

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 6047(e), 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;">2015</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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); or	
	☐ 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>MY FUTURE 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	337	
	1c Effective date of plan <u>01/01/2014</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>WEATHERLY INN AT TACOMA LP</u> <u>606 COLUMBIA STREET NW</u> <u>SUITE 101</u> <u>OLYMPIA, WA 98501</u>	2b Employer Identification Number (EIN) <u>91-1425600</u>	2c Plan Sponsor's telephone number <u>360-481-1593</u>	2d Business code (see instructions) <u>623000</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.	10/17/2016	LYNNE MCAULEY
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor FIDUCIARY DOCTORS 2487 S. GILBERT ROAD SUITE 106-455 GILBERT, AZ 85295	3b Administrator's EIN 45-1427680
	3c Administrator's telephone number 714-331-2623
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name WEATHERLY INN AT TACOMA LP	4b EIN 91-1425600
	4c PN 002
5 Total number of participants at the beginning of the plan year	5 135
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) 135
a(2) Total number of active participants at the end of the plan year	6a(2) 122
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 15
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 137
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 56
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
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 2J 2K 2F 2G 3D 3B	
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
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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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan MY FUTURE 401(K) PLAN	B Three-digit plan number (PN) ▶	337
C Plan sponsor's name as shown on line 2a of Form 5500 WEATHERLY INN AT TACOMA LP	D Employer Identification Number (EIN) 91-1425600	

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)

FUTUREBENEFITS OF AMERICA

11121 HIGHWAY 70
SUITE 201
ARLINGTON, TN 38002

62-1751967

(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	RECORD KEEPING AND ADMIN	26541	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 ☐

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
(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

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> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>MY FUTURE 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>337</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEATHERLY INN AT TACOMA LP</u>	D Employer Identification Number (EIN) <u>91-1425600</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	15010	31427
	(2) Participant contributions	1b(2)	3694	4012
	(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)	60201	35750
	(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)	1477006	1522190
	(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	1555911	1593379

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	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1555911	1593379
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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)	31427	
(B) Participants	2a(1)(B)	91845	
(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)		123272
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)	2227	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2227
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0
(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)		0

		(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)		-11593
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		113906

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49897	
(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)		49897
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)		
(2) Contract administrator fees	2i(2)	26541	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26541
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76438

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37468
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: JASON UNDERWOOD CPA, PLLC

(2) EIN: 45-3976013

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:

	Yes	No	N/A	Amount
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.)	☒	☐	☐	24241
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.)	☐	☒	☐	

	Yes	No	N/A	Amount
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.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			160000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 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.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>MY FUTURE 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>337</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEATHERLY INN AT TACOMA LP</u>	D Employer Identification Number (EIN) <u>91-1425600</u>

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	<u>0</u>
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): _____ 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
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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
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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.
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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

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Financial Statements and Supplemental Schedules

My Future 401k Plan for Weatherly Inn at Tacoma LP
December 31, 2015 and 2014 (unaudited)
with Independent Auditor's Report

My Future 401k Plan for Weatherly Inn of Tacoma LP

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Jason Underwood CPA, PLLC
240 Forest Avenue, Suite 403
Chattanooga, Tennessee 37405
423.799.0822
www.erisacpa.com

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
My Future 401k Plan for Weatherly Inn at Tacoma LP

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of My Future 401k Plan for Weatherly Inn at Tacoma LP, which comprise the statement of net assets available for benefits as of December 31, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 (GAAP); this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility on the 2015 Financial Statements

Our responsibility is to express an opinion on the 2015 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 on the 2015 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Mid Atlantic Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the 2015 financial statements. 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 a certification from the custodian as of and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

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.

Other Matter – Supplementary Information

The supplemental Schedule of Delinquent Participant Contributions for the year ended December 31, 2015, and Schedule of Assets (Held at End of Year) as of December 31, 2015, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 these supplemental schedules.

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

The form and content of the information included in the 2015 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Accountant's Compilation Report on 2014 Financial Statements

We have compiled the accompanying statement of net assets available for benefits of My Future 401k Plan for Weatherly Inn at Tacoma LP as of December 31, 2014. We have not audited or reviewed the 2014 My Future 401k Plan for Weatherly Inn at Tacoma LP statement of net assets available for benefits and, accordingly, do not express an opinion or provide any assurance about whether the 2014 financial statements are in accordance with GAAP.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

 CPA, PLLC

Chattanooga, Tennessee
October 14, 2016

My Future 401k Plan for Weatherly Inn at Tacoma LP

Statements of Net Assets Available for Benefits
December 31, 2015 and 2014 (unaudited)

	2015	2014 (unaudited)
Assets		
Cash	\$4,615	\$0
Investments, at fair value	1,517,181	1,476,791
Receivables:		
Employer contribution	31,427	15,010
Participant contribution	4,012	3,694
Notes receivable from participants	35,750	60,201
Total receivables	71,189	78,905
Net assets available for benefits	\$1,592,985	\$1,555,696

See accompanying notes to the financial statements.

My Future 401k Plan for Weatherly Inn at Tacoma LP

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015

Additions

Investment income (loss):	
Interest and dividends	\$23,094
Net depreciation in fair value of investments	<u>(37,450)</u>
Total investment income (loss)	<u>(14,356)</u>

Interest income on notes receivable	
From participants	<u>2,227</u>

Contributions:	
Employer	31,427
Participant	<u>91,845</u>
Total contributions	<u>123,272</u>

Total additions	<u>111,143</u>
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Deductions

Benefits paid to participants	47,313
Administrative expenses	<u>26,541</u>
	<u>73,854</u>

Net increase	37,289
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Net assets available for benefits

Beginning of year	<u>1,555,696</u>
End of year	<u><u>\$1,592,985</u></u>

See accompanying notes to the financial statements.

My Future 401k Plan for Weatherly Inn at Tacoma LP

Notes to the Financial Statements

1. Description of Plan

The following description of the My Future 401k Plan for Weatherly Inn at Tacoma LP (the Plan), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Information contained in the financial statements includes only plan information as it relates to Weatherly Inn at Tacoma LP as an adopting employer of the My Future 401k Plan, a multiple employer plan.

General - The Plan, which became effective January 1, 2014, is a defined contribution plan covering substantially all full-time employees of Weatherly Inn at Tacoma, LP, Weatherly Inn – Kent, LLC and Dove Development, Inc., a controlled group of companies (collectively, the “Company”) who have one year of service and are age twenty-one or older and not subject to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may contribute a percentage of annual compensation, as defined by the Plan on a pre-tax and/or Roth basis. Elective deferrals will be on a pre-tax basis unless participants designate all or a portion as Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Roth contributions do not reduce current year taxable income or taxes. Because taxes are paid as Roth contributions are deferred, qualified Roth distributions, including contributions and earnings, are not taxed.

Participants enrolled in the Plan are eligible for discretionary matching contributions. Matching contributions are limited to 50% of employee contributions with a maximum of up to 3% of the participant’s compensation. During 2015, employer matching contributions totaled \$31,427.

Participant and Company contributions may not exceed Internal Revenue Code (IRC) limitations.

Participant Accounts - Each participant's account is credited with the participant’s contributions, as well as allocations of investment earnings (losses) and administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All amounts in participants’ accounts are participant-directed.

My Future 401k Plan for Weatherly Inn at Tacoma LP

Vesting – Participants are fully (100%) vested in their voluntary and rollover contributions plus actual earnings thereon. A participant becomes 20% vested in Company matching contributions after two years of service and vests ratably thereafter until 100% vested after six years of credited service.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits – On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount as provided by the Plan. In-service distributions are available upon demonstration of financial hardship, disability, or after participants reach the age of 59 ½, as defined by the Plan. Participants shall not be permitted to make contributions to the Plan for a period of six months following the receipt of the hardship distribution.

Forfeited Accounts – At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$1,415 and \$1,465, respectively. These accounts will be used to offset Plan expenses or used to reduce Employer contributions.

2. Summary of Significant Accounting Policies

Date of Management's Review - Subsequent events were evaluated through October 14, 2016, which is the date the financial statements were available to be issued.

Basis of Accounting - The financial statements of the plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is 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. Management determines the Plan's valuation policies utilizing information provided by the custodian. See Note 3 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

My Future 401k Plan for Weatherly Inn at Tacoma LP

appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015, or 2014. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Recently Issued Accounting Pronouncements – In May 2015, the Financial Accounting Standards Board (FASB) amended the Fair Value Measurement topic of the Accounting Standards Codification (ASC) by issuing guidance that removes the requirements to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendment also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The amendment will be effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2016, with early adoption permitted. A reporting entity should apply the amendments retrospectively to all periods presented. The retrospective approach requires that an investment for which fair value is measured using the net asset value per share practical expedient be removed from the fair value hierarchy in all periods presented in an entity's financial statements. Management has elected to early adopt the above amendments as of December 31, 2015 and 2014.

In July 2015, the FASB issued Accounting Standards Update (ASU) 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the

My Future 401k Plan for Weatherly Inn at Tacoma LP

net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively. Management has elected to early adopt Parts I and II early as of December 31, 2015 and 2014.

3. Fair Value Measurements

The framework for measuring fair value 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 process in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Board Accounting Standards Codification Topic 820, "Fair Value Measurements and Disclosures", are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the assets or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015, and 2014.

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

My Future 401k Plan for Weatherly Inn at Tacoma LP

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.

Exchange-traded funds (ETF) - Valued at the daily closing price as reported by the fund. ETFs held by the Plan are open-end funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The ETFs held by the Plan are deemed to be actively traded.

Separately managed accounts - The value of the units held in separately managed accounts are calculated based on the NAV of the underlying securities based on quoted market prices for the years ended December 31, 2015, and 2014. All of the Plan's separately managed accounts are redeemable at NAV as of the measurement date. The separately managed accounts can be redeemed on a daily basis and there were no unfunded commitments for the years ended December 31, 2015, and 2014.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value:

Assets at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$828,446	\$0	\$0	\$828,446
Exchange-traded funds	298,191	0	0	298,191
Separately managed accounts	0	390,544	0	390,544
	<u>\$1,126,637</u>	<u>\$390,544</u>	<u>\$0</u>	<u>\$1,517,181</u>

Assets at Fair Value as of December 31, 2014 (unaudited)				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$882,931	\$0	\$0	\$882,931
Exchange-traded funds	218,161	0	0	218,161
Separately managed accounts	0	375,699	0	375,699
	<u>\$1,101,092</u>	<u>\$375,699</u>	<u>\$0</u>	<u>\$1,476,791</u>

4. Custodian Certification

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2015 and 2014, and investment income for the year ended December 31, 2015, that is disclosed in the

My Future 401k Plan for Weatherly Inn at Tacoma LP

accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodian of the Plan.

5. Related Party Transactions

Parties-in-interest are defined under Department of Labor regulation as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others.

Mid Atlantic Trust Company, the Plan's custodian, provides recordkeeping services to the Plan. Future Benefits of America, the Plan's third party administrator, provides administration services to the Plan. Fiduciary Doctors, LLC serves as trustee and plan administrator. These transactions qualify as party-in-interest transactions.

Fees paid directly from the Plan to service providers amounted to \$26,541 for the year ended December 31, 2015.

Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provision of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

6. Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

7. Tax Status

The Plan has applied for, but has not received, a determination letter from the IRS stating that the Plan is qualified under the Internal Revenue Code Section 401(a). However, the plan administrator believes that the Plan is qualified and, therefore, the related trust is exempt from taxation.

Accounting principles generally accepted in the United States of America requires plan management to recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2014.

My Future 401k Plan for Weatherly Inn at Tacoma LP

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities 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.

9. Late Remittance of Participant Deferrals

During 2015, participant deferrals totaling \$24,316 were not timely deposited into the Plan. The employee contributions receivable amount included in the Statement of Net Assets Available for Benefits for the year ended December 31, 2015 includes \$4,012 of late deferrals which were credited to participant accounts subsequent to year end. As of the date of the Independent Auditor's Report, the Company and third party administrator were finalizing calculations for lost earnings to be credited to participant accounts.

10. Subsequent Events

During 2016, the Company elected to no longer participate in the My Future 401k Plan.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 for December 31, 2015, and 2014:

	2015	2014 (unaudited)
Net assets available for benefits per financial statements	\$1,592,985	\$1,555,696
Accrued interest	394	215
Net assets per Form 5500	<u>\$1,593,379</u>	<u>\$1,555,911</u>

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the year ended December 31, 2015:

Increase in net assets available for benefits per financial statements	\$37,289
Accrued interest – current year	394
Accrued interest – prior year	<u>(215)</u>
Net income per Form 5500	<u>\$37,468</u>

Supplemental Schedules

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2015

EIN: 91-1425600
Plan Number: 002

Total that Constitute Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☒	\$24,316	\$0	\$0	\$0

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 91-1425600
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds				
	Columbia Management Investment Advisors Dimensional Fund	Columbia Trust Stable Government Fund II-0	**	\$23,875
	Advisors	U.S. Small Cap Portfolio Inst	**	13,692
	Vanguard	Dividend Growth Fund Inv	**	30,994
	Dimensional Fund Advisors	International Core Equity Portfolio Inst	**	7,159
	Dimensional Fund Advisors	International Small Company Portfolio Inst	**	14,629
	MainStay	Total Return Bond Fund	**	12,808
	TIAA-CREF	High Yield Fund Inst	**	9,080
	Vanguard	Balanced Index Fund Admiral	**	716,209
				<u>828,446</u>
Exchange-traded funds				
	iShare	Gold Trust ETF	**	2,893
	iShares	1-3 Year Treasury Bond ETF	**	14,693
	iShares	MSCI EAFE ETF	**	5,542
	iShares	Core U.S. Growth ETF	**	29,750
	iShares	Morningstar Small Cap Value ETF	**	11,194
	PowerShares	FTSE RAFI US 1000 Portfolio	**	47,983
	SPDR	S&P 600 Small Cap Growth ETF	**	35,935
	SPDR	Barclays TIPS ETF	**	10,602
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	18,133
	Vanguard	Short-Term Corporate Bond Index Fund ETF	**	31,050
	Vanguard	Long-Term Corporate Bond Index Fund ETF	**	23,279
	Vanguard	REIT Index Fund ETF	**	31,665
	WisdomTree	MidCap Dividends Fund	**	11,994
	WisdomTree	MidCap Earnings Fund	**	23,478
				<u>298,191</u>

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 91-1425600
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
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Separately Managed Accounts

Efficient Market Advisors, LLC Taking Income Aggressive Fund				
*	Mid Atlantic	Master Cash Account	**	537
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	816
	First Trust	Global Tactical Commodity Strategy Fund	**	749
	iShares	Core S&P Mid-Cap ETF	**	918
	iShares	Core S&P Small-Cap ETF	**	747
	iShares	J.P. Morgan USD Emerging Markets Bond ETF	**	959
	iShares	1-3 Year Credit Bond ETF	**	1,923
	iShares	Floating Rate Bond ETF	**	3,472
	PowerShares	Global Listed Private Equity Portfolio	**	564
	PowerShares	Senior Loan Portfolio	**	1,703
	PowerShares	Variable Rate Preferred Portfolio	**	1,737
	SPDR Barclays	Short Term High Yield Bond ETF	**	1,721
	Vanguard	FTSE Developed Markets Index Fund ETF	**	1,203
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	601
	Vanguard	S&P 500 Index Fund ETF	**	1,041
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	759
Efficient Market Advisors, LLC 2-5 Year Conservative Fund				
*	Mid Atlantic	Master Cash Account	**	513
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	671
	First Trust	Global Tactical Commodity Strategy Fund	**	658
	iShares	Core S&P Mid-Cap ETF	**	882
	iShares	Core S&P Small-Cap ETF	**	631
	iShares	J.P. Morgan USD Emerging Markets Bond ETF	**	791
	iShares	1-3 Year Credit Bond ETF	**	1,585
	iShares	Floating Rate Bond ETF	**	2,768
	PowerShares	Global Listed Private Equity Portfolio	**	501

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 91-1425600
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PowerShares	Senior Loan Portfolio	**	1,591
	PowerShares	Variable Rate Preferred Portfolio	**	1,602
	SPDR Barclays	Short Term High Yield Bond ETF	**	1,588
	Vanguard	FTSE Developed Markets Index Fund ETF	**	1,135
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	596
	Vanguard	S&P 500 Index Fund ETF	**	993
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	674
	Efficient Market Advisors, LLC 2-5 Year Moderate Fund			
*	Mid Atlantic	Master Cash Account	**	1,497
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	2,848
	First Trust	Global Tactical Commodity Strategy Fund	**	2,892
	iShares	Core S&P Mid-Cap ETF	**	7,754
	iShares	Core S&P Small-Cap ETF	**	4,906
	iShares	J.P. Morgan USD Emerging Markets Bond ETF	**	2,131
	iShares	1-3 Year Credit Bond ETF	**	4,224
	iShares	Floating Rate Bond ETF	**	9,356
	PowerShares	Global Listed Private Equity Portfolio	**	3,531
	PowerShares	Senior Loan Portfolio	**	4,987
	PowerShares	Variable Rate Preferred Portfolio	**	5,016
	SPDR Barclays	Short Term High Yield Bond ETF	**	4,954
	Vanguard	FTSE Developed Markets Index Fund ETF	**	4,941
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	4,224
	Vanguard	S&P 500 Index Fund ETF	**	8,431
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	1,406
	Efficient Market Advisors, LLC 6-10 Year Conservative Fund			
*	Mid Atlantic	Master Cash Account	**	1,119
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	1,855

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 91-1425600
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First Trust	Global Tactical Commodity Strategy Fund	**	1,251
	iShares	Core S&P Mid-Cap ETF	**	5,832
	iShares	Core S&P Small-Cap ETF	**	3,352
	iShares	J.P. Morgan USD Emerging Markets Bond ETF	**	884
	iShares	1-3 Year Credit Bond ETF	**	3,116
	iShares	Floating Rate Bond ETF	**	10,366
	PowerShares	Global Listed Private Equity Portfolio	**	2,580
	PowerShares	Senior Loan Portfolio	**	2,555
	PowerShares	Variable Rate Preferred Portfolio	**	2,888
	SPDR Barclays	Short Term High Yield Bond ETF	**	3,154
	Vanguard	FTSE Developed Markets Index Fund ETF	**	3,937
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	2,867
	Vanguard	S&P 500 Index Fund ETF	**	7,902
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	3,226
	Efficient Market Advisors, LLC 6-10 Year Moderate Fund			
*	Mid Atlantic	Master Cash Account	**	1,344
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	5,687
	First Trust	Global Tactical Commodity Strategy Fund	**	2,543
	iShares	Core S&P Mid-Cap ETF	**	6,599
	iShares	Core S&P Small-Cap ETF	**	5,194
	iShares	J.P. Morgan USD Emerging Markets Bond ETF	**	1,635
	iShares	1-3 Year Credit Bond ETF	**	2,910
	iShares	Floating Rate Bond ETF	**	6,560
	PowerShares	Global Listed Private Equity Portfolio	**	1,947
	PowerShares	Senior Loan Portfolio	**	3,227
	PowerShares	Variable Rate Preferred Portfolio	**	3,248
	SPDR Barclays	Short Term High Yield Bond ETF	**	3,218
	Vanguard	FTSE Developed Markets Index Fund ETF	**	7,939

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 91-1425600
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	4,503
	Vanguard	S&P 500 Index Fund ETF	**	7,502
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	2,611
		Efficient Market Advisors, LLC 11-19 Year Moderate Fund		
*	Mid Atlantic	Master Cash Account	**	1,399
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	3,367
	First Trust	Global Tactical Commodity Strategy Fund	**	2,756
	iShares	Core S&P Mid-Cap ETF	**	10,017
	iShares	Core S&P Small-Cap ETF	**	6,642
	iShares	J.P. Morgan USD Emerging Markets Bond ETF	**	1,318
	iShares	1-3 Year Credit Bond ETF	**	2,010
	iShares	Floating Rate Bond ETF	**	4,711
	PowerShares	Global Listed Private Equity Portfolio	**	3,344
	PowerShares	Senior Loan Portfolio	**	2,688
	PowerShares	Variable Rate Preferred Portfolio	**	1,348
	SPDR Barclays	Short Term High Yield Bond ETF	**	2,657
	Vanguard	FTSE Developed Markets Index Fund ETF	**	7,652
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	6,663
	Vanguard	S&P 500 Index Fund ETF	**	11,317
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	1,342
		Efficient Market Advisors, LLC 20+ Year Moderate Fund		
*	Mid Atlantic	Master Cash Account	**	1,846
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	3,930
	First Trust	Global Tactical Commodity Strategy Fund	**	2,622
	iShares	Core S&P Mid-Cap ETF	**	12,359
	iShares	Core S&P Small-Cap ETF	**	7,796
	iShares	Floating Rate Bond ETF	**	3,357

My Future 401k Plan for Weatherly Inn at Tacoma LP

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015

EIN: 91-1425600
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	PowerShares	Global Listed Private Equity Portfolio	**	3,265
	PowerShares	Variable Rate Preferred Portfolio	**	1,332
	Vanguard	FTSE Developed Markets Index Fund ETF	**	8,761
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	7,905
	Vanguard	S&P 500 Index Fund ETF	**	13,786
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	1,340
	Efficient Market Advisors, LLC 20+ Year Aggressive Fund			
*	Mid Atlantic	Master Cash Account	**	515
	Deutsche	X-trackers MSCI Europe Hedged Equity ETF	**	2,468
	First Trust	Global Tactical Commodity Strategy Fund	**	755
	iShares	Core S&P Mid-Cap ETF	**	2,774
	iShares	Core S&P Small-Cap ETF	**	2,207
	iShares	Floating Rate Bond ETF	**	584
	PowerShares	Global Listed Private Equity Portfolio	**	568
	PowerShares	Variable Rate Preferred Portfolio	**	387
	Vanguard	FTSE Developed Markets Index Fund ETF	**	3,662
	Vanguard	FTSE Emerging Markets Index Fund ETF	**	1,896
	Vanguard	S&P 500 Index Fund ETF	**	3,179
	Dreyfus	Institutional Treasury and Agency Cash Adv Inst	**	741
				<u>390,544</u>
Loans				
*	Participants	Interest rate 3.25% with various maturity dates	**	<u>35,750</u>
				<u><u>\$1,552,931</u></u>

* A party-in-interest as defined by ERISA

** Cost information is not required for participant-directed investments.

Multiple Employer Plan Participating Employer Information

My Future 401(k) Plan, EIN 45-1427680, PN 337

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
1Cor37 Corporation	45-4167770	1.44%
2nd Sight Bioscience	47-1468387	0.27%
A-1 Piano Sales & Rentals, Inc.	91-1778535	0.10%
Aabra, Inc.	38-3908331	0.01%
Aamir Stations, LLC	20-3455540	1.22%
Aamir Vahora, Inc.	26-0133348	0.02%
Aksha Vahora, Inc.	41-2188535	0.01%
Alaska Logistics, LLC	11-3677396	0.12%
All Serve, LLC	26-4278876	0.20%
American Chamber of Commerce Resources, LLC	20-0684122	0.08%
Ames International, Inc.	91-1398278	1.17%
Amida Hospice Inc.	26-0617265	0.59%
Artizo, LLC	26-3483624	0.08%
ASSIC Aviation Spares & Services	91-1567051	1.15%
BacGen Technologies, Inc.	91-1880580	0.28%
Batt & Lear, Inc.	91-2033695	0.59%
BitTitan	90-0352223	2.41%
Blank Law & Technologies P.S.	91-2118219	0.45%
Blank, LLC	26-0832306	0.04%
Blue-Chip Alliance, LLC dba The Man Shop	72-1553561	0.10%
BOMA Seattle King County	91-0158840	0.76%
Bothell Pet Hospital	91-1626267	1.54%
Brandon Femme Inc.	95-4672586	0.02%
Browsium, Inc.	27-2963853	3.00%
Cerevast Therapeutics Inc	27-0473030	0.84%
Clipper Ship, Inc.	92-0099342	0.06%
Cognition Studio, Inc	36-4667378	0.21%
Coldwell Banker Park Shore	91-1546163	0.27%
Construction Solutions & Supply	26-1792566	0.81%
Coomes Consulting Group, LLC	46-4143515	0.25%
Coyne, Jesernig LLC	71-0886739	1.60%
CRF Metal Works, LLC	41-2249089	0.32%
D. M. Kimball Consulting Inc.	46-2625176	0.91%
D.R. Smith & Co.	91-1519472	1.95%
Digital Reprographic Service, Inc.	91-1581521	0.37%
Digital World Biology, LLC	46-3216578	1.16%
Discount Lumber and Building Supply	26-1433207	0.03%
DLM, Inc. dba Architextures	91-0952527	1.57%
Door to Door Store	91-1520325	0.34%
Dunn & Associates, Inc.	16-1770354	3.48%
Eldred & Associates	26-4456876	0.19%
Elemental Design, LLC	27-1136016	0.10%
eLex, PLLC	27-0975184	0.08%
Epic Stables, LLC	26-3081427	0.28%
Eschen Automotive, Inc	91-1224544	0.17%
Fremont Brewing Company	26-3078632	1.10%
Fremont Dock Co	91-0663008	0.09%
Frobright Salsary, LLC	27-1943309	0.42%
Gall Construction Co. Inc.	45-3148055	0.30%
Garden Edge Inc.	26-1519385	0.44%
Geo. Heiser Body Co., Inc.	91-0699767	0.43%

Georgetown Home and Garden	20-0402544	0.43%
Goodwinds, LLC	26-3440741	0.13%
Grecco Downs PLLC	46-1734661	0.29%
Greene IS	27-1246009	0.69%
Greenshields Industrial Supply, Inc.	27-0730928	0.31%
Hutt Construction, Inc	20-3366329	2.48%
Iatros, Inc.	27-3236002	0.31%
Iden's Dealer Services	46-4077672	1.03%
Inkstone, Inc.	27-2801539	0.30%
Island Contractors Supply, LLC	46-2040508	0.28%
Jeffrey Zent, DDS	46-0487617	0.20%
Joylux Inc	46-3192223	0.01%
Koden America, Inc.	59-2129047	0.11%
Learning Herbs, LLC.	32-0190751	0.31%
Lee & Lee, PS	27-3208105	1.10%
Linksbridge, LLC	26-3067893	2.89%
Loretta's Northwesterner	46-394396	0.33%
Ludwig Structural Consulting, LLC	45-5858432	0.23%
Lund Opsahl, LLC	45-4463441	0.66%
Magus Enterprises, Inc.	20-0522231	0.12%
McDonald Excavating, Inc	91-1545806	0.68%
Mitigation Masters LLC	61-1734440	0.72%
Miyabi Corporation	91-1936742	0.55%
Mountain Movers, Inc.	72-1542393	0.43%
Mt. Baker Vapor, LLC	45-0612801	1.69%
Mt. Rainier Federal Credit Union	91-1890939	0.30%
Muntons Malted Ingredients Inc.	26-4784418	0.42%
Napier Legal, PS	90-0436691	0.52%
Nayamode, Inc.	20-3569840	1.47%
Nine Pound Hammer, LLC	61-1416549	0.25%
Northeast Florida Builders Association	59-6135518	0.79%
Northwest Pulp & Paper Association	91-0660171	0.76%
Northwest Rubbish Removal, Inc.	20-2715961	0.65%
Nutriom, LLC	91-2121731	0.30%
NW Explorations, LLC	20-1119358	0.75%
NW Propeller Operations, Inc	91-1890939	0.46%
Oculus Eyecare	47-0872979	0.97%
Pacific Paper Products, Inc	91-0673079	1.72%
Peter E. Kim D.D.S., P.S.	47-1577426	0.91%
Pinchiff Mechanical, LLC	46-3571473	0.20%
PM Testing Laboratory, Inc	91-1052636	3.86%
Polar Air Services	59-3219422	0.10%
Prestige Escrow, LLC	26-2924623	0.07%
Printmark Distribution Services	27-4117126	1.65%
Pro Benefits of Washington	27-5039273	0.59%
Prometco, Inc.	91-0824319	0.69%
Protingent, Inc.	27-0030296	13.52%
PushSpring, Inc.	46-2545203	0.58%
PyCo USA Inc.	26-0597159	0.40%
Quality Concrete Products	91-1348217	0.79%
Ragnar Wealth Management, LLC	46-5305174	0.91%
Red Promotions	26-3495693	0.33%
Reddaway Kabiri, PLLC	27-4497674	0.02%
Redmond Funding Group, LLC	27-4830760	1.52%
Rental Housing Association	91-1400667	0.13%
Repaul Textiles LLC	20-4888848	0.29%
RES Group NW, LLC	46-5295236	0.29%
Resourceful HR, LLC	26-2734240	0.59%
Rose Point Navigation Systems	20-5742429	0.38%

Ruff Construction, Inc.	91-1908575	0.03%
Sasha C. Kramer, M.D., Inc.	26-2991457	0.57%
Scotsman Guide Media, Inc	91-1300151	1.12%
Seattle Cider Company, LLC	45-4562698	0.37%
Seattle Design Builders	27-2832207	0.37%
Skillet Ballard	46-1789464	0.06%
Skillet Food Products, LLC	27-3251623	0.03%
Skillet Seattle Center, LLC	45-4881758	0.04%
Soprano Design	98-0678347	0.19%
Spanaway, Inc.	47-1343052	0.01%
Studio 19 Architects	27-2775607	0.37%
Subtext LLC	45-2545691	0.15%
Superlon Plastics Co., Inc.	91-0851703	0.07%
Suzan 1, Inc.	80-0929592	0.01%
The Skillet Group	46-1884770	0.19%
Tracy and Thonney Law	91-1035572	0.04%
Trimlite, LLC	91-2027014	1.30%
Two Beers Brewing Co., LLC	26-3791278	0.54%
Unified Energy, LLC	45-5253957	0.15%
Urban Coffee Lounge, LLC	32-0221379	0.01%
Vartan Aviation Support, LLC	38-3937311	0.01%
Vartan Product Support, LLC	33-1219211	0.20%
Veni Vidi Vici, Inc	58-2669541	0.08%
Vestis Systems, Inc.	46-1549366	0.04%
VitalSource Staffing, LLC	27-3023066	0.70%
Washington DECA	91-1308496	0.23%
Washington Self-Insurers Association	91-0985781	0.37%
Washington State Pharmacy Association	91-0462190	0.53%
Weatherly Inn at Tacoma LP	91-1425600	1.90%
Wonder Forge Inc.	45-4835564	2.53%
Woodinville Sports Cars, Inc.	20-0663900	0.07%
Wyatt Electric & Construction, LLC	47-3465008	0.14%
Yalnes, Inc	26-1994504	0.73%

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)	
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Name of Plan: Weatherly Inn at Tacoma LP

Employer Identification Number:▶	91-1425600		
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For plan year (beginning/ending):▶	1-1-2015/12-31-2015	Plan number:▶	337
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For plan year (beginning/ending):▶	1-1-2015/12-31-2015	Plan number:▶	337
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[illegible]