Form 5		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Department of Internal Reve		This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	2017			
Departmen Employee Benefits Se		Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to			
Pension Benefit Gua	aranty Corporation	 Complete all entries in ad 	cordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
		dentification Information							
For calendar plan	year 2017 or fise	cal plan year beginning 01/01/20	_		2/31/2017	the data because and a data because			
A This return/rep	port is for:	X a single-employer plan	list of participating em			king this box must attach a /ith the form instructions.)			
B This return/rep	ortis	a one-participant plan	a foreign plan						
		the first return/report	the final return/report						
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)				
C Check box if fi	ling under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descrip	otion)						
Part II Bas	sic Plan Infor	mation—enter all requested info	rmation			1			
1a Name of plan					1b Thre	e-digit number			
KENYON ZERO STORAGE 401K PLAN					(PN)				
			1c Effect	tive date of plan					
		er, if for a single-employer plan)	-)		2b Empl	01/01/2000 loyer Identification Number			
City or town,	state or province	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal		uctions)	(EIN) 2c Spor	91-0937124 nsor's telephone number			
KENYON ZERO ST	KENYON ZERO STORAGE, INC.				509-882-1103				
PO BOX 604					2d Business code (see instructions)				
GRANDVIEW, WA	98930				541990				
30 Dia a datatat					2h Admi				
3a Plan administ KENYON ZERO ST		d address Same as Plan Spons			3b Administrator's EIN 91-0937124				
	ONAGE, ING.		W, WA 98930		3c Administrator's telephone number				
					509-882-1103				
		plan sponsor or the plan name has			4b EIN				
this plan, ent a Sponsor's na	• •	sor's name, EIN, the plan name an	d the plan number from th	ne last return/report.	4d PN				
C Plan Name									
					5-	~~			
_		at the beginning of the plan year			5a 5b	27			
	· ·	at the end of the plan year ccount balances as of the end of th		-	50 50	20			
•	,			ľ	5d(1)				
d(1) Total number of active participants at the beginning of the plan year				1	5d(1)	24			
d(2) Total number of active participants at the end of the plan yeare Number of participants who terminated employment during the plan year with accrued benefits that were less				nefits that were less	5e	0			
than 100%	than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable c								
Under penalties o	f perjury and oth	er penalties set forth in the instruct	ons, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule			
SB or Schedule N belief, it is true, co		d signed by an enrolled actuary, as lete.	well as the electronic ver	sion of this return/report	, and to the	e best of my knowledge and			
•.•	with authorized/v	valid electronic signature.	03/21/2018	SCOTT WINGERT					
HERE Sign	ature of plan ad	Iministrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN									
HERE Sign	ature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor			

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

Form 5500-SF (2017) v.170203 g Other expenses.....

2G 2J 2K 3D 2T

Part IV Plan Characteristics

2F

2E

j

9a

b

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

i Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

490

110513

276873

6a b c								
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
a	Total plan assets	7a	1237840	1514713				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1237840	1514713				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	68157					
	(2) Participants	8a(2)	71073					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	248156					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		387386				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	110023					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Par	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	Х		130000
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		1884
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			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

	rm 5500-SF	rt of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury ernal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and	d 4065 of the Employee F	Retirement	2017		
	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 6 Revenue Code (the Co	057(b) and 6058(a) of the de).	e Internal	This Form is Open to		
Pension E	Benefit Guaranty Corporation	Complete all entries in a		,	500-SE	Public Inspection		
Part I	Annual Report	Identification Information			JJUU-51 .			
For calend		cal plan year beginning	01/01/2017	and ending	12/3	1/2017		
A This re	eturn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a	(Filers check	ing this box must attach a		
R This rol	urn/report is	a one-participant plan	a foreign plan			,		
	unmeportis	the first return/report	the final return/report	t				
		an amended return/report	a short plan year ret	um/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC pr	ogram		
		special extension (enter descri	iption)		_			
Part II	Basic Plan Info	mation-enter all requested info	ormation					
1a Name					1b Three	-diait		
KENYON	ZERO STORAGE 4	01K PLAN				umber 001		
						ive date of plan L/2000		
Mailin	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.O.	. Box)		2b Employer Identification Number (EIN) 91-0937124			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KENYON ZERO STORAGE, INC.					2c Sponsor's telephone number 509-882-1103			
PO BOX	604				2d Business code (see instructions) 541990			
GRANDV	IEW	WA 98930						
	dministrator's name and ZERO STORAGE,		sor.		3b Admin 91-09	istrator's EIN 37124		
PO BOX	604					istrator's telephone number 82-1103		
GRANDVI		WA 98930						
this pl	an, enter the plan spon	plan sponsor or the plan name has sor's name, EIN, the plan name ar	s changed since the last nd the plan number from	return/report filed for the last return/report.	4b EIN			
a Spons C Plan N	or's name lame				4d PN			
5a Total	number of participants a	at the beginning of the plan year			5a	27		
_		it the end of the plan year			5b	27		
C Numb	er of participants with a	ccount balances as of the end of the	ne plan year (only defined	d contribution plans	5c	20		
		icipants at the beginning of the pla		11	5d(1)	20		
		icipants at the end of the plan year		11	5d(2)	24		
e Numb	per of participants who t	erminated employment during the	plan year with accrued b	enefits that were less		25		
than	100% vested				5e	0		
Under pena SB or Sche	alties of perjury and othe dule MB completed and	r incomplete filing of this return/ er penalties set forth in the instructi d signed by an enrolled actuary, as	ions. I declare that I have	e examined this return/ret	oort, including	, if applicable a Schedule		
A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR A CONT	rue, correct, and compl	ł	7 10.10					
SIGN HERE	e presente server	yert	3-19-18	SCOTT WINGERT				
	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing as	plan administrator		
SIGN HERE	Olana da anti-							
For Paperwo	Signature of employ ork Reduction Act Notice	er/plan sponsor , see the Instructions for Form 5500-3	Date SF.	Enter name of individu	ual signing as	employer or plan sponsor Form 5500-SE (2017)		

v.170203

b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CER 2520 104-462 (See instructions on waiver elicibility of	an indepe	ndent qualified public accountant ((IQPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 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 I If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (S									
Par	III Financial Information								
-									

	Plan Assets and Liabilities		(a) Beginning	of Yea	r	(b) End of Year			
a	Total plan assets	7a	1,	237,	840		1,514,713		
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	237,	840		1,514,713		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total		
a 	Contributions received or receivable from: (1) Employers	8a(1)		68,	157		and the second second		
	(2) Participants	8a(2)		71,	073				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		248,	156				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					387,386		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		023					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			490				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					110,513		
	Net income (loss) (subtract line 8h from line 8c)	8i					276,873		
	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acteris	tic Cod	les in the instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	iduciary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	х		130,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	id, that was caused	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er persons e or all of t	by an insurance the benefits under	10e		x			
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	nd.)	10g	х		1,884		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h	-	х			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i					

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	d complete Sch	edule S	SB			Yes [No	
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio	on 302 c	f 			Yes	X No	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i granting the waiver.	. Month	d enter Da		date of	the le Yea		g	
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.							
b	Enter the minimum required contribution for this plan year		12b						
	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 negative amount)	12d							
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	es 🗌	No	N/	Ά	
Part V	/II Plan Terminations and Transfers of Assets				10-10				
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	ught under the	t under the				Yes X No		
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)) to						
1	3c(1) Name of plan(s):	13c(2)	EIN(s)			13c(3) PN(s)			
							_		
							-		
_									