

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ 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:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>KMTEX 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2012</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/2012</u>					
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) <u>KMTEX LLC</u> <div style="display: flex; justify-content: space-between;"> <div><u>2450 SOUTH GULFWAY DRIVE</u> <u>PORT ARTHUR, TX 77640-4542</u></div> <div><u>2450 SOUTH GULFWAY DRIVE</u> <u>PORT ARTHUR, TX 77640-4542</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>45-4743059</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>409-984-1418</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>325900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-4743059</u>	2c Plan Sponsor's telephone number <u>409-984-1418</u>	2d Business code (see instructions) <u>325900</u>	
2b Employer Identification Number (EIN) <u>45-4743059</u>					
2c Plan Sponsor's telephone number <u>409-984-1418</u>					
2d Business code (see instructions) <u>325900</u>					

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.	10/15/2021	R. DOUGLAS FELTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor KMTEX LLC 2450 SOUTH GULFWAY DRIVE PORT ARTHUR, TX 77640-4542		3b Administrator's EIN 45-4735742
		3c Administrator's telephone number 409-984-1418
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 KMCO, LLC c Plan Name KMCO 401(K) PLAN		4b EIN 45-4735742 4d PN 001
5 Total number of participants at the beginning of the plan year		5 205
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) 103
a(2) Total number of active participants at the end of the plan year		6a(2) 67
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 125
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 192
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e
f Total. Add lines 6d and 6e		6f 192
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 187
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 2
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: 2E 2F 2G 2J 2K 2S 2T 3D 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan KMTX 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KMTX LLC	D Employer Identification Number (EIN) 45-4743059	

Part I	Service Provider Information (see instructions)
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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).. ☐ 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
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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)

MBG RETIREMENT

11700 KATY FREEWAY, STE 1100
HOUSTON, TX 77079

(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?
26 16	INVESTMENT ADVISOR	25393	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

T ROWE PRICE RPS INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

(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 49 37	CUSTODIAN	18322	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ROBERTSON & ROBERTSON, PLLC

800 WILCREST DRIVE, STE 205
HOUSTON, TX 77042

26-1631123

(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?
10	AUDITOR	5666	Yes ☐ No ☐	Yes ☐ No ☐	0	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
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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>KMTEX 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KMTEX LLC</u>	D Employer Identification Number (EIN) <u>45-4743059</u>

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
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)	415624	286388
(9) Value of interest in common/collective trusts	1c(9)		
(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)	14952883	8887894
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	15368507	9174282

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15368507	9174282
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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)	238478	
(B) Participants	2a(1)(B)	550430	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		788908
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)	21264	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21264
(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)	416690	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		416690
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		813657
c Other income	2c		53998
d Total income. Add all income amounts in column (b) and enter total.....	2d		2094517

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8239361	
(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)		8239361
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	5666	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25393	
(4) Other.....	2i(4)	18322	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49381
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8288742

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6194225
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ROBERTSON & ROBERTSON, PLLC**

(2) EIN: **26-1631123**

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:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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	
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	
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		X	

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan KMTEx 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KMTEx LLC		D Employer Identification Number (EIN) 45-4743059
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
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): 52-1481931		
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
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

KMTEX 401(k) Plan

*Financial Statements and Supplemental Information
December 31, 2020 (in Liquidation) and 2019 (ongoing)*

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KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

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***Note:** All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted since they are either not applicable or the information required therein has been included in the financial statements or notes thereto.*

Independent Auditor's Report

To the Trustees and Plan Administrator of the KMTEX 401(k) Plan and Participants:

We were engaged to audit the accompanying financial statements of the KMTEX 401(k) Plan which comprise the Statements of Net Assets Available for Benefits as of December 31, 2020 (in Liquidation) and 2019 (ongoing) and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020 (in Liquidation), 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 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 conducting our audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by T. Rowe Price Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter - Plan Termination and Use of Liquidation Basis of Accounting

As described in Note A to the financial statements, the Plan Sponsor of the KMTEX 401(k) Plan elected to terminate the Plan effective July 22, 2021 and determined liquidation is imminent. As a result, the Plan adopted the liquidation basis of accounting in presenting the 2020 financial statements in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ROBERTSON & ROBERTSON, PLLC.

Robertson & Robertson, PLLC
Houston, Texas
October 15, 2021

Statements of Net Assets Available for Benefits
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

	<i>In Liquidation</i> <u>12/31/2020</u>	<i>Ongoing</i> <u>12/31/2019</u>
Assets:		
Investments, at fair value	\$ 8,887,894	\$ 14,952,883
Total investments	<u>8,887,894</u>	<u>14,952,883</u>
Contributions receivable:		
Employer	321	6,925
Participant	526	14,442
Notes receivable from participants	<u>286,388</u>	<u>415,624</u>
Total contributions receivable	287,235	436,991
 Total assets	 9,175,129	 15,389,874
 Net assets available for benefits	 <u><u>\$ 9,175,129</u></u>	 <u><u>\$ 15,389,874</u></u>

The accompanying notes are an integral part of these financial statements

Statement of Changes in Net Assets Available for Benefits
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation)

	<u>12/31/2020</u>
Additions:	
Additions to net assets attributed to:	
Investment income (loss):	
Net appreciation (depreciation) in fair value of investments	\$ 813,657
Dividend income	416,690
Other income	53,998
Total investment income	<u>1,284,345</u>
Interest from notes receivable from participants	21,264
Contributions:	
Participants' contributions	543,826
Employer's contributions	224,562
Total contributions	<u>768,388</u>
Total additions	2,073,997
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	8,239,361
Administrative expenses	49,381
Total deductions	<u>8,288,742</u>
Net increase (decrease) in net assets available for benefits (in Liquidation)	(6,214,745)
Net assets available for benefits (ongoing), beginning of year, as reported	15,389,874
Net assets available for benefits (in Liquidation), end of year	<u><u>\$ 9,175,129</u></u>

The accompanying notes are an integral part of these financial statements

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Note A – Description of the plan

The following brief description of the KMTEx 401(k) Plan (“the Plan”) is provided for general information purposes only. The Plan is sponsored by KMTEx, LLC and certain of its related entities (collectively referred to as the “Plan Sponsor” or “Company”). Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

Plan Termination

The Plan Sponsor of the KMTEx 401(k) Plan elected to terminate the Plan effective July 22, 2021. As a result, all participants with an account balance remaining in the Plan became fully vested in all contribution sources, regardless of status or years of vested service. The Plan’s termination on July 22, 2021 closed the Plan to new participants and ceased employee and employer contributions into the Plan.

The Company determined that the liquidation of the Plan was imminent due to the decision to terminate the Plan and therefore adopted the liquidation basis of accounting in presenting the 2020 financial statements in accordance with accounting principles generally accepted in the United States of America. The application of the liquidation basis of accounting did not have a material impact on the Plan’s financial statements.

General

Prior to Plan’s termination, the Plan was a defined contribution plan that provided retirement savings benefits to eligible employees of the Company through tax deferred voluntary contributions by employees and matching and discretionary nonelective contributions by the Company. The Plan, which commenced effective July 1, 2012 and was amended and restated effective October 1, 2020, covered substantially all employees of the Company. Participation in the Plan was voluntary. Employees were eligible to participate in the Plan after the completion of one (1) month. An employee’s entry date was the first day of the first payroll period following the date they satisfied the eligibility requirements. Excluded from the class of eligible employees were union employees, nonresident aliens, and residents of Puerto Rico. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”). The Company was the designated administrator of the Plan and T. Rowe Price Trust Company was the Trustee/Custodian of the Plan responsible for the management and control of the Plan’s assets which are held in individual participant investment accounts.

Plan Amendments

The plan was amended and restated effective May 29, 2020 to change the Plan name from KMCO 401(k) Plan to KMTEx 401(k) Plan and the Plan Sponsor from KMCO, LLC to KMTEx, LLC. Additionally, KMCO, LLC was added as a participating employer. The plan was also amended on October 1, 2020 to include a provision regarding the plan’s partial plan termination.

On March 27, 2020 the Coronavirus Aid, Relief and Economic Security (“CARES”) Act was enacted and signed into law as part of the response to the novel coronavirus (“COVID-19”) global pandemic. As permitted by the CARES Act, the Plan adopted the distribution provision of the CARES Act which allows Plan participants to take a COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. As of the date of the financial statements, the Plan has not adopted any other provision as permitted by the CARES Act.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Participant accounts

Prior to Plan's termination, each participant's account was credited with the participant's contributions and allocations of (a) employer matching and discretionary nonelective contributions and (b) Plan earnings (losses) and was charged with an allocation of administrative expenses. Allocations were based on the percentage which the participant's contributions, account balance, and compensation, as defined, bear to the total of all participants' contributions, account balances, and compensation, respectively. The benefit to which a participant was entitled was the benefit that can be provided from the participant's account.

Employee contributions

Prior to Plan's termination, participants could elect to contribute up to the maximum amount allowed for deferral under the IRC. The amount deferred was not subject to federal taxation to the participants until distributions were made from the Plan. Eligible participants were automatically enrolled in the Plan at 6% of their eligible compensation for each pay period unless a contrary election was made. The Plan would automatically increase elective contributions by 1% on a date determined by the Plan Administrator each plan year until the deferral rate reached the plan-specified maximum of 12%.

Participants who had attained age fifty (50) or older before the end of the tax year were eligible to make catch-up contributions up to the maximum amount allowed for deferral under the IRC. Participants could also designate all or a portion of their elective deferrals as Roth elective deferrals. Participants could discontinue their election to contribute at any time. Transfers from qualified plans were allowed under the provisions of the Plan. Additional after-tax voluntary contributions were not permitted.

Employer contributions

Prior to Plan's termination, the Company could, at its discretion, make matching contributions to the Plan. During 2020 and 2019, the Company matched 100% of the first 5% of each participants' eligible compensation contributed to the plan, respectively, for a total of \$224,562 and \$613,687, respectively. Discretionary employer matching contributions were suspended in May 2020 due to the uncertainty created by the COVID-19 pandemic. On June 29, 2020, discretionary employer matching contributions were reinstated.

Additionally, each Plan year the Company could make discretionary nonelective contributions in amounts determined by the Company. Discretionary nonelective contributions were allocated to eligible participants based upon a discretionary percentage of the participant's compensation or a discretionary dollar amount. Eligible participants who were employed on the last day of the Plan year shared in employer discretionary nonelective contributions. No discretionary nonelective contributions were made during the 2020 and 2019 plan years.

ERISA and the IRC provide that plans such as the KMCO, Inc. 401(k) Plan cannot discriminate in favor of highly compensated individuals. To comply with these laws, certain highly compensated individuals may receive funds in the year that contributions were made in excess of the IRC Section 401(k) limit and all earnings attributable to such contributions. At December 31, 2020 and 2019, there were no corrective distributions payable to participants.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Investment Options

Prior to Plan's termination, participants could direct the investment of their contributions into various investment options offered by the Plan. The Plan offered investments in mutual funds. Participants could change their investment mix during the year and such changes were subject to the restrictions made by the Company.

Vesting

Prior to Plan's termination, participants were fully vested in their employee contributions including rollovers plus actual earnings (losses) thereon. Vesting in the Company discretionary matching and nonelective contributions and earnings thereon was based on years of service. A year of service was defined as 1,000 hours of service during any plan year. Additionally, a participant would become fully vested in the Company's contributions account upon reaching normal or early retirement age or in the event of death or total and permanent disability.

The vesting schedule for Company discretionary matching and nonelective contributions was determined as follows:

<u>Years of Service:</u>	<u>Percentage</u>
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Forfeited accounts

Prior to Plan's termination, forfeitures were created when participants terminated employment before becoming entitled to their full benefits under the Plan. Forfeited amounts were retained in the Plan and would be used to pay administrative expenses of the Plan or to reduce future employer discretionary matching and nonelective contributions for the Plan year. During 2020 and 2019, the Company applied \$20,644 and \$175,027, respectively, from the forfeiture balance to reduce employer contributions and \$1,744 and \$0 to pay administrative expenses, respectively. As of December 31, 2020 and 2019, the unallocated forfeiture balance was \$0 and \$13,537, respectively.

Notes Receivable from Participants

Prior to Plan's termination, participants could borrow from their accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of their account balance, whichever was less. No more than one (1) loan could be outstanding at any one time. The loans were secured by the balance in the participant's account and bore interest at rates ranging from 4.25% to 6.5% which was commensurate with local prevailing rates at the time the loans were initiated. Principal and interest was paid ratably through payroll deductions. All loans must be repaid within five (5) years, unless the loan is used to purchase a primary residence, for which loan terms may range up to fifteen (15) years.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Payment of Benefits

Prior to Plan's termination, on termination of employment, disability, death, or normal retirement, a participant or designated beneficiary could elect to receive a lump-sum distribution equal to the value of the participant's vested account balance, a direct rollover distribution to another plan which qualifies under section 401(a) of the IRC, or a combination of a cash distribution and direct rollover distribution. Participants could defer receipt of distribution until a later date unless their account balance was \$5,000 or less. If the vested account balance was \$5,000 or less, the Company would direct the Custodian that any amount less than \$5,000 would be distributed to the participant, without consent, into an IRA for their benefit or in a single-cash payment.

If an active participant had attained age fifty-nine and one-half (59½), they could elect to withdraw all or a portion of their account while still employed by the Company. Hardship distributions were available to participants who demonstrated an immediate and heavy financial need.

Administrative Expenses

Prior to Plan's termination, the Plan permitted the payment of expenses incurred in connection with the administration of the Plan to be made from the Plan's assets. Expenses would generally be allocated among the accounts of all participants in the plan proportionately based on the value of the participant's account balances. Specific fees could also be charged directly to a participant's account in response to transactions requested under the Plan. Substantially all other costs of administering the Plan, including professional and other expenses, were paid by the Company. Administrative expenses totaled \$49,381 and \$70,488 for the years ended December 31, 2020 and 2019, respectively.

The plan maintained a plan expense account which held revenue sharing funds the Plan received from the Custodian pursuant to the revenue-sharing arrangement. On a quarterly basis, revenue sharing payments received from certain of the Plan's investment options were deposited into the dedicated plan expense account. These payments were reported as an increase in other income in the Statement of Changes in Net Assets Available for Benefits. Amounts deposited in this account were used to pay qualified plan administrative expenses. During 2020 and 2019, \$3,922 and \$0, was used to pay Plan expenses, respectively, and \$21,344 and \$41,444, was allocated to participants, respectively. At December 31, 2020 and 2019, there was \$0 and \$3,913, respectively, remaining in the plan expense account.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on a liquidation basis, in accordance with accounting principles generally accepted in the United States of America ("GAAP"). This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets is reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. There were no material changes to the 2020 financial statements as a result of the change under the liquidation basis of accounting.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying disclosures. Accordingly, actual results may differ from those estimates.

Contributions

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the plan administrator and in the period in which they are deducted, in accordance with salary deferral agreements.

Investment valuation and income recognition

Investments are reported at fair value and are measured in accordance with ASC 820, "*Fair Value Measurements and Disclosures*" except for fully-benefit-responsive investment contracts, which are reported at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market for the asset or liability. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in value of investments includes realized gains and losses on investments bought and sold during the year and unrealized appreciation (depreciation) of investments held at year-end. Net realized and unrealized appreciation (depreciation) is recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits paid to participants are recorded when paid. As of December 31, 2020, there were no amounts allocated to participants who elected to withdraw from the Plan but have not been paid.

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.

Risks and uncertainties

Prior to Plan's termination, the Plan provided for various investment securities in mutual funds. Investments, in general, are exposed to various risks, such as interest rate, credit and overall volatility risk. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Note C - Information Certified by the Custodian and predecessor Custodian (Unaudited) or Investments

At December 31, 2020 and 2019, the Plan's investments were held by T. Rowe Price Trust Company (the "Custodian"). The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Custodian as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	<u>12/31/2020</u>	<u>12/31/2019</u>
Mutual funds	\$ 8,887,894	\$ 14,952,883
Total investments	<u><u>\$ 8,887,894</u></u>	<u><u>\$ 14,952,883</u></u>

During 2020, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$813,657 and earned dividend income of \$416,690.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedule.

Note D – Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a consistent framework for measuring fair value and expands disclosure requirements for fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. Valuation of these instruments does not require a significant degree of judgment since valuations are based on quoted prices that are readily available in an active market.

Level 2: Significant observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the financial instrument.

Level 3: Significant unobservable inputs that reflect modifications to observable related market data or our assumptions about pricing by market participants.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual funds: 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 and are classified with Level 1 of the fair value hierarchy.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Total assets in fair value hierarchy	\$ 8,887,894	\$ -	\$ -	\$ 8,887,894
	\$ 8,887,894	\$ -	\$ -	\$ 8,887,894

Investments measured at net asset value ^(a)				-
				\$ 8,887,894

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Total assets in fair value hierarchy	\$ 14,952,883	\$ -	\$ -	\$ 14,952,883
	\$ 14,952,883	\$ -	\$ -	\$ 14,952,883

Investments measured at net asset value ^(a)				-
				\$ 14,952,883

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Note E - Reconciliation of Plan financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits as reported in the financial statements to the assets reported on Schedule H of the Form 5500 as of December 31, 2020 and 2019:

	<u>12/31/2020</u>	<u>12/31/2019</u>
Net assets available for benefits per the financial statements	\$ 9,175,129	\$ 15,389,874
Contributions receivable	(847)	(21,367)
Net assets available for benefits per Schedule H of Form 5500	<u><u>\$ 9,174,282</u></u>	<u><u>\$ 15,368,507</u></u>

The following is a reconciliation of the net change in net assets available for benefits as reported in the financial statements to the net change as reported on Schedule H of the Form 5500 as of December 31, 2020 and 2019:

	<u>12/31/2020</u>	<u>12/31/2019</u>
Net increase (decrease) in net assets available per the financial statements	\$ (6,214,745)	\$ (4,361,062)
Contributions receivable at December 31, 2020	(847)	-
Contributions receivable at December 31, 2019	21,367	(21,367)
Net increase (decrease) in net assets available per Schedule H of Form 5500	<u><u>\$ (6,194,225)</u></u>	<u><u>\$ (4,382,429)</u></u>

Note F – Related party transactions

Certain Plan investments in mutual funds are managed by T. Rowe Price Trust Company. T. Rowe Price Trust Company has been designated as the custodian and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan has notes receivable from certain of its participants which are secured by the balances in the participants' accounts. Therefore, related transactions qualify as party-in-interest transactions as defined under ERISA guidelines. Any purchases and sales of these investments are open market transactions at fair market value. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA. All other transactions which may be considered party-in-interest transactions relate to normal plan management and administrative services, and the related payment of fees.

Note G - Partial Plan Termination

In 2019 and 2020, the Company had a reduction in force and, as a result, the Plan experienced a partial plan termination as defined by ERISA. Under ERISA, a partial plan termination may occur if a significant percentage of the Plan participants are terminated because of an action taken by the Plan Sponsor. If a partial plan termination occurs, full vesting is required for the terminated participants, but the remaining participants' vesting continues to be determined according to the plan provisions. All terminated employees affected by the partial plan termination who were participants in the Plan were fully vested in their account balances at the date of the partial plan termination.

Notes to the Financial Statements
KMTEx 401(k) Plan
December 31, 2020 (in Liquidation) and 2019 (ongoing)

Note H - Tax status

The underlying volume submitter profit sharing plan has received an opinion letter from the Internal Revenue Service ("IRS") dated March 31, 2014, stating that the form of the Plan is qualified under Section 401(a) of the Code, and therefore, the related trust is tax-exempt. The Plan Sponsor has determined that it is eligible to and has chosen to rely on the current IRS volume submitter plan opinion letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

Note I – Subsequent Events

In accordance with FASB ASC Topic 855, Subsequent Events, the Company evaluated subsequent events through October 15, 2021, the date the financial statements were available to be issued. With the exception of those matters noted below, there were no material subsequent events that required recognition or additional disclosure in the financial statements.

The Plan was amended and restated on January 1, 2021 to reflect recent legislative and regulatory changes set forth in IRS Notice 2017-37.

Supplemental Information

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
KMTEx 401(k) Plan
Employer Identification Number: 45-4743059, PN: 001
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current value
	American Funds	American Funds Europacific Growth R6	**	\$ 158
*	T. Rowe Price	Blue Chip Growth	**	95,844
	Dodge & Cox	Dodge & Cox Income	**	32,297
	Fidelity	Fidelity Small Cap Growth	**	161,500
	MFS	MFS Mid Cap Growth R6	**	14,117
	MFS	MFS Mid Cap Value R6	**	1
	Oppenheimer	Oppenheimer Developing Markets A	**	125
*	T. Rowe Price	Retirement 2005 Fund	**	91
*	T. Rowe Price	Retirement 2015 Fund	**	39,494
*	T. Rowe Price	Retirement 2020 Fund	**	655,229
*	T. Rowe Price	Retirement 2025 Fund	**	1,329,626
*	T. Rowe Price	Retirement 2030 Fund	**	1,005,448
*	T. Rowe Price	Retirement 2035 Fund	**	1,960,468
*	T. Rowe Price	Retirement 2040 Fund	**	1,320,461
*	T. Rowe Price	Retirement 2045 Fund	**	330,831
*	T. Rowe Price	Retirement 2050 Fund	**	488,457
*	T. Rowe Price	Retirement 2055 Fund	**	428,646
*	T. Rowe Price	Retirement 2060 Fund	**	318,496
*	T. Rowe Price	T.Rowe Price Government Money Market	**	167,781
*	T. Rowe Price	Value Fund	**	87,475
	Vanguard	Vanguard 500 Index Admiral	**	204,930
	Vanguard	Vanguard Mid Cap Index Admiral	**	20,390
	Vanguard	Vanguard Short-term Fed Adml	**	21,830
	Vanguard	Vanguard Small Cap Index Admiral	**	204,199
*	Participant Loans	Interest rates ranging from 4.25% to 6.5% with various due dates	-0-	286,388
				\$ 9,174,282

* Denotes party-in-interest as defined by ERISA

** Cost information is not required for participant-directed investments and, therefore, is not included.

Information certified as complete and accurate by the T. Rowe Price Trust Company, the custodian of the Plan, but not
audited by the Plan's independent accountant

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
KMTEx 401(k) Plan
Employer Identification Number: 45-4743059, PN: 001
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current value
	American Funds	American Funds Europacific Growth R6	**	\$ 158
*	T. Rowe Price	Blue Chip Growth	**	95,844
	Dodge & Cox	Dodge & Cox Income	**	32,297
	Fidelity	Fidelity Small Cap Growth	**	161,500
	MFS	MFS Mid Cap Growth R6	**	14,117
	MFS	MFS Mid Cap Value R6	**	1
	Oppenheimer	Oppenheimer Developing Markets A	**	125
*	T. Rowe Price	Retirement 2005 Fund	**	91
*	T. Rowe Price	Retirement 2015 Fund	**	39,494
*	T. Rowe Price	Retirement 2020 Fund	**	655,229
*	T. Rowe Price	Retirement 2025 Fund	**	1,329,626
*	T. Rowe Price	Retirement 2030 Fund	**	1,005,448
*	T. Rowe Price	Retirement 2035 Fund	**	1,960,468
*	T. Rowe Price	Retirement 2040 Fund	**	1,320,461
*	T. Rowe Price	Retirement 2045 Fund	**	330,831
*	T. Rowe Price	Retirement 2050 Fund	**	488,457
*	T. Rowe Price	Retirement 2055 Fund	**	428,646
*	T. Rowe Price	Retirement 2060 Fund	**	318,496
*	T. Rowe Price	T.Rowe Price Government Money Market	**	167,781
*	T. Rowe Price	Value Fund	**	87,475
	Vanguard	Vanguard 500 Index Admiral	**	204,930
	Vanguard	Vanguard Mid Cap Index Admiral	**	20,390
	Vanguard	Vanguard Short-term Fed Adml	**	21,830
	Vanguard	Vanguard Small Cap Index Admiral	**	204,199
*	Participant Loans	Interest rates ranging from 4.25% to 6.5% with various due dates	-0-	286,388
				\$ 9,174,282

* Denotes party-in-interest as defined by ERISA

** Cost information is not required for participant-directed investments and, therefore, is not included.

Information certified as complete and accurate by the T. Rowe Price Trust Company, the custodian of the Plan, but not
audited by the Plan's independent accountant

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions)				B	Filer's identifying number (see instructions)				
	KMCO, LLC					Employer identification number (EIN) (9 digits XX-XXXXXXX)				
	Number, street, and room or suite no. (If a P.O. box, see instructions)					45-4735742				
	2450 South Gulfway Drive					Social security number (SSN) (9 digits XXX-XX-XXXX)				
	City or town, state, and ZIP code									
	Port Arthur TX 77640									
C	Plan name				Plan number			Plan year ending –		
								MM	DD	YYYY
	KMCO 401(k) Plan				0	0	1	12	31	2020

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2021 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2021 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax ▶	a	
b	Enter the payment amount attached ▶	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	c	

5 State in detail why you need the extension:

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
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A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____

☐ 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: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description) _____

Part II	Basic Plan Information - enter all requested information
---------	--

1a Name of plan KMTEX 401(K) PLAN	<table style="width: 100%;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/2012</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 07/01/2012	
1b Three-digit plan number (PN) ►	001				
1c Effective date of plan 07/01/2012					
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) KMTEX LLC 2450 SOUTH GULFWAY DRIVE PORT ARTHUR TX 77640-4542	<table style="width: 100%;"> <tr> <td>2b Employer Identification Number (EIN) 45-4743059</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 409-984-1418</td> </tr> <tr> <td>2d Business code (see instructions) 325900</td> </tr> </table>	2b Employer Identification Number (EIN) 45-4743059	2c Plan Sponsor's telephone number 409-984-1418	2d Business code (see instructions) 325900	
2b Employer Identification Number (EIN) 45-4743059					
2c Plan Sponsor's telephone number 409-984-1418					
2d Business code (see instructions) 325900					

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		10/15/2021	R. DOUGLAS FELTON
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204