan spo or's name	onsor's name, EIN, the plan name	and the pla	in number from th	ne last return/report.	<b>4d</b> PN						
C Plan N						10 110						
5a Total	number of participants	s at the beginning of the plan year.				5a		81				
		s at the end of the plan year				5b		61				
		account balances as of the end of		, -	•	5c		59				
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	olan year			5d(1)		66				
		articipants at the end of the plan ye				5d(2)		50				
		o terminated employment during th				5e		3				
Caution: A	A penalty for the late	or incomplete filing of this retur	rn/report w	ill be assessed	unless reasonable ca							
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a polete										
SIGN		d/valid electronic signature.	06	6/03/2019	WAYNE IRMITER							
HERE	Signature of plan	administrator		)ate	Enter name of individ	ual signing as pla	an adm	inistrator				
					WAYNE IRMITER							

Date

**HERE** 

Enter name of individual signing as employer or plan sponsor

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If you answered "No" to either line 8a or line 8b, the plan cannot use Form 5500-S and must instead use Form 5500.  If "Yes" is checked, either the My PAA confirmation number from the PBGC premium filing for this plan year (See institutions).  Part III   Financial Information   Financial Infor		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X	Yes	No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If "Yes" is checked, either the My PAA confirmation number from the PBGC insurance program (see ERISA section 4021)?	b								X	Yes	No
Part III   Financial Information   Financial Informa		· · · · · · · · · · · · · · · · · · ·							Ц	_	
Part III   Financial Information   Financial Informa	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes N	o No	t determ	nined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	ır			(See i	nstructio	ons.)
a Total plan assets	Pa	rt III   Financial Information									
a Total plan assets	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Yea	r	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a					1	1643	779	
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers  (2) Participants. (3) Others (including rollovers)	b	Total plan liabilities	7b								
a Contributions received or receivable from: (i) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	29	06845		1643			779	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b	) Total		
(2) Participants	а		82/1)		50706						
(3) Others (including rollovers)		=	` '								
b Other income (loss)					00000						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,		_	91189						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		\ /			01100				62	407	
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 13254* i Net income (loss) (subtract line 8h from line 8c) 8i 1726306 j Transfers to (from) the plan (see instructions) 8j  Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2M 2E 2F 2G 2J 2K 2T 3D  During the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  2M 2E 2F 2G 2J 2K 2T 3D  Mass there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X  Differ there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  C Was the plan covered by a fidelity bond? 10c X 100  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X 100  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10c X  f Has the plan failed to provide any benefit when due under the plan? 10f X  Program insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10g X  h If this is an individual account plan, was there a			- 00								
f Administrative service providers (salaries, fees, commissions)			8d	13.	20453						
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)  8h  13254;  i Net income (loss) (subtract line 8h from line 8c)  8i  -126306;  j Transfers to (from) the plan (see instructions). 8j  -126306;  j Transfers to (from) the plan (see instructions). 8j  -126306;  part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D   b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year: Yes No Amount	f		8f		5020						
i Net income (loss) (subtract line 8h from line 8c)	<u>g</u>	Other expenses	8g			_					
Part IV   Plan Characteristics	<u>h</u>	· · · · · · · · · · · · · · · · · · ·							1325	473	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>.</u>	, , , ,	8i						-1263	066	
Second Part V   Compliance Questions			8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10c X  10d X  10e X  10											
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	odes from the List of Pl	an Cha	racteri	istic C	odes in the i	nstruction	S:	
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the in	structions		
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		t V   Compliance Questions				1		1			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		<u> </u>				Yes	No		Amoun	t	
Program)	а										
reported on line 10a.)					10a	X				65143	}
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	b	· · · · · · · · · · · · · · · · · · ·	,		10b		Χ				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			10	000000	)
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e	X				4936	3
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
2520.101-3.)						X				48444	
1640	h	2520.101-3.)	· · · · · · · · · · · · · · · · · · · ·		10h		Χ				
exceptions to providing the notice applied under 29 CFR 2520.101-3	i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	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 letter ruling granting the waiver.      Month Day Year							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A				
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	<b>3c(1)</b> Name of plan(s):	(2) EIN(s)	)	<b>13c(3)</b> PN(s)				

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

x a single-employer plan

For calendar plan year 2018 or fiscal plan year beginning

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

12/31/2018

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

01/01/2018

and ending

a multiple-employer plan (not multiemployer) (Filers checking this box must attach

Α	This return/report is for:			employer information in ac	cordance with the	he form instructions.)			
_	a one-participan		a foreign plan						
В	This return/report is:	· H	the final return/repor						
	an amended retu	urn/report	a short plan year ret	urn/report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	П	automatic extension		☐ DFVC p	orogram			
•	i H	ப n (enter description			ы.	ŭ			
D	art II Basic Plan Information enter	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
	Name of plan	all requested inform	nation		<b>1b</b> Three-digi	<u> </u>			
	KML Corporation 401(k) Plan				plan numb	per			
				-	(PN) ►  1c Effective d	001			
					07/01/2	•			
2a	Plan sponsor's name (employer, if for a single-en	nployer plan)	)		<b>2b</b> Employer	Identification Number			
	Mailing Address (include room, apt., suite no. and City or town, state or province, country, and ZIP of			structions)	(EIN) 91	1381834			
	KML Corporation					telephone number 175-7541			
	1616 East Street Paul Avenue					code (see instructions)			
	1010 East Street Faul Avenue				321900				
	US Tacoma WA 98421				2h				
<b>3a</b>	Plan administrator's name and address X Sam	ie as Plan Sponsor	•		<b>3b</b> Administra	ator's EIN			
				-	30 Administra	tada talankan ananakan			
					3C Administra	ator's telephone number			
4	If the name and/or EIN of the plan sponsor or the	•	•	•	4b EIN				
а	this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. <b>a</b> Sponsor's name				4d PN				
	Plan Name								
5a	Total number of participants at the beginning of the	he plan year	•••••		5a	81			
b	Total number of participants at the end of the plan	n year	•••••		5b	61			
С	Number of participants with account balances as complete this item)				5c	59			
ď	(1) Total number of active participants at the begin				5d(1)	66			
_ '	(2) Total number of active participants at the end of	. ,		F	5d(2)	50			
	Number of participants who terminated employments			<u> </u>					
<u>е</u>	less than 100% vested	••••••	•••••		5e	3			
Ca	aution: A penalty for the late or incomplete filing	្ស of this return/rep	oort will be assesse	d unless reasonable cau	se is establish	ed.			
	nder penalties of perjury and other penalties set for								
	B or Schedule MB completed and signed by an enro elief, it is true, correct, and complete.	olled actuary, as we	ell as the electronic v	rersion of this return/report,	, and to the best	or my knowledge and			
	SIGN     HERE   Signature of plan adm/nist/ator		Date	Enter name of individual	signing as plan	administrator			
	) Alm + lante		June 3, 2019	Wayne F. Irmiter	organing do pidit	a			
	HERE Signature of employer/plan sponsor		Date	Enter name of individual	signing as amp	lover or plan sponsor			
	or Paperwork Reduction Act Notice, see the inst	tructions for Form		Enter name of maiwada	orgining as citip	Form 5500-SF (2018)			
	apoi moi ii rioddollolli Aot 11000c, 3cc ille 1113t		5500 Oi .			1 3111 3300-31 (2010)			

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6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			•••••	•••••	X Yes No			
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan canno										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 402	21)?	[	Yes	No Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	remium filing for this year					(See instructions.)			
Pá	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	T		(b) End of Year			
а	Total plan assets	7a	2,9	06,8	45			1,643,779			
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	2,9	06,8	45		1,643,77				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total			
а	Contributions received or receivable from:				0.5						
	(1) Employers	8a(1)		59,7							
	(2) Participants	8a(2)		93,8	00						
	(3) Others (including rollovers)	8a(3)									
<u>b</u>	Other income (loss)	8b	(9)	1,18	9)						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						62,407			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,3	20,4	53						
е	Certain deemed and/or corrective distributions (see instructions)	8e	-								
f	Administrative service providers (salaries, fees, commissions)	8f		5,0	20						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,325,473			
<del>"</del>	Net income (loss) (subtract line 8h from line 8c)	8i						(1,263,066)			
÷	Transfers to (from) the plan (see instructions)	8j									
Pa	rrt IV Plan Characteristics		L								
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan C	harac	terist	ic Cod	es in th	ne instructions:			
-	2A 2E 2F 2G 2J 2K 2T 3D		ioo nom the Liet of Flair e	zi iai ac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0 000		io mondono.			
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Ch	naracti	oristic	Code	s in the	instructions:			
~	in the plant provides wellare sentence, onto the applicable wellare let	31010 0000	o nom the List of Flair of	iaraon	5110110	Oodo	0 111 1110	o mondonono.			
Pa	nrt V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а											
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction								
	Program)			10a	Х			65,143			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x					
				10c	х			10,000,000			
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused					<u> </u>			
	by fraud or dishonesty?	•••••	••••••	10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	x			4,936			
f	,			10f		х		-			
				10g	x			48,444			
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR								
	2520.101-3.)			10h		х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
	shophand to promaing the notice applied under 20 of It 2020.10			1 . 0.							

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Part	VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500 and line 11a below)					res X	No
11a	Enter th	he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	)	11a				
12	<b>ERISA</b>	a defined contribution plan subject to the minimum funding requirements of section 412 of the?  2s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ion 302	of		∕es 🗓	] No	
	If a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see g the waiver	Month	nd ente Da		of the Yea		ing —
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.					
b	Enter th	he minimum required contribution for this plan year		12b				
С	Enter th	he amount contributed by the employer to the plan for the plan year	••••••	12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to re amount)		12d				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes [	No		А
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a r	resolution to terminate the plan been adopted in any plan year?	••••••		Yes	X	No	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?	ought under th	e		Yes [	X No	
С	,	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideasets or liabilities were transferred. (See instructions.)	entify the plan(	s) to				
13	13c(1) Name of plan(s): 13c(2) El		N(s)		13c	<b>(3)</b> PN(s	s)	