## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	Part I		t Identification Information								
_Fo	r calenda	ar plan year 2018 or f	fiscal plan year beginning 01/01/2	/2018		and ending 1	12/31/2018				
Α	This ret	urn/report is for:	X a single-employer plan	<u></u>		olan (not multiemployer) mployer information in a		_			
D	This was to	one less a sut les	a one-participant plan	a for							
В	This retu	ırn/report is	the first return/report								
			an amended return/report	a sho							
С	Check b	oox if filing under:	Form 5558		matic extension		DFVC prog	gram			
			special extension (enter desc	cription)							
P	art II	Basic Plan Info	ormation—enter all requested in	nformation							
	Name of TECH P	•	RETIREMENT PLAN & TRUST				1b Three-orplan nu (PN)	ımber			
							1c Effective date of plan 01/01/1996				
<b>2</b> a			oyer, if for a single-employer plan)					er Identification Number			
			om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos		foreign, see ins	tructions)	(EIN) 91-1195234				
KEL	TECH P	LASTICS INC					<b>2c</b> Sponsor's telephone number 253-472-9654				
							2d Business code (see instructions)				
	OMA, W	I PINE STREET A 98409					326100				
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.						<b>3b</b> Administrator's EIN					
							3c Administrator's telephone number				
4			ne plan sponsor or the plan name honsor's name, EIN, the plan name				4b EIN				
a		or's name	shoot o hamo, Em, alo plan hamo.	and the pr	arriamoor mom	and last rotally roport.	4d PN				
C	Plan N	ame									
5a	Total r	number of participants	s at the beginning of the plan year.				5a 4				
b	Total r	number of participants	s at the end of the plan year				. 5b	33			
C			account balances as of the end of				. 5c	31			
c	<b>1(1)</b> Tota	al number of active pa	articipants at the beginning of the p	olan year			. 5d(1)	25			
d(2) Total number of active participants at the end of the plan year						. 5d(2)	16				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							5e	0			
	ution: A	penalty for the late	or incomplete filing of this retur	rn/report v	vill be assessed	d unless reasonable ca					
SE	3 or Sche		other penalties set forth in the instru and signed by an enrolled actuary, aplete.								
	GN	Filed with authorized	d/valid electronic signature.	0	6/17/2019	DEANNA M. KELLEF	R				
HE	RE	Signature of plan	administrator		Date	Enter name of individ	vidual signing as plan administrator				
	GN	Filed with authorized	d/valid electronic signature.	0	6/17/2019	DEANNA M. KELLEF	?				
HE	RE	Signature of employer/plan sponsor Date Enter name of individu					dual signing as employer or plan sponsor				

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X	es 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.)								es 🗌 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.										
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No										
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								ructions.)		
Pa	Part III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) En	d of Year			
a	Total plan assets	7a		94786			(-)	1204496	6		
b	Total plan liabilities	7b		0							
С	Net plan assets (subtract line 7b from line 7a)	7c	129	94786		1204496					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b) Total				
а	Contributions received or receivable from:	0-(4)		0							
	(1) Employers	8a(1)	-	0 78042							
	(2) Participants	8a(2)	'	0	-						
	(3) Others (including rollovers)	8a(3)	_	59095	-						
	Other income (loss)	8b		09090				18947	7		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1094			
	to provide benefits)	8d	10	08652							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	460								
f	Administrative service providers (salaries, fees, commissions)	8f	<b>8</b> f 125								
g	ner expenses										
h	otal expenses (add lines 8d, 8e, 8f, and 8g)							10923	7		
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						-90290	)		
<u>j</u>	Transfers to (from) the plan (see instructions)	Fransfers to (from) the plan (see instructions)									
Par	Part IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the ins	tructions:			
Par	t V Compliance Questions						_				
10	During the plan year:				Yes	No		Amount			
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X					
С				10c	X			15	0000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					X					
е	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.)								1183		
f	Has the plan failed to provide any benefit when due under the pla		10f		Χ						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							5	0806		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h		Χ					
i 	If 10h was answered "Yes," check the box if you either provided the required notice or one of th exceptions to providing the notice applied under 29 CFR 2520.101-3										

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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	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	<b>a</b> 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									
lf y	you 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?		Yes X N							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?										
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant 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

## 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).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Perision belone coasially corporation	➤ Complete all entries in a	accordance with the instr	uctions to the Form 5	500-SF.					
Part   Annual Report	Identification Information								
For calendar plan year 2018 or fi		01/01/2018	and ending	12/31/	2018				
a single-employer plan  A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
·	a one-participant plan	a foreign plan	. ,						
B This return/report is									
	an amended return/report	a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		DFVC program	n				
				• •	, ,,,				
	ormation—enter all requested info	formation		T					
1a Name of plan				1b Three-digit					
KEL TECH PLASTICS I	NC 401K RETTREMENT			plan numb (PN) ▶	er 001				
PLAN & TRUST				1c Effective d 01/01/	•				
	oyer, if for a single-employer plan)	) Paul		2b Employer i	dentification Number				
Mailing address (include roo City or town, state or proving	om, apt., suite no. and street, or P.O ce_country_and ZIP or foreign posta	al code (if foreion, see instr	uctions)		1195234				
KEL TECH PLASTICS I	ce, country, and ZIP or foreign posta NC		,	2c Sponsor's telephone number (253) 472-9654					
				2d Business c	ode (see instructions)				
3510 SOUTH PINE STR	EET		60400						
TACOMA		WA	98409	326100					
3a Plan administrator's name a	nd address 🛛 Same as Plan Spon	nsor.		3b Administrator's EłN					
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  4b EIN									
4 If the name and/or EIN of the this plan, enter the plan spo	pnsor's name, EIN, the plan name a	and the plan number from the	ne last return/report.	4b EIN					
a Sponsor's name				4d PN					
C Plan Name									
5a Total number of participants	at the beginning of the plan year			5a	4 ()				
<b>b</b> Total number of participants	at the end of the plan year			5b	33				
C Number of participants with	account balances as of the end of t	the plan year (only defined	contribution plans	5c	31				
•	rticipants at the beginning of the pla			5d(1)	25				
d(2) Total number of active pa	articipants at the end of the plan yea	ar		5d(2)	16				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested									
Caution: A penalty for the late	or incomplete filing of this return	treport will be assessed	uniess reasonable ca	use is establishe	d.				
Under penalties of perjury and ot SB or Schedule MB completed at belief, it is true, correct, and com-	ther penalties set forth in the instruc- ind signed by an enrolled actuary, as plete.	tions, I declare that I have is well as the electronic ven	examined this return/re sion of this return/repor	port, including, if a t, and to the best	applicable, a Schedule of my knowledge and				
sign Xan	. Ma 14.4.1	4/17/19	Deanna	LMK	cler				
HERE Signature of plan a	ıdministrator	Date	Enter name of individ	n administrator					
sign Jann	amluch	6/17/19	Danna	M-Kel	ler				
For Paperwork Reduction Act Notice	oyer/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individ	ual signing as em	ployer or plan sponsor Form 5500-SF (2018)				

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	Were all of the plan's assets during the plan year invested in eligib	ole assets	? (See instructions.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		X Yes			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	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.									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	[	Yes No Not determined							
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC	premium filing for this p	ian yea	ıF		(See instructions.)			
Pa	rt III Financial Information			<del></del>						
7	Plan Assets and Liabilities	1 AVEN	(a) Beginning	of Year			(b) End of Year			
a	Total plan assets	7a	<del></del>	294,			1,204,496			
	Total plan liabilities	7b	· ·		0					
	Net plan assets (subtract line 7b from line 7a)	7c	1,	294,	786		1,204,496			
8	Income, Expenses, and Transfers for this Plan Year	4	(a) Amour	nt			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	1-1		0					
	(2) Participants	8a(2)		78,	042	7.77				
	(3) Others (including rollovers)	8a(3)			0	Y Ale				
b	Other income (loss)	8b		-59,	095	: 43				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		44 11 13			18,947			
d	Benefits paid (including direct rollovers and insurance premiums			100	652					
	to provide benefits)	8d	108,653							
<u>e</u> _		ertain deemed and/or corrective distributions (see instructions) 8e								
<u> </u>		dministrative service providers (salaries, fees, commissions) 8f								
_9_	Other expenses		8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	80				109,237 -90,290			
<u>.</u>	Net income (loss) (subtract line 8h from line 8c)	8i				. f V f	-90,290			
_ <b>J</b>	Transfers to (from) the plan (see instructions)	<b>8</b> j	ł							
9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
b 	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Char	ctensi	iic Coc	des in the instructions:			
Par					T	<del> </del>	r			
10	During the plan year:	**	And the Common of the		Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's Verogram)	oluntary l	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х		150,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х				
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.)						1,183			
f	Has the plan failed to provide any benefit when due under the plan?					Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)						50,806			
h	If this is an individual account plan, was there a blackout period? 42520.101-3.)	•		10g 10h		Х				
i										

		Form 5500-SF (2018)		Page <b>3</b> -				~	
Part	VI	Pension Funding Compliance						<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
11		his a defined benefit plan subject to minim om 5500) and line 11a below)					8	Y	es 🛚 Nio
11a	Εn	ter the unpaid minimum required contributi	ions for all years from Schedule	SB (Form 5500) line 40		11a			
12	ER				Code or sectio	n 302 o	f	Y	es ⊠ No
		"Yes," complete line 12a or lines 12b, 12c		,, , <del>, , , , , , , , , , , , , , , , ,</del>					
a		waiver of the minimum funding standard f nting the waiver.				d enter t Day		of the letter Year	ruling
if	you	completed line 12a, complete lines 3, 9,	, and 10 of Schedule MB (Form	n 5500), and skip to line	13.				
b	Ente	er the minimum required contribution for thi	is plan year			12b			
С	Ente	r the amount contributed by the employer	to the plan for this plan year			12c			
d		otract the amount in line 12c from the amountive amount)		•		12d			
e	Wil	the minimum funding amount reported on	line 12d be met by the funding	deadline?			Yes	No [	N/A
Part	VII	Plan Terminations and Transfe	ers of Assets						
13a	Has	s a resolution to terminate the plan been adop	oted in any plan year?				Ye	s 🛛 No	
	If "	Yes," enter the amount of any plan assets	that reverted to the employer thi	s year		13a			
đ		re all the plan assets distributed to participatrol of the PBGC?	•	• •	•			Yes 🛚	No
С		during this plan year, any assets or liabilitie ch assets or liabilities were transferred. (S	•	n to another plan(s), iden	tify the plan(s)	) to			
	3c(1	) Name of plan(s):			13c(2)	EIN(s)		13c(3)	PN(s)
									-