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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Part I	Annual Report	Identification Information										
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/20	016	and ending 12	2/31/2016							
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (ployer information in ac								
B This retu	ırn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year return	n/report (less than 12 m	2 months)							
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program							
David II	Baata Blass Inda	special extension (enter descrip	,									
Part II		enter all requested info	ormation		41	1						
1a Name of THE PORTIC		ROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001						
			1c Effective date 01/	of plan 01/2007								
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)					(=::•)	1577875						
PORTICO IN		o, country, and En or foreign pools	i oodo (ii ioroigri, ooo iiioi	donono,	2c Sponsor's tele	phone number 21-2196						
	'ENUE, SUITE 510 'A 98101-1670		2d Business code 541	(see instructions) 310								
3a Plan ad	dministrator's name a		3b Administrator's EIN									
4 If the n	name and/or FIN of th	e plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b EIN	s telephone number						
	EIN, and the plan nu	mber from the last return/report.			4c PN							
		at the beginning of the plan year			. 5a							
_		at the end of the plan year			5b							
C Number	er of participants with	account balances as of the end of the			5c	36						
	ete this item)	rticipants at the beginning of the pla	n vear		5d(1)	33						
		rticipants at the end of the plan year	-		5d(2)	4						
e Numb	er of participants that	terminated employment during the	plan year with accrued ber	nefits that were less	5e	0						
		or incomplete filing of this return/			use is established.							
SB or Sche	alties of perjury and ot dule MB completed a true, correct, and com	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete.	tions, I declare that I have s well as the electronic vers	examined this return/re sion of this return/repor	port, including, if app t, and to the best of r	licable, a Schedule ny knowledge and						
SIGN		valid electronic signature.	06/22/2017	2/2017 ALISSA RUPP								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as plan a	dministrator						
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	lual signing as emplo	yer or plan sponsor						
Preparer's	name (including firm r	name, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's telephor	ne number						

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	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQF) 										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								× Yes	No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not determ	nined	
	rt III Financial Information		<u> </u>				1				
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year		
а	Total plan assets	7a		440303					2193002		
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	2	440303					2193002		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt		(b) Total					
а	Contributions received or receivable from:			58254							
-	(1) Employers	8a(1)		97243							
	(2) Participants	8a(2)		91243	-						
	(3) Others (including rollovers)	8a(3)		158687							
	Other income (loss)	8b			-				314184		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							314104		
	to provide benefits)	8d		540266							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		21219							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	8h					561485			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i	-2					-247301			
j	Transfers to (from) the plan (see instructions)	8j									
Pai	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 Pl	an Cha	racteri	stic Co	odes in	the insti	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:		
Par	t 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 contributed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X					
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X			_		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					4099	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							

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Part	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No		
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No		
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling		
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1				
<u>b</u>	Enter	the minimum required contribution for this plan year			12b					
С	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d					
		he 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			1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
Part	VIII	Trust Information			•					
14a	Name	of trust			14b ⁻	Trust's E	ΞIN			
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP		
			ΙП '		rrent year" N/A P test					
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage	□ N/A				
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination		
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

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

2016

This Form is Open to Public Inspection

Part I		t identification information										
For calend	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12	/31/201	6					
		X a single-employer plan	a multiple-employer pla	an (not multiemployer)	(Filers chec	king this bo	x must attach a					
A This ret	turn/report is for:	a one-participant plan		ployer information in a	ccordance v	with the form	instructions.)					
		a one-participant plant	a foreign plan									
R This retu	ırn/report is	the first return/report	the final return/report									
D IIIIs Iell	TUN epoit is	an amended return/report		denne de la company de la comp	O manual A							
_		an amended return/report	a short plan year return	i/report (less than 12 n	nontns)		3					
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	orogram						
		special extension (enter desc	ription)		_							
Part II	Basic Plan Inf	ormation—enter all requested in	formation									
1a Name					1b Thre	e-digit						
The Por	tico Group 40	Ol(k) Profit Sharing	Plan		1 '	number						
					(PN)		001					
						ctive date of /01/2001	•					
2a Plan si	oonsor's name (empl	loyer, if for a single-employer plan)					ication Number					
Mailing	address (include ro	om, apt., suite no. and street, or P.C) 91-15°						
		ice, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)			none number					
Portico	inc.					06) 621-2						
					2d Busi	ness code (s	see instructions)					
1500 4t	h Avenue, Sui	ite 510			541	1310						
Seattle			M.V.	98101-1670								
3a Plan administrator's name and address K Same as Plan Sponsor.					3b Administrator's EIN							
		and dedicate [2] control do 1 izili opoi	1301.		OB Adili	iiiistratoi 5 E	:114					
					3c Adm	inistrator's to	elephone number					
							2*					
					*							
		ne plan sponsor has changed since	the last return/report filed fo	or this plan, enter the	4b EIN							
		umber from the last return/report.			4							
a Sponse					4c PN							
		s at the beginning of the plan year					5:					
D Total r	number of participant	s at the end of the plan year		***************************************	5b_		3					
C Number	er or participants with ete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c	**	3(
		articipants at the beginning of the pl			5d(1)	<u> </u>						
					5d(2)		33					
		articipants at the end of the plan year at terminated employment during the										
than '	100% vested		***************************************		5e		(
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed :	uniess reasonable ca	use is esta	blished.						
SB or Sche	sities of penjury and c edule MB completed a	other penalties set forth in the instruc- and signed by an enrolled actuary, a	ctions, I declare that I have a as well as the electronic vers	examined this return/re sion of this return/renor	port, includi	ing, if applica	able, a Schedule					
belief, it is t	rue, confect, and con	no ete.			.,	o ocor or my	Milotricoge and					
SIGN	-the		2017-06-21	Alissa Rupp								
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing	as plan adm	inistrator					
SIGN	9 - 22 - 42 - 42 - 42 - 42 - 42 - 42 - 4			W								
HERE	Signature of empl	oyer/plan sponsor	Date	Enter some of leath lid								
Preparer's		name, if applicable) and address (ir		Enter name of individ		as employei s telephone						
. =: 2		. , ,, , , ,		•	, oparor	- tarapriorio	······································					
					-33							
					-							

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	accounta t Instead	int (IC	PA) Form	1 5500.	••••••	_ ⊠ Y _	es No
	rt III Financial Information	iodiditee pi				L] 103			
7	Plan Assets and Liabilities		(a) D11	-£V	$\overline{}$				***	
<u> </u>	Total plan assets	7a	(a) Beginning	<u>440,3</u>	U3			b) End c		102.00
	Total plan liabilities	7b	۷,	440,3	03			-	۷,	193,00
	Net plan assets (subtract line 7b from line 7a)	7c	2.	440,3	<u> 13</u>				2	193,00
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amour		7		-	(b) To		193,00
_	Contributions received or receivable from: (1) Employers	8a(1)	(a) Fallodi	_58,2	54		- 77	(b) To	ıtaı	
	(2) Participants	8a(2)		97,2	43	1000				
	(3) Others (including rollovers)	8a(3)						W S	zztetuszka —	
b	Other income (loss)	8b	-	158,6	87					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								314,18
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		540,2	66		JN 10			
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		21,2	19					
g	Other expenses	8g				ē.,				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								561,48
i_	Net income (loss) (subtract line 8h from line 8c)	8i							_	247,30
j_	Transfers to (from) the plan (see instructions)	8j								4
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D 2F	feature cod	les from the List of Pi	an Chara	acteri	stic C	odes in	the instru	ictions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Charac	terist	ic Co	des in th	e instruc	tions:	
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	nt
ê	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	fuciary Correction	10a		х				
	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х		-		
C	Was the plan covered by a fidelity bond?			10c	х					250,00

10d

10g

10h

Х

Х

Х

X

4,099

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.)

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

	Form 5500-SF 2016 Page 3-								
Part	VI Pension Funding Compliance				·				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of	comple	te Sch	edule S	SB	\neg		Von	<u> </u>
	(Form 5500) and line 11a below)	*********						162	M 1
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?							Yes	X N
	(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 ins granting the waiver.	structio	ns, and	enter Da		ate of	the let Year		ling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line						i cai		
b	Enter the minimum required contribution for this plan year			12b					
_	Enter the amount contributed by the employer to the plan for this plan year			12c					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	3	12d	\vdash				
	negative amount)				1 //		No		D1/A
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*********			Yes	<u> </u>	No	Ш	N/A
Part									
13a	Has a resolution to terminate the plan been adopted in any plan year?				<u>Ц</u>	es	X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	_				
þ	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							χN	lo
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	_		to					
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	ı		13c(3) PN(s		
						!			
Part	VIII Trust Information								
14a (Name of trust			14b	Trust'	s EIN			
44-									
140	Name of trustee or custodian						r custo numbe		S
	*		Į						
Part	IX IRS Compliance Questions		,						
15a	Is the plan a 401(k) plan? If "No," skip b		Yes				No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	П		n-base	4		Prior :	/ear"	ADP
	401(k)(3) for the plan year? Check all that apply:		safe h	aroor ent year	,et	_	lest		
		ΠΠ	ADP t				N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio			Aver	ane		-
	year? Check all that apply:	∐	perce test	ntage	Ш		fit test	L] N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)		Yes			П	No		
	for the plan year by combining this plan with any other plan under the permissive aggregation rules? If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS	Opinio:		nr advi	ison 1			he d	ate of
	the letter and the serial number				111				
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date e	of the n	nost re	ecent	detern	inati	оп

Yes

No

☐ No

Defined Benefit Plan or Money Purchase Pension Plan Only:

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?