

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

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) ▶ <u>337</u> 1c Effective date of plan <u>01/01/2012</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>FIDUCIARY DOCTORS, LLC</u> <u>2487 S. GILBERT ROAD, SUITE 106-455</u> <u>GILBERT, AZ 85295</u>	2b Employer Identification Number (EIN) <u>45-1427680</u> 2c Plan Sponsor's telephone number <u>714-331-2623</u> 2d Business code (see instructions) <u>523900</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, LLC 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 MY FUTURE 401(K) PLAN	4b EIN 45-1427680
	4c PN 002
5 Total number of participants at the beginning of the plan year	5 1880
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) 2232
a(2) Total number of active participants at the end of the plan year	6a(2) 2152
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 214
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2366
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 2366
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1301
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 32
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 3D 2F 2G 2T 3B 2A	
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
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)
-----------------	---

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 _____

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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> 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 FIDUCIARY DOCTORS, LLC	D Employer Identification Number (EIN) 45-1427680	

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)	0	643664
	(2) Participant contributions	1b(2)	0	278432
	(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)	0	464155
	(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)	15292050	19580291
	(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	15292050	20966542

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	15292050	20966542
---	-----------	----------	----------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1810042	
(B) Participants	2a(1)(B)	4542945	
(C) Others (including rollovers)	2a(1)(C)	705222	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7058209

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)	14379	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14379

(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)		-360187
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6712401

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1949009	
(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)		1949009
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)	308531	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		308531
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2257540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4454861
l Transfers of assets:			
(1) To this plan	2l(1)		1219631
(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: NONE

(2) EIN: 45-1427680

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			500000
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.
---	--	--

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>FIDUCIARY DOCTORS, LLC</u>	D Employer Identification Number (EIN) <u>45-1427680</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
-----------------	-------------------

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
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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.
----------------	---

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
----------------	---

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: <u>0.0</u> % 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
-----------------	---------------------------------

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

This page is blank

No accountant opinion because this is the "Master" filing for the open MEP.

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)				
Name of Plan: MyFuture 401(k) Plan				
Employer Identification Number: ▶ 45-1427680				
For plan year (beginning/ending): ▶ 1-1-2015/12-31-2015			Plan number: ▶	337
(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
	Columbia Trust Stable Government II-0			177,529.97
	DFA International Core Equity Portfolio Institutional Class			174,168.94
	DFA International Small Company Portfolio Institutional Class			666,003.97
	DFA U.S. Small Cap Portfolio Institutional Class			110,306.16
	DFA Intermediate Government Fixed Income Portfolio Institutional Class			137,605.77
	iShares Gold Trust			143,571.04
	iShares 1-3 Year Treasury Bond ETF			671,089.11
	iShares MSCI EAFE ETF			1,057,214.06
	iShares S&P Mid-Cap 400 Growth ETF			35,806.03
	iShares Core Russell U.S. Growth ETF			883,296.20
	iShares Morningstar Small-Cap Value ETF			128,787.73
	MainStay Unconstrained Bond Fund Class I			55,916.35
	MainStay Total Return Bond Fund Class I			541,935.04
	PowerShares DB Commodity Index Tracking Fund			50,387.96
	PowerShares FTSE RAFI US 1000 Portfolio			1,097,628.88
	SPDR S&P 600 Small Cap Growth ETF			518,392.18
	SPDR Barclays TIPS ETF			498,034.50
	TIAA-CREF High-Yield Fund Institutional Class			643,952.90
	Vanguard Dividend Growth Fund Investor Shares			1,463,418.41
	Vanguard Balanced Index Fund Admiral Shares			6,073,460.29
	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares			61,338.77
	Vanguard FTSE Emerging Markets Index Fund ETF Shares			561,118.76
	Vanguard Short-Term Corporate Bond Index Fund ETF Shares			238,532.11
	Vanguard Long-Term Corporate Bond Index Fund ETF Shares			33,110.60
	Vanguard REIT Index Fund ETF Shares			520,509.25
	Metlife GAC 25554 CL J			3,733.08
	WisdomTree MidCap Dividend Fund			59,476.28
	WisdomTree MidCap Earnings Fund			434,703.29
	Efficient Market Advisors, LLC Taking Income Conservative Fund			19,674.10
	Efficient Market Advisors, LLC Taking Income Moderate Fund			98,696.18
	Efficient Market Advisors, LLC Taking Income Aggressive Fund			20,158.82
	Efficient Market Advisors, LLC 2-5 Year Conservative Fund			17,896.91
	Efficient Market Advisors, LLC 2-5 Year Moderate Fund			128,166.37
	Efficient Market Advisors, LLC 2-5 Year Aggressive Fund			89,234.35
	Efficient Market Advisors, LLC 6-10 Year Conservative Fund			61,504.42
	Efficient Market Advisors, LLC 6-10 Year Moderate Fund			206,589.65
	Efficient Market Advisors, LLC 6-10 Year Aggressive Fund			71,223.12
	Efficient Market Advisors, LLC 11-19 Year Conservative Fund			66,847.55
	Efficient Market Advisors, LLC 11-19 Year Moderate Fund			555,856.50
	Efficient Market Advisors, LLC 11-19 Year Aggressive Fund			151,071.06
	Efficient Market Advisors, LLC 20+ Year Conservative Fund			103,586.74
	Efficient Market Advisors, LLC 20+ Year Moderate Fund			556,817.86
	Efficient Market Advisors, LLC 20+ Year Aggressive Fund			391,939.36