Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos.				
	rtment of the Treasury mal Revenue Service	This form is required to be filed			etirement		2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974			This Form is Open to Public Inspection					
	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.	1 0.51				
For calenda	ar plan year 2016 or fisca	Ientification Information al plan year beginning 01/01/2	016	and ending 12	2/31/2016					
A This ref	turn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) (employer information in ac		-				
B This retu	urn/report is	the first return/report an amended return/report	the final return/repo	rt :urn/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC p	rogram				
Part II	Basic Plan Inform	special extension (enter descr nation —enter all requested inf	1)							
1a Name		•	omaton		(PN)	number				
 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) 						20-54	ication Number 33099			
WEST COAST SELF-STORAGE GROUP, LLC						nsor's teleph 206-979	one number -7708			
4012 - 148TH MILL CREEK					2d Busir	ness code (s 53113	see instructions) 30			
					3c Admi	nistrator's te	elephone number			
		plan sponsor has changed since to be from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
-		t the beginning of the plan year			5a		55			
C Numb	er of participants with ac	t the end of the plan year	he plan year (only defin	ed contribution plans	5b 5c		33			
	,	cipants at the beginning of the pla			5d(1)		61			
• • •		cipants at the end of the plan yea	,		5d(2)		62			
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e		7			
		incomplete filing of this return					alda a Qalaadada			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	lid electronic signature.	07/11/2017	MIKE SPAULDING						
HERE	Signature of plan adr	gnature of plan administrator Date Enter name of individu				as plan adm	ninistrator			
SIGN HERE										
	Signature of employe name (including firm nar	er/plan sponsor ne, if applicable) and address (in	Date clude room or suite num	Enter name of individ		as employe s telephone				
		see the Instructions for Form 5500	<u></u>			_	orm 5500-SE (2016)			

6a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant (IQP ions.) rm 5500-SF and must instead use F	A) Yes [] No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	274932	368048
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	274932	368048
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	7674	
	(2) Participants	8a(2)	103102	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	16750	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		127526
d	Benefits paid (including direct rollovers and insurance premiums			

	to provide benefits)	8d	34000	
е	Certain deemed and/or corrective distributions (see instructions).	8e	183	
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	227	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		34410
i	Net income (loss) (subtract line 8h from line 8c)	8i		93116
j	Transfers to (from) the plan (see instructions)	8j		
			•	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2T 3D

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	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		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			250000
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		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)					י 🗌 א	′es	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					. П Y	′es 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uction	is, and	enter t	he date	of the lette	r ruling	
	gran	ting the waiver	onth _		_ Day		_ Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive 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	s XN	0	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes 🛛	No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desigi safe h	n-basec arbor	[Prior ye test	ar" ADP	
				"Curre ADP t	nt year' est	,	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	ntage		verage enefit test	N/	A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			ł
17b	10 11	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [No		

Dep	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089			
	emal Revenue Service	This form is required to be file Income Security Act of 1974	d under sections 104 and (ERISA), and sections 6	d 4065 of the Employee R 057(b) and 6058(a) of the	etirement	2016			
	Benefits Security Administration Benefit Guaranty Corporation	-1	Revenue Code (the Co	de).	This Form is Ope				
Part I	Annual Danart	Complete all entries in	accordance with the ins	structions to the Form 5	500-SF.				
	ar plan year 2016 or fi	Identification Information scal plan year beginning 01/01/201	10						
		X a single-employer plan		and ending 12/3					
A This re	turn/report is for:	a one-participant plan	a multiple-employer list of participating (a foreign plan	plan (not multiemployer) (employer information in ac	Filers checki coordance wit	ng this box must attach a h the form instructions.)			
B This ret	urn/report is	the first return/report	the final return/repor	ŧ					
		an amended return/report	process .	um/report (less than 12 m	onths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram			
	No Cherry Market	special extension (enter descr	iption)		Record				
Part II	Basic Plan Info	rmation-enter all requested inf	formation						
1a Name	ofplan				dh Th				
	ST SELF-STORAGE	RETIREMENT PLAN			1b Three- plan n (PN)	umber			
						ve date of plan			
2a Plans	ponsor's name (emplo	yer, if for a single-employer plan)							
Mailin	g address (include room	T, apt suite no and street or P O	. Box)			ver Identification Number			
WEST COA	r town, state or provinc ST SELF-STORAGE (e, country, and ZIP or foreign posta SROUP, LLC	al code (if foreign, see ins	structions)	(EIN) 20-5433099 2c Sponsor's telephone number				
				-	01	(206) 979-7708			
4012 - 148T	H ST. S.E.				20 Busine 531130	ss code (see instructions)			
MILL CREEK	K, WA 98012								
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spon	sor		3b Admini	strator's EIN			
					Admini				
					3C Admini	strator's telephone number			
4 If the r						-			
name	, EIN, and the plan nun	plan sponsor has changed since t nber from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN				
	or's name				4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a	55			
b Total r	number of participants	at the end of the plan year	*****		5b	66			
C Numb	er of participants with a	account balances as of the end of the	he plan vear (only define	d contribution plans	5c	33			
d(1) Tota	al number of active par	ticipants at the beginning of the pla	in year		5d(1)	61			
d(2) Tota	al number of active par	ticipants at the end of the plan yea	r	T	5d(2)				
e Numb	per of participants that t	erminated employment during the	plan year with accrued h	enefits that were less		62			
than '	100% vested				5e	7			
Caution: A	penalty for the late c	r incomplete filing of this return	report will be assessor	unloss rossonable cau	se is establi	shed.			
OD OF OCHE	dule MB completed an rue, correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	tions, I declare that I have s well as the electronic ve	e examined this return/rep ersion of this return/report,	ort, including and to the b	, if applicable, a Schedule est of my knowledge and			
SIGN	me	12/-7	7-11-17	x Mune 1					
HERE	f par	MA /		* MIKE SP	MANLS).	NG			
SIGN	Signature of plan ac	Iministrator	Date	Enter name of individu	al signing as	plan administrator			
HERE	01								
Preparer's	Signature of employ name (including firm na	/er/plan sponsor ame, if applicable) and address (ind	Date Dude room or suite numb	Enter name of individuer)	al signing as Preparer's te	employer or plan sponsor elephone number			
Eas Darres	al Deduction A 111								
For maperwo	ork reduction Act Notice	, see the instructions for Form 5500-	SF.	3 27.84 		Form 5500-SE (2016)			

2017-03-22118 49:30 876 38.60

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c Pai	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit lot use Fo	ndent qualified public tions.)	accoun	tant (IC	QPA)				
c Pai	Inder 29 GFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	and condit	tions.)					X Yes N		
Pai 7	If the plan is a defined benefit plan, is it covered under the PBGC in	IOT USO FO	m sam spand mus		0.1					
Pai 7		surance r	rooram (see ERISA e	st inste	ad use	Forr	n 5500.	N		
7	rt III Financial Information		Source Entron a	ection .	1021):	······ [No Not determined		
3	Plan Assets and Liabilities		(a) (2)		T	********				
*3	Total plan assets	7a	(a) Beginning	2749			(b)	End of Year		
b	Total plan liabilities	7b		2149	52			368048		
с	Net plan assets (subtract line 7b from line 7a)	70 70		2749	32			000040		
	Income, Expenses, and Transfers for this Plan Year	10	(0) 8		52			368048		
	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoui	76	74			(b) Total		
	(2) Participants	8a(2)		1031	02					
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b		167	50					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-+			127526		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		00		(27526				
e	Certain deemed and/or corrective distributions (see instructions)	8e		33						
f	Administrative service providers (salaries, fees, commissions)	8f		******						
g	Other expenses	8g		227						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					34410			
i	Net income (loss) (subtract line 8h from line 8c)	81					93116			
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics			******	L					
9a	If the plan provides pension benefits, enter the applicable pension t 2E 2J 2K 2T 3D	feature co	des from the List of Pl	lan Cha	racteri	stic Co	odes in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Pla	n Chara	acterist	ic Co	des in the i	nstructions:		
Part	t V Compliance Questions									
10	During the plan year:	*****			Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary F	iduciary Correction	40-		x		Amount		
b		? (Do not i	nclude transactions	10a 10b		х				
С		00000000000000000000000000000000000000		10c	х			05000		
d		Mether or not reimbursed by the plan's fidelity bond that was caused				х		25000		
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.)			10d		x				
f		1?		10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X				
g				iug		~				
and construction of	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	ctions and 29 CFR	10h		х				

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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)				в] Yes	No
11:	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 C	'odo o	rantio	- 200 -	f	T		G
	ERISA?							X No
-	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	ons, an	d enter I Day		of the le Yea		ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Enter the minimum required contribution for this plan year			12b				
C	Enter the amount contributed by the employer to the plan for this plan year			12c				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of	a	12d				*****
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part	VII Plan Terminations and Transfers of Assets			A		No. And State of Concerning of		
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 brou control of the PBGC?	ght un	der the			Yes	X N	0
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the	plan(s)) to				
	I3c(1) Name of plan(s):		13c(2)	EIN(s)		13c	(3) PN	(s)
Part	VIII Trust Information					*****		***
14a	Name of trust	*****		14b т	rust's E	IN		
14c	Name of trustee or custodian			14d T	rustee's elephon	or custo e numbe	odian's er	
Par	IX IRS Compliance Questions							
15a	Is the plan a 401(k) plan? If "No," skip b		Yes		[] No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Desigi safe h	n-based arbor		Prior	year" /	ADP
			"Curre ADP te	nt year" est		N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	Contraction of the Alice		erage nefit test		N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		Yes		Г	7 No		
17a	for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinio		or advis	ory lette	No No	he da	te of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	iter the	e date c	of the mo	ost recei	nt determ	ninatio	n
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?	Instead		Yes		No		
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	Π	No		