Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	nefit Guaranty Corporation	 Complete all entries in accord 	aance with the instruc	ctions to the Form 5500)-SF.		
Part I	Annual Report Id	lentification Information					
For calenda	ar plan year 2013 or fisca	al plan year beginning 01/01/201	3	and ending 1	2/31/2	.013	
		a single-employer plan		lan (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report	the final return/report				
	<u>_</u>	an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)	_	
C Check b	oox if filing under:	Form 5558 special extension (enter description	automatic extension			DFVC progra	am
Dort II	Docio Dian Inform	<u> </u>	*				
Part II		nation—enter all requested information	ation		4 6	T. 1: 1:	1
1a Name		EIT CHADING DI ANI			ID	Three-digit plan number	
THE PORTIC	CO GROUP 401(K) PRO	FIT SHARING PLAN				(PN) ▶	001
					1c	Effective date o	
						01/01	
2a Plan sp		ess; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi	fication Number
					2c	Sponsor's telep	phone number
	VENUE, 3RD FLOOR VA 98101-1670				2d	Business code ((see instructions)
						54131	10
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	lame Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's	telephone number
4 1611							
		lan sponsor has changed since the I	ast return/renort filed fo		4 1	LIVI	
nama	EIN and the plan numb		ast return report means	or this plan, enter the	4b	EIIN	
		per from the last return/report.	ast return report means	or this plan, enter the			
a Sponso	or's name		·	·	4c		73
a Sponso	or's name number of participants at	er from the last return/report.					73 62
a Sponso5a Total rb Total rc Numbo	or's name number of participants at number of participants at er of participants with ac	the beginning of the plan yearthe end of the plan yearcount balances as of the end of the p	olan year (defined bene	efit plans do not	4c 5a		
a Sponso5a Total rb Total rc Number comple	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan yearthe end of the plan year	olan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	62
 a Sponso b Total r c Numbo compl 6a Were b Are yo 	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of a	olan year (defined bene le assets? (See instruc an independent qualifie	efit plans do not tions.)tions.)	4c 5a 5b 5c	PN	55 X Yes No
 a Sponso b Total r c Number complete 6a Were b Are younder 	or's name number of participants at number of participants at er of participants with ac ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility	olan year (defined bene le assets? (See instruc an independent qualifie and conditions.)	efit plans do not tions.)tions.)	4c 5a 5b 5c	PN	55
a Sponsor 5a Total r b Total r c Number comple 6a Were b Are you under If you	number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility or line 6a or line 6b, the plan cannual	olan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	efit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c 5c	PN	55 X Yes No X Yes No
a Sponsor 5a Total r b Total r c Number comple 6a Were b Are you under If you	number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility	olan year (defined bene le assets? (See instruc an independent qualifie and conditions.) ot use Form 5500-SF	efit plans do not tions.)d public accountant (IQF	4c 5a 5b 5c 5c	PN	55 X Yes No
a Sponsor 5a Total r b Total r c Number comple 6a Were b Are you under If you c If the p	number of participants at number of participants at er of participants with accete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility or line 6a or line 6b, the plan cannolan, is it covered under the PBGC in	plan year (defined bene le assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)d public accountant (IQF and must instead use ERISA section 4021)?	4c 5a 5b 5c	PN	55 X Yes No X Yes No
a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A	number of participants at number of participants at er of participants with acted this item)	the beginning of the plan year the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility are line 6a or line 6b, the plan cannolan, is it covered under the PBGC in incomplete filing of this return/reg	plan year (defined bene le assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c 5a 5b 5c 	PN 5500. Yes No established.	55 X Yes No X Yes No Not determined
a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under penass or Schele	number of participants at number of participants at er of participants with acete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility or line 6a or line 6b, the plan cannular, is it covered under the PBGC in incomplete filing of this return/regree penalties set forth in the instruction signed by an enrolled actuary, as we	plan year (defined beneated assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form se is cort, in	PN 5500. Yes No established. Cluding, if applic	55 X Yes No X Yes No Not determined
a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is the policy of t	number of participants at number of participants at number of participants at er of participants with accete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility or line 6a or line 6b, the plan cannolan, is it covered under the PBGC in incomplete filing of this return/regree penalties set forth in the instruction signed by an enrolled actuary, as we te.	plan year (defined beneated assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	4c 5a 5b 5c PA) Form se is cort, in	PN 5500. Yes No established. Cluding, if applic	55 X Yes No X Yes No Not determined
a Sponsor 5a Total r b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Schebelief, it is t	number of participants at number of participants at er of participants with actet this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility are line 6a or line 6b, the plan cannular, is it covered under the PBGC in incomplete filing of this return/regroup repealaties set forth in the instruction signed by an enrolled actuary, as we talk in the plan cannular incomplete filing of this return/regroup planties set forth in the instruction signed by an enrolled actuary, as we talk incomplete signature.	plan year (defined beneated assets? (See instruction independent qualifier and conditions.)	efit plans do not tions.)	5a 5b 5c PA) se is ort, in and t	5500. Yes No established. cluding, if applic to the best of my	55 X Yes No X Yes No Not determined Stable, a Schedule knowledge and
a Sponsor 5a Total r b Total r c Number compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t	or's name number of participants at number of participants at er of participants with ace ete this item)	the beginning of the plan year the end of the plan year count balances as of the end of the plan year invested in eligible annual examination and report of See instructions on waiver eligibility are line 6a or line 6b, the plan cannular, is it covered under the PBGC in incomplete filing of this return/regroup repealaties set forth in the instruction signed by an enrolled actuary, as we talk in the plan cannular incomplete filing of this return/regroup planties set forth in the instruction signed by an enrolled actuary, as we talk incomplete signature.	blan year (defined bene- le assets? (See instruc- an independent qualifier and conditions.) ot use Form 5500-SF asurance program (see bort will be assessed s, I declare that I have ell as the electronic ver	efit plans do not tions.) ed public accountant (IQF and must instead use ERISA section 4021)? unless reasonable cau examined this return/rep sion of this return/report,	5a 5b 5c PA) se is ort, in and t	5500. Yes No established. cluding, if applic to the best of my	55 X Yes No X Yes No Not determined Stable, a Schedule knowledge and
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) End of Voor
_ <u>'</u> _a	Total plan assets	7a	`	a) Beginning of Year 1951818			(b) End of Year 2556317
b	Total plan liabilities	7b		1001010			200011
	Net plan assets (subtract line 7b from line 7a)	76 7c	195181	8			2556317
8	, ,	70					
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total
и	(1) Employers	8a(1)	10698	3			
	(2) Participants	8a(2)	22720	3			
	(3) Others (including rollovers)	8a(3)	7	73			
b	Other income (loss)	8b	48137	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					815632
d	Benefits paid (including direct rollovers and insurance premiums		40000	_			
	to provide benefits)	8d	19399	0			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	1714	3			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					211133
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					604499
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Pai	t IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 2F						
Б	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	es from the List of Plan Charac	cterist	ic Coo	ies in t	ne instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a	X		40532
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	= -	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service, or other organization that provides some or all			10e		X	
f	instructions.) Has the plan failed to provide any benefit when due under the plan					X	
				10f			
<u>g</u>		•	,	10g	X		0
h	2520.101-3.)	•		10h		X	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				Т
h	Enter the minimum required contribution for this plan year					12b	1

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report	ldentification Information					
		fiscal plan year beginning 01	/01/2013	and ending		12/31/201	. 3
A This re	turn/report is for:	🛛 a single-employer plan 📗 a	multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report the	ne final return/report				
		an amended return/report a :	short plan year retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	utomatic extension			DFVC progra	m
	997.1	special extension (enter description)					
Part II	Basic Plan Info	ormation—enter all requested information	on				
1a Name	of plan				1b	Three-digit	
The	Portico Group	0 401(k) Profit Sharing Pl	lan			plan number	001
					10	(PN) ▶ Effective date of	001
						01/01/200	
	ponsor's name and adico Inc.	ddress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identif	
					2c	Sponsor's telep	hone number
1500	4th Avenue,	3rd Floor			L .	(206) 621-	
Seat			T-7.70	00101 1670	2d	Business code (see instructions)
		nd address XSame as Plan Sponsor Nar		98101-1670 Sponsor Address	3h	541310 Administrator's E	
• a mana	anninos ator o manio a	ina dadi sasi ilan oponico i ilan	To Counc as Flai	ropolisor Address	55	Auministrators	:IIN
					3с	Administrator's t	elephone number
				5.0			
		e plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
	, EIN, and the plan nu or's name	imber from the last return/report.			40	DNI	
		s at the beginning of the plan year			4c	T	
		s at the end of the plan year			5a	+	73
		account balances as of the end of the plan			5b		62
					5c		55
6a Were	all of the plan's asset	s during the plan year invested in eligible	assets? (See instruc	tions.)		***************************************	X Yes No
b Are you	ou claiming a waiver o	of the annual examination and report of an it? (See instructions on waiver eligibility and	independent qualifie	d public accountant (IQ	PA)		X Yes No
If you	answered "No" to e	either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.	☑ Les ☐ MO
		fit plan, is it covered under the PBGC insu					Not determined
							, tot doto.
		or incomplete filing of this return/report ther penalties set forth in the instructions, l					Na a Cabadala
SB or Sche	edule MB completed a true, correct, and com	ind signed by an enrolled actuary, as well :	as the electronic ver	sion of this return/report	, and t	to the best of my l	nowledge and
SIGN	Davoni	Hull		Dawna Moini			
HERE	Signature of plan a	administrator	Date 7-17-14	Enter name of individu	ual sig	ning as plan adm	inistrator
SIGN						J	
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ıal sig	ning as employer	or plan enoneor
Preparer's		name, if applicable) and address; include r		r (optional)	Prepa	arer's telephone r	number (optional)
				20 .00			
				ŀ			

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Y	ear		
a	Total plan assets	. 7a	1,95	1,81	18				2,55	56,	317
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	1,95	1,81	18				2,55	56,	317
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		Т		(b) T	otal			
a 	Contributions received or receivable from: (1) Employers	8a(1)	10	6,98	33						
	(2) Participants	8a(2)	22	7,20)3						
	(3) Others (including rollovers)	8a(3)		-	73						
b	Other income (loss)	8b	48	481,37							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							81	5,	632
d	Benefits paid (including direct rollovers and insurance premiums		1.0	2 00	0			1			
	to provide benefits)	8d	19	3,99	0						
-	Certain deemed and/or corrective distributions (see instructions)	8e	1	7 1	10						
	Administrative service providers (salaries, fees, commissions)	8f	1	7,14	13						
<u>g</u>	Other expenses	8g								1	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		and the							133
	Net income (loss) (subtract line 8h from line 8c)	8i							60	4,	499
J	Transfers to (from) the plan (see instructions)	8j									-17
	t IV Plan Characteristics										
b b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 2F If the plan provides welfare benefits, enter the applicable welfare fe				Ü						
Par	t V Compliance Questions					-		_			
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir	the time period described in ection Program)	10a	Х			7.111		10,	532
b	20	? (Do not i	nclude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				25	50,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х					
е		er persons of the bene	s by an insurance carrier, fits under the plan? (See	10e		Х				=	
f	Has the plan failed to provide any benefit when due under the plan	า?		10f	. 1	Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	Χ					100000	0
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	dule SI	3 (Form	П	Yes	X	No
11a	Enter the unpaid minimum required contribution for current year fr	To a contract of the contract				11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction:	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)								
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mor		and e	enter t Day		ne let Year		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

No N/A
No
Yes X No
13c(3) PN(s)
s s