Form 5500-	SF	Short Form Annu	•	ort of Small Empl	oyee	C	MB Nos. 1210-0110 1210-0089	
Department of the Treas Internal Revenue Servi		This form is required to be file	Benefit Pla		Petirement		2015	
Department of Labor Employee Benefits Security Adm	ninistration	Income Security Act of 1974		s 6057(b) and 6058(a) of the		This Form is Open to Public Inspection		
Pension Benefit Guaranty Col				instructions to the Form 5	500-SF.			
Part IAnnual RFor calendar plan year 20		lentification Information al plan year beginning 01/01/		and ending 1	2/31/2015			
A This return/report is for	×	a single-employer plan a one-participant plan	· · · ·	ver plan (not multiemployer) ig employer information in ad		0		
<b>B</b> This return/report is		the first return/report an amended return/report	the final return/rep	oort return/report (less than 12 m	nonths)			
<b>C</b> Check box if filing und	der:	Form 5558 special extension (enter desc	automatic extens	ion	_ D	FVC progra	m	
Part II Basic Pla	an Inforn	nation—enter all requested in						
<b>1a</b> Name of plan THE PORTICO GROUP 4					(PN)	number	001 Dlan	
						01/01/		
Mailing address (incl	lude room,	r, if for a single-employer plan) apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	(EIN)	91-15		
PORTICO INC.						206-62		
500 4TH AVENUE, 3RD F EATTLE, WA 98101-1670					ZU Busine	ess code (se 54131	ee instructions)	
<b>3a</b> Plan administrator's	name and	address XSame as Plan Spor	ISOr.		<b>3b</b> Admir	nistrator's El	N	
					3c Admir	nistrator's te	lephone number	
		lan sponsor has changed since	the last return/report fi	led for this plan, enter the	4b EIN			
name, EIN, and the <b>a</b> Sponsor's name	plan numb	er from the last return/report.			<b>4c</b> PN			
5a Total number of part	ticipants at	the beginning of the plan year.			5a		59	
		the end of the plan year			5b		53	
					5c		44	
	•	pipants at the beginning of the p	-		5d(1)		44	
e Number of participa	ants that ter	cipants at the end of the plan ye rminated employment during th	e plan year with accrue	d benefits that were less	5d(2) 5e		33 0	
Caution: A penalty for t Under penalties of perjur	the late or y and other pleted and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	<b>n/report will be asses</b> ictions, I declare that I h	sed unless reasonable ca have examined this return/re	port, includin	g, if applica		
		lid electronic signature.	07/14/2016	DAWNA MOINI				
HERE Signature of	of plan adn	ninistrator	Date	Enter name of individ	lual signing a	s plan admi	nistrator	
SIGN HERE Signature of	fomelous	r/plan sponsor	Date	Enter name of individ	lual signing a	s amployer	or plan sponsor	
		ne, if applicable) and address (i			Preparer's			
For Panerwork Reduction	Act Notice a	and OMB Control Numbers, see ti	e instructions for Form	5500-SE		F	orm 5500-SF (2015)	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No			
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either line 6a or line 6b, the plan cann										
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)? .		Yes	No Not determined			
Par	t III Financial Information	1									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year			
a	Total plan assets	7a		2711	773			2440303			
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c		2711	773	_	2440303				
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total			
	Contributions received or receivable from:	0=(4)		84	374						
	(1) Employers	8a(1)		182	-						
	(2) Participants	8a(2)		102	0						
	(3) Others (including rollovers)	8a(3)		24	796						
	Other income (loss)	8b		-24	790	_		2/1910			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_		241819			
1	to provide benefits)	8d		490	438						
е	Certain deemed and/or corrective distributions (see instructions)	8e			0						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		22	851						
	Other expenses	8g			0						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_	513289				
	Net income (loss) (subtract line 8h from line 8c)	8i				_	-271470				
j .	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 2F	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		×					
b	Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?			10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					X					
f	Has the plan failed to provide any benefit when due under the plan?					Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х			26553			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance						•				

i ai	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

Form 5500-SF 2015

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a 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 letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
D		e PBGC?				Yes 🗙	Yes 🗙 No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information							
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian						<b>14d</b> Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Y	es	No	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No			
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Yes		No			
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No			
	lf "Y€	es," enter amount		19					
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	Y	es	No	N/A			

		1.0.4			6 Oue all Events			OMB Nos. 1210-0110		
Form 5500-SF	Short Form Annual Return/Report of Small Emplo						1210-0089			
Department of the Treasury	Department of the Treasury Internat Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee							2015		
	This form is required to be file	etirement   Internal	This Form is Open to							
Department of Labor Employee Benefits Security Administration										
Pension Benefit Guaranty Corporation	00-SF.	FUD	lic Inspection							
Part I Annual Report I	dentification Information	1		_						
For calendar plan year 2015 or fisc		01/0	1/2015		and ending		/31/201			
	X a single-employer plan				n (not multiemployer)					
A This return/report is for:	a one-participant plan	_	t participa eign plan	ung emp	loyer information in ac	cordance v	vitn the joint	(Instructions)		
			sign plan							
B This return/report is	the first return/report	∏ the fin	nal return/	report						
	an amended return/report		rt plan yea		onths)					
•						_				
C Check box if filing under:	Form 5558	auton	natic exte	nsion		DFVC program				
	special extension (enter desc	ription)						=		
Part II Basic Plan Infor	mation-enter all requested in	formation								
1a Name of plan		_ •				1b Thre	e-digit number			
The Portico Group 401	L(k) Profit Sharing	Plan				(PN		001		
						<u> </u>	ctive date o			
							/01/200			
2a Plan sponsor's name (employ	er, if for a single-employer plan)							fication Number		
Mailing address (include room	n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	O. Box)	foreign s	oo instru	ctions)	(EIN	) 91-15	77875		
Portico Inc.	s, country, and zir or loreign pos-	ital cous (ii	ioreign, a	96 made	odonoy			hone number		
portico me.						· · · · ·	06) 621			
						l	iness code ( 1310	(see instructions)		
1500 4th Avenue, 3rd	Floor					J. J.	1910			
Seattle				WA	98101-1670					
3a Plan administrator's name and address XSame as Plan Sponsor.						3b Administrator's EIN				
						20.44	1_1_4_44_4	talashasa number		
							illnistrator s	telephone number		
	plan sponsor has changed since	the last m	turnimono	rt filed for	this plan, enter the	4b EIN				
4 If the name and/or EIN of the name, EIN, and the plan num	ber from the last return/report.		stanti epo		tills platt, enter the	40 50				
a Sponsor's name						4c PN				
5a Total number of participants	at the beginning of the plan year.					5a		. 59		
	at the end of the plan year							53		
C Number of participants with a	account balances as of the end of	f the plan y	vear (defin	ed benel	it plans do not	5c				
complete this item)					*****		<u> </u>	44		
d(1) Total number of active par	ticipants at the beginning of the p	plan year						44		
d(2) Total number of active particular	rticipants at the end of the plan ye	ear				5d(2)		33		
	terminated employment during th					5e		(		
than 100% vested	or incomplete filing of this retu	rn/report v	will be as	sessed u	inless reasonable ca	use is esta	ablished.			
Linder penalties of periup/ and ot	her penalties set forth in the instru	uctions. I d	eclare that	t I have e	examined this return/re	eport, includ	ting, if appli	cable, a Schedule		
SB or Schedule MB completed an belief, it is true, correct, and comp	nd signed by an enrolled actuary,	, as well as	the electr	ronic vers	ion of this return/repo	rt, and to th	e dest of m	y knowledge and		
and the second s		-	7.14	11.	Dawna Moini					
LIEDE						lividual signing as plan administrator				
							as plair au			
SIGN HERE Signature of employer/plan sponsor Date 7 11 2014 Enter name of individual signing as employer of										
1 Signature of emplo	yer/plan sponsor	(incluido roc					as employ s telephone			
Preparer's name (including firm n	iama, ii applicable) and address (		on or sult		,	, reparer	o terepriorit			
						117-25-24		and the second se		

12

b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indeper and conditi	ident qualified public ac ions.)	counta	nt (IQI	PA)	*****	-	Yes [	-	
	If you answered "No" to either line 6a or line 6b, the plan cann							_			
C	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA sec	tion 40	21)? .		Yes UN		determir	ned	
Par	t III Financial Information							-			
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b)	) End of Y	ear	202	
a	Total plan assets	_7a	2	,711	,773	3			2,440	,303	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	2	2,711	,773	<u>1</u>	2,440,30				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt			(b) Total				
	Contributions received or receivable from:	0-(4)		84	,374					2	
	(1) Employers	8a(1)			,241		-				
	(2) Participants	8a(2)		102	(						
	(3) Others (including rollovers)	8a(3)		2/	,79			121217			
	Other income (loss)	8b		-24	, /91				2/1	,819	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				10000			241	,019	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		490	,431	3					
	Certain deemed and/or corrective distributions (see instructions)	. 8e			(	2	No me la	1	1000		
	Administrative service providers (salaries, fees, commissions)	1		22	2,85	1		DE MAREN			
<u> </u>	Other expenses	. 8g			(			and B. all			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		TOTAL		1		513,289			
	Net income (loss) (subtract line 8h from line 8c)			1. J. Q.	10.75					,470	
	Transfers to (from) the plan (see instructions)					-		North Hill			
1	t IV Plan Characteristics	၂၀၂	L					-			
9a 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 to								-		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Ar	nount	_	
a	<ul> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Program).</li> </ul>	Voluntary F	Fiduciary Correction	10a		х					
k	Were there any nonexempt transactions with any party-in-interes					x					
	reported on line 10a.)			10b							
C				10c	X				250	0,000	
	by fraud or dishonesty?			10d		x			<del>.</del> .		
e	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all o	f the benefits under	10e		x	1000				
f				10f		x					
		· · ·		10g	x				2	6,553	
	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as or year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li> </ul>			10g		x				6	
i	I If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			101							
	Did the plan trust incur unrelated business taxable income?			10]							
Pa	t VI Pension Funding Compliance					<u> </u>					
11	Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB (F	οπ	Yes	X No	
11	a Enter the unpaid minimum required contribution for all years from					_	1 1				

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Yes X No

Page 3 -Form 5500-SF 2015 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) а If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year ..... 12c c Enter the amount contributed by the employer to the plan for this plan year ..... 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 12d negative amount) ..... Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Part VII **Plan Terminations and Transfers of Assets** Yes 🕅 No 13a Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... 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.) 13c(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): Part VIII Trust Information 14b Trust's EIN 14a Name of trust 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX **IRS Compliance Questions** Yes No **15a** Is the plan a 401(k) plan? ..... Design-15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer ADP/ACP H based safe harbor matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? test method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year T Yes No testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ...... Ratio Π Π Average percentage 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .... henefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Yes No this plan with any other plans under the permissive aggregation rules?..... | Yes No | N/A 17a Has the plan been timely amended for all required tax law changes? ..... 17b 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). 17c 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 17d 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 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been Yes No made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ...... Yes ΠNο 19 Were in-service distributions made during the plan year? 19 If "Yes," enter amount..... Were required minimum distributions made to 5% owners who have attained age 70 ¼ (regardless of whether or not 20 | Yes **∏**N/A No

retired), as required under section 401(a)(9)? .....