Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		: Identification Information							
For calend	dar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact list of participating employer information in accordance with the form instructions									
		a one-participant plan	a foreign plan						
b This ret	curn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	:am			
		special extension (enter desc	' '						
Part II	Basic Plan Info	ormation—enter all requested in	formation		1	,			
1a Name KENYON ZI	of plan ERO STORAGE 401K	PLAN			1b Three-di plan nun (PN) ▶	•			
					1c Effective	e date of plan 01/01/2000			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Boy)			r Identification Number			
City o	r town, state or provinc	ce, country, and ZIP or foreign post		structions)	(EIN) 2c Sponsor	91-0937124 's telephone number			
KENYON ZE	ERO STORAGE, INC.					509-882-1103			
PO BOX 604	4				2d Business	s code (see instructions)			
	W, WA 98930					541990			
3a Plan a	administrator's name a	ind address Same as Plan Spo	nsor.		3b Administ	rator's EIN			
	ERO STORAGE, INC.	PO BOX	604		91-0937124				
		GRANDV	IEW, WA 98930		3c Administrator's telephone number 509-882-1103				
4 16.05 -				and the second of the second	Ab cou				
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN				
a Spons C Plan N	sor's name				4d PN				
C FIAITI	vame								
5a Total	number of participants	s at the beginning of the plan year.			. 5a	26			
		s at the end of the plan year			. 5b	23			
		account balances as of the end of		•	5c	21			
d(1) Tot	tal number of active pa	articipants at the beginning of the p	lan year		5d(1) 25				
d(2) Total number of active participants at the end of the plan year					5d(2) 23				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e			
		or incomplete filing of this retur							
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.							
SIGN	Filed with authorized	d/valid electronic signature.	03/20/2019	SCOTT WINGERT					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as p	olan administrator			
SIGN HERE									
HEKE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	lual signing as e	employer or plan sponsor			

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No	
b	Are you claiming a waiver of the annual examination and report of a under 20 CER 2520 104 462 (See instructions on weiver cligibility)							X Yes	П No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								□
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not dete	rmined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r		- <u>-</u> 	(See instru	ctions.)
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Enc	l of Year	
	Total plan assets	7a	, , , , ,	14713			(b) Life	596155	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	151	14713				596155	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
а	Contributions received or receivable from:			07054					
	(1) Employers	8a(1)		67351					
	(2) Participants	8a(2)		70165					
	(3) Others (including rollovers)	8a(3)		CEOOO					
	Other income (loss)	8b		65980				74500	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						71536	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	98	88644					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		1450					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						990094	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-918558	
j	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 Pla	an Cha	racteri	stic Co	odes in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	octorie	tic Coo	des in the inst	ructions:	
	in the plan provides welfare beliefles, effer the applicable welfare is	catale coc	ics from the List of Flair	ii Onaic	iciciis	110 000		ructions.	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	-	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С				10c	X			1600	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	,	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e		Х			
f						X			
<u> </u>	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	Χ			123	39
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	· ·····		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	t Identification Information	1							
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31	/2018				
A This return/report is for:	X a single-employer plan		le-employer plan (not multiemployer) (Filers checking this box must at participating employer information in accordance with the form instructi						
D This vatura/variation	a one-participant plan	a foreign plan	, ,		,				
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retur	m/report (less than 12 m	onths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC prog	ıram				
[2007-10000000-10000]	special extension (enter desc	· · · ·							
	ormation—enter all requested in	formation							
1a Name of plan KENYON ZERO STOR	AGE 401K PLAN			1b Three-d plan nui (PN)	9				
				1c Effective	e date of plan				
2a Plan sponsor's name (empl Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			er Identification Number 1-0937124				
City or town, state or provin KENYON ZERO STOR.	ice, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)	2c Sponso	r's telephone number				
PO BOX 604					s code (see instructions)				
GRANDVIEW	WA 9893	30		F 41 0 0					
3a Plan administrator's name of	and address Same as Plan Spor			54199					
KENYON ZERO STOR	Invad	nsor.	The state of the s		37124				
PO BOX 604				3c Adminis	trator's telephone number				
GRANDVIEW	WA 98930			5000	82-1103				
4 If the name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last r	eturn/report filed for	4b EIN	02 1105				
this plan, enter the plan spo	onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.						
Sponsor's name Plan Name				4d PN					
o i iair raine									
5a Total number of participants	s at the beginning of the plan year			5a	26				
	s at the end of the plan year		· · · · · · · · · · · · · · · · · · ·	5b	23				
	account balances as of the end of			5c	21				
d(1) Total number of active pa	articipants at the beginning of the pl	an year		5d(1)	25				
	articipants at the end of the plan yea		7	5d(2)	23				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested				5e 1					
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is establis	hed.				
Under penalties of perjury and or SB or Schedule MB completed a belief, it is true, correct, and com	ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.	ctions, I declare that I have as well as the electronic ver	examined this return/report	oort, including, , and to the be	if applicable, a Schedule st of my knowledge and				
SIGN Catt	Vingert	3-12-19	SCOTT WINGERT						
HERE Signature of plan	administrator	Date	Enter name of individu	ıal signing as ı	olan administrator				
SIGN HERE	<i>y</i>								
Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ıal signing as e	employer or plan sponsor				

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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CFR 2920.1044-62 (See instructions on waiver eligibility and conditions). If you answered "No" to either line 8 for the 6b, the plan cannot use Form 5500.87 and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?									
under 20 CFR 2550.1014-07 (See instructions or walver eligibility and conditions)								X Yes No	
If you answered "No" to either fine 6 or fine 6b, the plan cannot use Form 5500. C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	D	3 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes ☐ No	
First Section Continuition First Section									
Part III Financial Information (a) Beginning of Year (b) End of Year 2 1,514,713 596,15 1,514,713 1,514,714,713 1,514,714,713 1,514,714,713 1,514,714,713 1,514,714,714 1,514,714,714 1,514,714,714 1,514,714,714,714,714,714,714,714,714,714,7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA se	ection 4	1021)?		Yes No Not determined	
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC	premium filing for this p	lan yea	ar		(See instructions.)	
a Total plan assets	Pa	rt III Financial Information		***************************************					
b Total plan liabilities	_7	Plan Assets and Liabilities		(a) Beginning	of Year	r		(b) End of Year	
C Not plan assets (subtract line 7b from line 7a)	a	Total plan assets	. 7a	1,	514,	713		596,155	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 67, 351 2) Participants 8a(2) 70, 165 3) Others (including rollovers) 8a(3) b) Other income (loss) 8b -65, 980 c) Total income (edd lines 8a(1), 8a(2), 8a(3), and 8b) 8c d) See (1) See (1) See (1) See (2) See (3) See (3) See (3) See (4)	<u>b</u>	Total plan liabilities	. 7b						
a Contributions received or receivable from: (i) Employers	<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	1,	514,	713		596,155	
(1) Employers	_8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total	
(2) Participants	а		. 8a(1)		67,	351			
(3) Other (including rollovers)			 		70,	165			
b Other income (loss)	-				~				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	b				-65,	980			
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					71,536	
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	d		84		988.	644			
f Administrative service providers (salaries, fees, commissions)	е		1						
g Other expenses (add lines 8d, 8e, 8f, and 8g)	-		1						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	a		1		1,	450			
i Net income (loss) (subtract line 8h from line 8c) 8 9 7-918, 55 Transfers to (from) the plan (see instructions) 8 9 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918, 55 Transfers to (from) the plan (see instructions) 8 7-918,			†					990,094	
Part IV Plan Characteristics							-918,55		
Part IV Plan Characteristics	j		 					,	
9a	Pai	rt IV Plan Characteristics	1						
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions		If the plan provides pension benefits, enter the applicable pension	feature c	odes from the List of Pl	an Cha	racteri	stic Co	des in the instructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for	eature co	des from the List of Pla	n Char	acteris	tic Cod	es in the instructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?	Par	t V Compliance Questions			***************************************				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a	Was there a failure to transmit to the plan any participant contribu							
reported on line 10a.)		Program)			10a		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?		***************	10c	Х		160,000	
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.)	d		fidelity bo	ond, that was caused			Х		
f Has the plan failed to provide any benefit when due under the plan?	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her persor	ns by an insurance f the benefits under	10e		х		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 12,33 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	f				10f		Х		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g					Х	I	12,339	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h						Х		
	i	If 10h was answered "Yes," check the box if you either provided the	he require	d notice or one of the	10i				

	Form 5500-SF (2018) Page 3 -					
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 St	3	Ye	s 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	n 302 of		. Ye	s X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	nstructions, and . Month	d enter the		of the letter i	ruling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 📗	N/A
Part '	/II Plan Terminations and Transfers of Assets					
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			Yes X	No
С	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.	ntify the plan(s) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

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