

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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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	☐ the first return/report ☒ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan AMERICAN RHEINMETALL MUNITION 401(K) PLAN	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	10/01/2011	
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) AMERICAN RHEINMETALL MUNITION, I 125 WOODSTREAM BOULEVARD SUITE 105 STAFFORD, VA 22556	2b Employer Identification Number (EIN)	20-5060162	
	2c Sponsor's telephone number	703-221-9302	
	2d Business code (see instructions)	339900	
3a Plan administrator's name and address ☒ 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		
5a Total number of participants at the beginning of the plan year	5a	22	
b Total number of participants at the end of the plan year	5b	0	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c	0	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	15	
d(2) Total number of active participants at the end of the plan year	5d(2)	0	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0	
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	11/22/2019	KURT BURKHALTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ 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 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.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1288569	0
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1288569	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	43311	
(2) Participants	8a(2)	76222	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-97320	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		22213
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	130560	
e Certain deemed and/or corrective distributions (see instructions)	8e	109	
f Administrative service providers (salaries, fees, commissions)	8f	455	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		131124
i Net income (loss) (subtract line 8h from line 8c)	8i		-108911
j Transfers to (from) the plan (see instructions)	8j	-1179658	

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:
2E 2F 2G 2J 2K 2S 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
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)	10a		X	
b Were 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		129000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		0
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ 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 section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a 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 _____

If 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**

c 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**

e 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 ☒ 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 the control of the PBGC? ☒ Yes ☐ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
RHEINMETALL GR	51-0257461	335



To: Department of Labor

Re: Request for Penalty Abatement under Reasonable Cause Plan # 237075

American Rheinmetall Munition, Inc.
125 Woodstream Boulevard #105
20-5060162

November 7, 2019

Dear Sir/Madam:

I am writing to request an abatement of penalties related to the late filing of form 5500 for 2018.

The reason was due to several factors.

One is the termination of ADP as the TPA for the 401k plan filing the 5500 which resulted in a general deterioration of communications between the company and the former TPA regarding all matters but in this case regarding when the return was available for filing.

The second is that the communication between ADP TPA services and the company had been reduced to relying solely on email. Unfortunately the company suffered a hack of its email accounts resulting in lack of receipt of all emails during the time period during which ADP sent notices that the 5500 was ready for filing. Therefore, the company was not aware that the return was ready to be filed until it was past due and indeed not until the date of this letter.

The company has had an excellent record of filing all its tax returns in a timely manner in the past and will continue to do so. The company is responding as quickly as possible as soon as it was aware of the status of the return.

We request that abatement of any penalties related to the late filing of form 5500 for 2018.

Sincerely,

Kurt Burkhalter
Accounting Manager

American Rheinmetall Munition, Inc.
125 Woodstream Boulevard, Suite 105, Stafford, Virginia 22556
Tel 703-221-9296
Fax 540-720-7037