## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Department of Labor

**Annual Report Identification Information** 

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.

For calenda	ar pian year 2016 or fi	scal plan year beginning 01/01/2	1017	and ending 0	6/09/2017							
A This ret	A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)											
		a one-participant plan	a foreign plan									
<b>B</b> This retu	urn/report is	the first return/report	X the final return/report									
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)							
C Check	oox if filing under:	Form 5558	automatic extension	automatic extension DFVC program								
5 ( !!	D : D:	special extension (enter descri										
Part II 1a Name	l.	rmation—enter all requested in	formation		1b Three-	digit						
		ROFIT SHARING PLAN			plan n	-						
					(PN)		001					
					1c Effecti	ve date of 01/01/						
Mailing	address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		atruationa)	2b Employ (EIN)	yer Identific 91-157	cation Number 77875					
PORTICO IN		e, country, and zir or loreign post	ai code (ii ioreign, see in	structions)	2c Spons	or's teleph 206-621-	one number 2196					
					2d Busine	ess code (s	ee instructions)					
	/ENUE, SUITE 510 /A 98101-1670					54131	0					
3a Plan a	dministrator's name ar	nd address X Same as Plan Spor	nsor.		<b>3b</b> Admini	istrator's E	IN					
					3c Administrator's telephone number							
					JC Admin	istrator s te	nepriorie number					
		e plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN							
name, <b>a</b> Spons	•	mber from the last return/report.			4c PN							
_		at the beginning of the plan year			5a		39					
_		at the end of the plan year			5b	0						
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	0						
•	,				5d(1)		4					
		rticipants at the beginning of the pl			5d(1)		0					
		rticipants at the end of the plan yeterminated employment during the										
than	100% vested				5e		0					
		or incomplete filing of this return her penalties set forth in the instru-					able a Schedule					
SB or Sche		nd signed by an enrolled actuary, a										
SIGN	Filed with authorized/	valid electronic signature.	07/16/2017	ALISSA RUPP								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as	s plan adm	inistrator					
SIGN												
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ								
Preparer's	name (including firm n	name, if applicable) and address (in	nclude room or suite num	ber)	Preparer's t	telephone i	number					

Form 5500-SF 2016 Page **2** 

	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	
	If you answered "No" to either line 6a or line 6b, the plan cann									Ц
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes	No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
а	Total plan assets	7a		193002					(	)
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	2	193002					(	)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:			3825						
	(1) Employers	8a(1)		4377						
	(2) Participants	8a(2)		4377						
	(3) Others (including rollovers)	8a(3)		132718						
	Other income (loss)	8b		1327 10	-				140920	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							140920	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2	325172						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		8750						
g	Other expenses	8g								
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)								2333922	2
i	Net income (loss) (subtract line 8h from line 8c)	8i				-2193002				
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	, ,	L							
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 instr	uctions:	
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	ctions:	
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 described 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					0
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			10i						

Form	5500	-SF	201	6

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and on 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?						Yes X No
	(lf "\	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.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling 
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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 live 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						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
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:	- ILI ,		n-based arbor	d [	] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
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		verage enefit test	□ N/A
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are 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, e	nter the	date	of the m	nost rece	ent determ	nination
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	Wasa	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

	ort identification information	1			His transmitted in the				
For calendar plan year 2016	or fiscal plan year beginning	01/01/2017	and ending	06/09/	2017				
A This return/report is for:	a single-employer plan			ployer) (Filers checking this box must attaction in accordance with the form instructions					
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	X a short plan year retu	m/report (less than 12 i	months)					
C Check box if filing under:	Form 5558	automatic extension		DFVC program					
	special extension (enter desc								
	nformation—enter all requested in	formation							
1a Name of plan				1b Three-digit					
The Portico Group	401(k) Profit Sharing	Plan		plan numbe					
				1c Effective da					
0				01/01/2					
Mailing address (include	nployer, if for a single-employer plan) room, apt., suite no. and street, or P.				entification Number 1577875				
Portico Inc.	vince, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's t (206) 62	elephone number				
					de (see instructions)				
1500 4th Avenue, S	uite 510			541310					
Seattle		W	98101-1670						
3a Plan administrator's nam	e and address K Same as Plan Spo	nsor.		3b Administrate	or's EIN				
4 If the name and/or EIN o	f the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN					
	number from the last return/report.	and look rotally lopost mod	to the plan, enter the	4c PN					
	ants at the beginning of the plan year.			1	39				
	ants at the end of the plan year with account balances as of the end of								
complete this item)									
	participants at the beginning of the p				4				
	participants at the end of the plan ye			5d(2)	0				
than 100% vested	that terminated employment during the			5e					
Caution: A penalty for the la	ate or incomplete filing of this retur	n/report will be assessed	l uniess reasonable ca	use is established					
SB or Schedule MB complete belief, it is true, compet, and c	d other penalties set forth in the instru d and signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ve	e examined this return/reportsion of this return/repo	eport, including, if a ort, and to the best o	oplicable, a Schedule f my knowledge and				
SIGN	N	7.12.2017	Alissa Rupp	-					
HERE Signature of pla	in administrator	Date	Enter name of indivi	dual signing as plan	administrator				
SIGN									
HERE Signature of em	ployer/plan sponsor	Date	Enter name of indivi	dual signing as emp	loyer or plan sponsor				
Preparer's name (including fir	m name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's teleph	one number				

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 cannul the plan is a defined benefit plan, is it covered under the PBGC in	an Independ and condition of use Fort	lent qualified public a ns.) n 5500-SF and must	ccount	ant (IQ	PA) Form	5500.		X Yes X Yes Not dete	□ No
	rt III   Financial Information	isdianos pro	giam (see El tion se	00011-1			100	[]		
7	Plan Assets and Liabilities		(a) Beginning o	of Year				b) End c	of Year	
a	Total plan assets	7a		193,0	$\overline{}$					C
b	Total plan liabilities	7b				*				
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	193,	002					C
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t		TUSH		(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		3,	825	YY			Sell de la	
	(2) Participants	8a(2)		4,	377		11-11-			
	(3) Others (including rollovers)	8a(3)					U LAU			
b	Other income (loss)	8b		132,	718	5,1900				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14	10,920
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,	325,	172					
e	Certain deemed and/or corrective distributions (see instructions)	8e			_			A MIN NO		
f	Administrative service providers (salaries, fees, commissions)	. 8f	***	8,	750	The second				
g	Other expenses	. 8g				400			SECTION AND ADDRESS.	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						- 33	0.0000000000000000000000000000000000000	33,922
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								-2,19	93,002
i_	Transfers to (from) the plan (see instructions)	· 8j						W. A. L.		A Links
Pa	rt IV Plan Characteristics									
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		and the same of th							
Par		leature code	S ITOM the List of Fig	ii Olkari	2010113	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 11300		-
10	During the plan year:				Yes	No	N/A		Amount	
	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fi	duciary Correction							
	Program)  Were there any nonexempt transactions with any party-in-interes			10a	_	X	3 1			
	reported on line 10a.)	***************************************	***************************************	10Ъ		х				
	Was the plan covered by a fidelity bond?			10c	Х				2	50,00
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х				
_ 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 of t	he benefits under	10e		x	K			
f	Has the plan falled to provide any benefit when due under the plan	an?	*******************	10f		х	SK		9	
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	nd.)	10g	х		100			
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10i						

Form	EEOC	CE	204	0
 гони	JJJUL	1001	Z11	חו

Page 3-

Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)	omplete	Sched	dule S	В		Yes	X No
11a	Enter the unpaid minimum required contributions 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 Co ERISA?	ection :	302 of			Yes	⊠ No	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions.	nictions	ond a	netes t	ho dete	of the le		
	granting the waiver	onth	o, and t	Day		Yea		ing
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	_						
<u>b</u>	Enter the minimum required contribution for this plan year			12b				
c	nter the amount contributed by the employer to the plan for this plan year	********		12c				- 3/2
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ft of a		12d				
- National Assessment	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part \	/II Plan Terminations and Transfers of Assets	_						
13a	Has a resolution to terminate the plan been adopted in any plan year?				X Yes	; []	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			3a				0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?					X Yes	N	,
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the pl	an(s) to		i e			
1	Ic(1) Name of plan(s):	13	c(2) E	IN(s)		13c	(3) PN	(s)
Part	VIII Trust Information			_	- 8	-		
14a N	ame of trust		1	4b T	rust's E	in		
14c I	lame of trustee or custodian		1			or custo e numbe		
Part	IX IRS Compliance Questions			-				
15a	s the plan a 401(k) plan? If "No," skip b	Y	'es		[	No		
15b	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	11 1	esign-b afe hari			Prior test	year" /	ADP
		יי חו	Current DP test			N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:	. [] p	latio ercenta	age		erage nefit test		N/A
16b	Old the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	_ Y	es		[	No		
17a ı	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number	pinion k	etter or	advis	ory lette	er, enter i	he da	e of
17b i	the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	er the d	ate of t	he mo	st rece	nt detem	ninatio	n
1	lefined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not separa ervice?	ated fro	m [	Yes		No		
19 \	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		[	Yes		No		

