Form 5500-SF

Department of the Treasury

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

Benefit Plan Internal Revenue Service 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 Department of Labor Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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

Short Form Annual Return/Report of Small Employee

i oi oaloilu	ar plan year 2016 or	fiscal plan year beginning 01/01	72010	and ending 1	2/31/2016					
		a single-employer plan	a multiple-employe	r plan (not multiemployer)	(Filers checking	g this box m	ust attach a			
A This ref	turn/report is for:		list of participating	employer information in a	ccordance with	the form in	structions.)			
	a one-participant plan a foreign plan									
		<u>_</u>	<u> </u>							
B This retu	urn/report is	the first return/report	the final return/repo	ort						
		an amended return/report	a short plan year re	eturn/report (less than 12 m	nonths)					
C Chook	box if filing under:	<u> </u>			П					
C Check	box ii iiiing under.	Form 5558	automatic extension	on	DFVC prog	ıram				
		special extension (enter des	cription)							
Part II	Basic Plan Inf	ormation—enter all requested i	information			•				
1a Name					1b Three-d	•				
IRONWOOD	2016, INC. 401(K) F	PROFIT SHARING PLAN			plan nur	mber	001			
					(PN) •					
					1c Effective	e date of pla 02/01/20				
22 Plan a	noncor'o nomo (ompl	over if for a single employer plan			2h					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P			2b Employe (EIN)	er identifica 91-1720				
City or	r town, state or provin	ice, country, and ZIP or foreign po		instructions)	2c Sponso					
IRONWOOD	2016, INC.					206-723-74				
					2d Rusines	s code (see	instructions)			
9830 40TH A	AVENUE SOUTH				Zu Busilies	423300	instructions)			
	VA 98118-5603					423300				
3a Plan a	dministrator's name	and address X Same as Plan Sp	onsor.		3b Adminis	trator's EIN				
		_			_					
					3C Adminis	trator's tele	phone number			
		ne plan sponsor has changed sinc	e the last return/report file	ed for this plan, enter the	4b EIN	91-1720	481			
name	EIN, and the plan n	umber from the last return/report.		ed for this plan, enter the						
name	EIN, and the plan n			ed for this plan, enter the	4c PN		01			
name a Spons	e, EIN, and the plan no cor's name WALL & C	umber from the last return/report.	•		4c PN 5a		01			
a Spons 5a Total	e, EIN, and the plan not cor's name WALL & Continue to the control of participant	umber from the last return/report. EILING SUPPLY COMPANY, INC			4c PN		01			
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Form 5500-SF 2016 Page **2**

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X	es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)						X Y	es 🗌 No
С	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					_	_	_	□ Not de	etermined
	rt III Financial Information	iodidiloc p	orogram (see Errie/1 se	000011 4	021).	······ <u></u>	1 100	Пио		, commod
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Year	
<u>'</u> а	Total plan assets	7a	(a) Beginning	550390				(b) Ellu	4574	78
	Total plan liabilities	7b		0)					0
	Net plan assets (subtract line 7b from line 7a)	7c		550390)				4574	78
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:		(2) 1 2					(4)		
	(1) Employers	8a(1)		807						
	(2) Participants	8a(2)		51226						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b		39153						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							911	86
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		160104	.					
	Certain deemed and/or corrective distributions (see instructions).	8e		17639	_					
	Administrative service providers (salaries, fees, commissions)	8f		6355						
_ <u>'</u>	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1840	98
	Net income (loss) (subtract line 8h from line 8c)	8i		-92912			12			
÷	Transfers to (from) the plan (see instructions)									
, Do	rt IV Plan Characteristics	8j								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
	2E 2F 2G 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	it
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	<u> </u>	t? (Do not	include transactions	10b		X				
	Was the plan covered by a fidelity bond?			10c	X					62000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е		ner persor ne or all of	s by an insurance the benefits under	10e	X					2880
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
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	
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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						Yes	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the C 2					[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.		ns, and	d enter		e of the lo		ng
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai	
		ne minimum required contribution for this plan year			12b				
		ne amount contributed by the employer to the plan for this plan year			12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	left of a	l	12d				
е		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		I/A
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s) to				
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
_									
Part		Trust Information							
14a	Name o	f trust			14b	Trust's I	EIN		
14c	Name o	of trustee or custodian					's or cus one numb		
Par	t IX	IRS Compliance Questions			ı				
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No		
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		safe h	n-based narbor		☐ "Prio	r year" A	ADP
				"Curre	ent year test	~"	N/A		
16a 		esting 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 te	st 🗌	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the lett								
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only: Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No		
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ 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 Annual Repo	rt Identification Information			
For calendar plan year 2016 o	r fiscal plan year beginning		nding 12/31/20)16
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multi	employer) (Filers checking this	s box must attach a
Transferance for the for.	a one-participant plan	list of participating employer information a foreign plan	nation in accordance with the	form instructions.)
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 Check box if filling under:	X Form 5558	automatic extension	DFVC program	
Part II Basic Plan In	special extension (enter descr			
1a Name of plan	formation—enter all requested inf	ormation	T	
	401(K) PROFIT SHARING	PLAN	1b Three-digit plan number (PN) ▶	001
			1c Effective dat 02/01/20	
Mailing address (include ro	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.O	. Box)		entification Number
Ironwood 2016, Inc	nce, country, and ZIP or foreign posta .	al code (if foreign, see instructions)	2c Sponsor's te	elephone number
9830 40TH AVENUE S	OUTH			de (see instructions)
SEATTLE	WA 98118-5603		123300	
3a Plan administrator's name	and address X Same as Plan Spon	ISOF.	3b Administrato	r's EIN
	•			
			3C Administrator	r's telephone number
			1	
4 If the name and/or EIN of name, EIN, and the plan r	the plan sponsor has changed since t number from the last return/report.	he last return/report filed for this plan, e	nter the 4b EIN 91-17	20481
a Sponsor's name		PPLY COMPANY, INC.	4c PN 001	
5a Total number of participan	its at the beginning of the plan year		5a	23
b Total number of participan	its at the end of the plan year		5b	4
C Number of participants wit	h account balances as of the end of t	he plan year (only defined contribution p	lane	
d(1) Total number of active p	and almost of the contract of			4
1/61	participants at the beginning of the pla	n year	5d(1)	
d(2) Total number of active p	participants at the end of the plan yea	ın year	5d(1) 5d(2)	22
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the	rplan year with accrued benefits that we	5d(1) 5d(2) re less 5e	22
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the	rplan year with accrued benefits that we	5d(1) 5d(2) re less 5e	22 2 0
e Number of participants the than 100% vested Caution: A penalty for the lat Under penalties of perjury and	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instructional signed by an enrolled actuary and signed by an enrolled actuary and signed by an enrolled actuary.	rplan year with accrued benefits that we	5d(1) 5d(2) re less 5e conable cause is established	22 2 d. 0
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, a emplete.	plan year with accrued benefits that we n/report will be assessed unless reas stions, I declare that I have examined the se well as the electronic version of this in the second secon	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of YOUNG	22 2 d. pplicable, a Schedule of my knowledge and
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, a emplete.	plan year with accrued benefits that we n/report will be assessed unless reas stions, I declare that I have examined the se well as the electronic version of this in the second secon	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of	22 2 d. pplicable, a Schedule of my knowledge and
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, amplete. Administrator	plan year with accrued benefits that we reason of this is well as the electronic version of the electronic version v	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of YOUNG re of individual signing as planted of individual signing as emple of individual signing as	22 d. ot. pplicable, a Schedule of my knowledge and administrator
e Number of participants the than 100% vested	participants at the end of the plan year at terminated employment during the e or incomplete filing of this return other penalties set forth in the instructionand signed by an enrolled actuary, a mplete.	plan year with accrued benefits that we reason of this is well as the electronic version of the electronic version v	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of YOUNG	22 d. ot. pplicable, a Schedule of my knowledge and administrator
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, amplete. Administrator	plan year with accrued benefits that we reason of this is well as the electronic version of the electronic version v	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of YOUNG re of individual signing as planted of individual signing as emple of individual signing as	22 d. ot. pplicable, a Schedule of my knowledge and administrator
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, amplete. Administrator	plan year with accrued benefits that we reason of this is well as the electronic version of the electronic version v	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of YOUNG re of individual signing as planted of individual signing as emple of individual signing as	22 d. ot. pplicable, a Schedule of my knowledge and administrator
e Number of participants the than 100% vested	participants at the end of the plan yea at terminated employment during the e or incomplete filing of this return other penalties set forth in the instruct and signed by an enrolled actuary, amplete. Administrator	plan year with accrued benefits that we reason of this is well as the electronic version of the electronic version v	5d(1) 5d(2) re less 5e conable cause is established is return/report, including, if a return/report, and to the best of YOUNG re of individual signing as planted of individual signing as emple of individual signing as	22 d. ot. pplicable, a Schedule of my knowledge and administrator

Form 5500-SF	~~ 4 ~

Page 2

D	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be plan is a defined benefit plan, is it covered under the PBGC in	an indepa and cond ot use F	endent qualified public litions.)orm 5500-SF and mu	accou	ntant (I	QPA)	m 550	X Yes No	
	rt III		program (See ENGA	Section	4021)	·	Yes	s No Not determined	
7	Plan Assets and Liabilities		(a) Beginning	a of Vo				// P 1 / 22	
а	Total plan assets	7a	(a) Deginning		,390			(b) End of Year	
b		7b			0			457,478	
С	Net plan assets (subtract line 7b from line 7a)	7c		550	,390			457,478	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		, 550				
а	Contributions received or receivable from:		(u) Amoe			Time	di vi	(b) Total	
	(1) Employers	8a(1)			807				
	(2) Participants	8a(2)		51,	226				
	(3) Others (including rollovers)	8a(3)			0		da da Mariyay		
	Other income (loss)	8b		39,	153				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						91,186	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		160,	104				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		17,	639				
f	Administrative service providers (salaries, fees, commissions)	8f		6,	355				
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			10.5			184,098	
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-92,912	
j	Transfers to (from) the plan (see instructions)	8j						72,712	
Pai	t IV Plan Characteristics	۷,					ina malan		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of P	lan Cha	racteri	stic C	odes ir	n the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Pla	n Char	acteris	tic Cod	des in	the instructions:	
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vengram)	oluntary F	iduciary Correction		r.	X		Allount	
b	Program) Were there any nonexempt transactions with any party-in-interest?	(Do not	include transactions	10a		Х			
с	reported on line 10a.)			10b		-22			
				10c	Х			62,000	
đ		idelity bor	nd, that was caused	404		Х			
	by fraud or dishonesty?	• • • • • • • • • • • • • • • • • • • •		10d					
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	er persons	s by an insurance		х			2,880	
e f	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons e or all of	s by an insurance the benefits under	10e	х	x		2,880	
f g	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons or all of ?	s by an insurance the benefits under		х	х		2,880	
f g	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons e or all of ? of year-e	s by an insurance the benefits under	10e 10f	х			2,880	

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Page **3**-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)		••••••	B	_ Y	es 📗 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 CERISA?	ode or costi	202 0	f	Y	es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions an			f the letter	ruling
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	Day	/	Year_	
	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•••••••	П	Yes	No [N/A
Part				<u> </u>		
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	П №	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?	ght under the			Yes X	····
	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.)	ify the plan(s) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII, Trust Information					
	Name of trust	,	4 41			
			14b ⊤	rust's EIN		
14c	Name of trustee or custodian			rustee's o elephone i	r custodiar number	n's
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 401(k)(3) for the plan year? Check all that apply:	⊔ safe h	nt year"		"Prior year test N/A	" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test		Avera	age fit test	N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
1/a	If 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					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en letter	ter the date o	f the mo	st recent of	determinat	ion
	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 sepa service?	rated from	Yes	_ N	lo	
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	N	0	