Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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

Parti	Annual Repor	t identification information				
For calend	lar plan year 2018 or	fiscal plan year beginning 01/01/	2018	and ending 12	2/31/2018	
A This re	turn/report is for:	X a single-employer plan	_	an (not multiemployer) (F	_	
D. T		a one-participant plan	a foreign plan			
B This reti	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-dig	it
	•	RETIREMENT PLAN			plan numi	
					(PN) ▶	001
				•	1c Effective	date of plan
						01/01/2013
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Employer	Identification Number
Mailing	g address (include ro	om, apt., suite no. and street, or P.0			(EIN)	20-5433099
		ce, country, and ZIP or foreign pos	tal code (if foreign, see insti	ructions)	2c Spansor's	telephone number
WEST COAS	ST SELF-STORAGE	GROUP, LLC)6-979-7708
				-		code (see instructions)
808 134TH 9	ST. SW, STE. 211				La Baomicoo	
EVERETT, V						531130
3a Plan a	administrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN	
		onsor's name, EIN, the plan name				
a Spons	sor's name				4d PN	
C Plan N	Name					
Fo. Tatal					5a	76
_		s at the beginning of the plan year.			5b	108
		s at the end of the plan year a account balances as of the end of		le l		100
		account balances as of the end of			5c	59
d(1) Tot	al number of active p	articipants at the beginning of the p	lan year		5d(1)	66
d(2) Tot	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	94
		o terminated employment during th			5e	5
		or incomplete filing of this retur			se is establish	ed.
SB or Sche	alties of perjury and or edule MB completed a true, correct, and con	other penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have as well as the electronic ver	examined this return/report	oort, including, if , and to the best	applicable, a Schedule of my knowledge and
SIGN	Filed with authorize	d/valid electronic signature.	06/27/2019	JOHN R. EISENBART	Н	
HERE	Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator
SIGN						
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individu	ual signing as en	nployer or plan sponsor

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	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	an indepe	ndent qualified public a	account	ant (IC	QPA)		X Yes No
С	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 If "Yes" is checked, enter the My PAA confirmation number from th	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined (See instructions.)
Pa	rt III Financial Information		•					
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
а	Total plan assets	7a	5	68708				691601
b	Total plan liabilities	7b		578				578
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	5	68130				691023
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) T	otal
a	Contributions received or receivable from: (1) Employers	8a(1)		12961				
	(2) Participants	8a(2)	10	67291				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	=;	31156				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						149096
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24578				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g		1625				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26203
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						122893
	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the inst	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Co	des in the instru	ictions:
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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
c	Was the plan covered by a fidelity bond?			10c	X			250000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		200000
е	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.)	ner person ne or all of	s by an insurance the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g				10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 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)

Filing Authorization for the 2018 Form 5500-SF

Name of Plan:

West Coast Self-Storage Retirement Plan

EIN / PN:

20-5433099/001

Plan Year Ending: December 31, 2018

Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors (PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I must manually sign and date page 1 of the Form 5500-SF and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Date: 5/17/19

Plan Administrator:

Danielle J. Ashford

Form 5500-SF

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

OMB Nos. 1210-0110 1210-0089

2018

Personal Security Advantages Personal Security Corporates		Revenue Code (the Code)	De Paris Pa	ublic inspection
	rt identification information	accordance with the instructions to the Form 55	100-SF.	
For calendar plan year 2018 or		01/01/2018 and ending	12/31/20	18
	a single-employer plan	a multiple-employer plan (not multiemployer) (
A This return/report is for	a one-participant plan	list of participating employer information in ac	cordance will the	form instructions.)
B This return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)	
C Check box if filing under	Form 5558	sutomatic extension and Cart	OFVC program	4 ×
Part II Basic Plan Int	formation enter all requested in	information	Street Wall	
18 Name of plan WEST COAST SELF-	STORAGE RETIREMENT P	LAN	1b Three-digit plan numbe (PM)	r 001
			1c Elective do 01/01/2	
Mailing address (include ro	player, if for a single-employer plans own, apt., suite no, and street, or P	O Box	III CONTRACTOR OF THE REAL PROPERTY OF THE PARTY OF THE P	dentification Number 5433099
	STORAGE GROUP, LLC	stal code (if foreign, see instructions)	2c Sponsors 206-97	telephone number 9-7708
808 134th St. SW	7, Ste. 211		2d Business	code (see instructions)
EVERETT				
The state of the s	WA 982	204	531130	
	wA 982 and address X Same as Plan Sp		3b Administra	
ia Plan administrator's name a	and address 🗓 Same as Plan Sp	Onsor.	3b Administra 3c Administra	ator's ESN
if the name and/or EIN of the plan, enter the plan, enter the plan app	and address X Same as Plan Sp		3b Administra 3c Administra 4b EIN	ator's ESN
If the name and/or EIN of II	and address X Same as Plan Sp	thus changed since the last return/report filed for	3b Administra 3c Administra	ator's ESN
If the name and/or EIN of it this plan, enter the plan spo Sponsor's name Plan Name	and address X Same as Plan Sp ne plan sponsor or the plan name onsor's name, EfN, the plan name	thus changed since the last return/report filed for	3b Administra 3c Administra 4b EIN 4d PN	ator's ESN
If the name and/or EIN of it this plan, enter the plan spot Sponsor's name Plan Name Total number of participants	ne plan sponsor or the plan name onsor's name. Ein, the plan name at the beginning of the plan year,	trus changed since the last return/report filed for and the plan number from the last return/report.	3b Administra 3c Administra 4b EIN 4d PN	alor's telephone number
if the name and/or EIN of the this plan, enter the plan spot a Sponsor's name. Plan Name Total number of participants in Total number of participants with	and address X Same as Plan Spane plan appears on the plan name on sor's name. EIN, the plan name at the beginning of the plan year account balances as of the end of	thus changed since the last return/report filed for and the plan number from the last return/report.	3b Administra 3c Administra 4b EIN 4d PN 5a 5b	alor's EIN aror's telephone number
If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name. Plan Name Total number of participants with complete this item)	and address X Same as Plan Spane plan appropriet the plan name onsor's name, EIN, the plan name at the beginning of the plan year account balances as of the end of the plan year.	trus changed since the last return/report filed for and the plan number from the last return/report.	3b Administra 3c Administra 4b EIN 4d PN 58 5b 5c	ator's telephone number
If the name and/or EIN of the this plan, enter the plan spot Sponsor's name. Fotal number of participants. Number of participants with complete this item)	and address X Same as Plan Spane plan sponsor or the plan name onsor's name. Ein, the plan name is at the beginning of the plan year account balances as of the end setticipants at the beginning of the plan year.	thus changed since the last return/report filed for and the plan number from the last return/report filed for the plan year (only defined contribution plans plan year)	3b Administra 3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2)	ator's telephone number
If the name and/or EIN of it this plan, enter the plan spit Sponsor's name. Plan Name Total number of participants Number of participants Number of participants (1) Total number of active participants of the participants of participants with complete this item)	and address X Same as Plan Spane plan approach or the plan name onsor's name. Ein, the plan name at the beginning of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the end of the plan year archipants at the beginning of the archipants at the end of the plan year terminated employment during the	has changed since the last return/report filed for and the plan number from the last return/report of the plan year (only defined contribution plans plan year the plan year with accrued benefits that were less	3b Administra 3c Administra 4b EIN 4d PN 58 5b 5c 5d(1) 5d(2) 5e	ator's EIN stor's telephone number
if the name and/or EIN of the this plan, enter the plan spin a Sponsor's name. Plan Name Total number of participants with complete this item)	and address [X] Same as Plan Spane as Plan Spane plan appears or the plan mame onsor's name. EIN, the plan name is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year complete filling of this return to signed by an enrolled actuary.	thus changed since the last return/report filed for and the plan number from the last return/report filed for the plan year (only defined contribution plans plan year)	3b Administra 3c Administra 3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e cause is establi	ator's EIN star's telephone number 11 shed I applicable, a Schedu
If the name and/or Ein of in this plan, enter the plan spot Sponsor's name. Fotal number of participants with complete this item. (1) Total number of active participants with complete this item. (2) Total number of active participants who may be a participants who may be a participant of participants with complete this item. (2) Total number of active participants who may 100% vested be penalties of perjury and of or Schedule MB completed a effect of the late correct and complete a effect of the late and the late a	and address [X] Same as Plan Spane as Plan Spane plan appears or the plan mame onsor's name. EIN, the plan name is at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year complete filling of this return to signed by an enrolled actuary.	trus changed since the last return/report filed for and the plan number from the last return/report. If the plan year (only defined contribution plans plan year with accrued benefits that were less proving or will be assessed unless reasonable ructions. I declare that I have examined this return.	3b Administra 3c Administra 3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e cause is establin/report, including sport, and to the b	ator's EIN star's telephone number 11 shed I applicable, a Schedu
If the name and/or EiN of it this plan, enter the plan spot Sponsor's name. Plan Name Total number of participants with complete this item. (1) Total number of active participants with complete this item. (2) Total number of active participants who then 100% vested before participants who then 100% vested by Schedule MB completed a ct. it is true correct and come.	and address (X) Same as Plan Spane plan appears or the plan name onsor's name. Eth, the plan name is at the beginning of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the plan year account belances as of the plan year account belances as of the end of the plan year account belances as forth in the instruction accounts the problem as a forth in the instruction accounts.	thus changed since the last return/report filed for and the plan number from the last return/report. The plan year (only defined contribution plans plan year with accrued benefits that were less proving or the plan year with accrued benefits that were less proving or the state of the return of the return of the state of the return of the state of the return of the state of the s	3b Administra 3c Administra 3c Administra 4b EIN 4d PN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e cause is establingeport, including sport, and to the best senharch	ator's EIN star's telephone number 11 shed I applicable, a Schedu
If the name and/or EIN of it this plan, enter the plan spot a Sponsor's name. Plan Name Total number of participants of Plan Name Total number of participants with complete this item) (1) Total number of active participants of participants with complete this item) (2) Total number of active participants who then 100% vested ution: A penalty for the late der penalties of perjury and of or Schedule MB completed a et at is true correct, and come in its inustication of plan a	and address (X) Same as Plan Spane plan appears or the plan name onsor's name. Eth, the plan name is at the beginning of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the end of the plan year account belances as of the plan year account belances as of the plan year account belances as of the end of the plan year account belances as forth in the instruction accounts the problem as a forth in the instruction accounts.	thus changed since the last return/report filed for and the plan number from the last return/report. The plan year (only defined contribution plans plan year with accrued benefits that were less proving or the plan year with accrued benefits that were less proving or the state of the return of the return of the state of the return of the state of the return of the state of the s	3b Administra 3c Administra 3c Administra 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e cause is establi n/report, including sport, and to the b sembarth	ator's telephone number ator's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	ale secote? (9	Coo instructions)					X Y	es	No
b	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public a	account	lant (IC	(APA)		_	es [_ 140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)					XY	es	No
c	If you answered "No" to either line 6a or line 6b, the plan canr if the plan is a defined benefit plan, is it covered under the PBGC in							п		
	If "Yes" is checked, enter the My PAA confirmation number from the								eterm	
		ie r boc pie	man ning for this p	лап уеа	-			(See ins	tructio	ons.)
Pa	rt III Financial Information	r - r								
7_	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
	Total plan assets	7a		568,	708				691	,601
	Total plan liabilities	7b			578					578
	Net plan assets (subtract line 7b from line 7a)	7c		568,	130				691	,023
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) To	otal		
a	Contributions received or receivable from: (1) Employers	8a(1)		12,	961					4
	(2) Participants	8a(2)		167,	291				1 100	
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		-31,	156			17		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							149	,096
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24,	578		1		A	-Vii
е	Certain deemed and/or corrective distributions (see instructions)	8e								P.
f	Administrative service providers (salaries, fees, commissions)	8f				3/1	4 10			
g	Other expenses	8g		1,	625	. 189		31 17	Α,	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				26,			,203	
i_	Net income (loss) (subtract line 8h from line 8c)	8i			V					,893
j	Transfers to (from) the plan (see instructions)	8j					- Luci		15	
Par	t IV Plan Characteristics	-7_1								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2T 3D	feature code	s from the List of Pl	an Cha	racteri	stic Codes	in the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Pla	n Chara	acteris	tic Codes	in the instru	ctions:		
Par	t V Compliance Questions			-						
10	During the plan year:				Yes	No	Δ	mount		
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)	oluntary Fidu	ciary Correction	10a		х		ount		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		х				,
С	Was the plan covered by a fidelity bond?				х				250	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	that was caused	10c		х			250	, 000
е	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.)	ner persons b	y an insurance	10a		х				
f	Has the plan failed to provide any benefit when due under the pla			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a		- 111(11)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ons and 29 CFR	10h		х	Y Y		r, i	
	If 10h was answered "Yes," check the box if you either provided the				_				-	

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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 (Form 5500) and line 11a below)	and complete Sch	edule S	В	Yes No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	he Code or section	n 302 o	f	Yes X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, segranting the waiver.	e instructions, and	d enter t		of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.			
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the 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				
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		tonal
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or control of the PBGC?	brought under the			Yes X No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred.	dentify the plan(s) to	•	
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)