Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

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 Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit IRONWOOD 2016, INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) • 1c Effective date of plan 02/01/2001 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1720481 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number IRONWOOD 2016, INC. 206-723-7403 2d Business code (see instructions) 9830 40TH AVENUE SOUTH 423300 SEATTLE, WA 98118-5603 **3a** Plan administrator's name and address |X| Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 0 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

beller, it is t	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	01/05/2018	MELANIE YOUNG					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	ual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	r)	Preparer's telephone number				

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62	Were all of the plan's assets during the plan year invested in eligib	de accete?	(See instructions)						X	es No	
	Are you claiming a waiver of the annual examination and report of an independent qualified public account under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									es No	
_	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	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes	∐No	☐ Not de	etermined	
Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning				((b) End	of Year	0	
	Total plan assets	7a		457478 0			0				
	Total plan liabilities	7b		457478		0					
	Net plan assets (subtract line 7b from line 7a)	7c									
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)		C							
	(2) Participants	8a(2)		0)						
	(3) Others (including rollovers)	8a(3)		C)						
	Other income (loss)	8b		55450)						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							554	50	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		451745	,						
е	Certain deemed and/or corrective distributions (see instructions).	8e	56441								
f	Administrative service providers (salaries, fees, commissions)	8f	4742								
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				512928				28	
i	Net income (loss) (subtract line 8h from line 8c)	8i				-457478				78	
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 2F 2G 2J 2K 3D	feature cod	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es 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	nt	
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 Fi	duciary Correction	10a		X					
b		t? (Do not i	nclude transactions	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Х					62000	
d				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.)			10e	X					1684	
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	s of year-e	nd.)	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							

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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 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	-	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
b	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	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)								
e 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		1					
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(3) PN(s)		
-									
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	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:			n-based arbor	d [erior y test	/ear" ADP	
			IП '	"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	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, en/	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	Was a	any plan participant a 5% owner who had attained at least age 70 ½ 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.

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

	rt Identification Information	n						
For calendar plan year 2016 o	r fiscal plan year beginning	01/01/2017	and ending	10/31/20				
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	in (not multiemployer) (ployer information in a	(Filers checking this ccordance with the	s box must attach a form instructions.)			
The folding approximation of the folding approximation of the folding approximation and the folding approximation approximation and the folding approximation approximation and the folding approximation approximat	a one-participant plan	a foreign plan	•					
B This return/report is	the first return/report	X the final return/report						
	an amended return/report	🛚 a short plan year return	n/report (less than 12 m	ionths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC program	I			
	special extension (enter des							
	iformation—enter all requested i	nformation		41				
1a Name of plan				1b Three-digit plan numbe	er 001			
Ironwood 2016, INC.	401(K) PROFIT SHARIN	IG PLAN		(PN)	1 007			
				1c Effective da	te of plan			
				02/01/20	•			
2a Plan sponsor's name (em Mailing address (include r		1	lentification Number					
	rince, country, and ZIP or foreign pos		uctions)	(EIN) 91 - 1				
Ironwood 2016, Inc				20 Sponsors to	elephone number 7403			
				2d Business co	ode (see instructions)			
9830 40TH AVENUE S	OUTH		de.	423300				
SEATTLE	WA 98118-56	03						
	e and address X Same as Plan Sp			3b Administrator's EIN				
				3c Administrate	or's telephone number			
4 If the name and/or EIN of	the plan sponsor has changed since number from the last return/report.	e the last return/report filed for	or this plan, enter the	4b EIN 91-1	720481			
a Sponsor's name		SUPPLY COMPANY, II	NC.	4c PN 001				
5a Total number of participa	nts at the beginning of the plan year	4		. 5a	2			
	nts at the end of the plan year			. 5b	C			
	ith account balances as of the end c			5c	(
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	C			
d(2) Total number of active	participants at the end of the plan y	ear	***************************************	5d(2)	(
·	hat terminated employment during th	-		5e	C			
Caution: A penalty for the la	te or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	iuse is established	J.			
SB or Schedule MB completed	l other penalties set forth in the instr d and signed by an enrolled actuary,	uctions, I declare that I have , as well as the electronic ver	examined this return/re sion of this return/repo	eport, including, if a rt, and to the best c	pplicable, a Schedule of my knowledge and			
belief, it is true, correct, and co	in the common of	11	MELANIE YOUNG					
HERE Signature of plan administrator Date 1/5 //8 Enter name of individual signing as plan administrator								
SIGN				-				
HERE								
	m name, if applicable) and address			Preparer's teleph				
		_		1				

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EUHH	JJJUU.	-01	zu	10

6a Were all of the plan's assets during the plan year invested in eligi						,	hibera seedjeje	X Yes	No
b Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	No
If you answered "No" to either line 6a or line 6b, the plan can								_	
c If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERISA s	ection 4	1021)?		Yes	No	Not dete	ermined
Part III Financial Information				· · · · · · · · · · · · · · · · · · ·					
7 Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End	of Year	
a Total plan assets	7a		457,	478					C
b Total plan liabilities	7b			0					C
C Net plan assets (subtract line 7b from line 7a)	1		457,	478					C
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) Total		
a Contributions received or receivable from:				0					
(1) Employers							 		
(2) Participants	· · · · · · · ·			0					
(3) Others (including rollovers)					1 - 1 - 1	<u> </u>			
b Other income (loss)			55,	450					450
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c				1777				55,450
to provide benefits)	8d		451,	745					
e Certain deemed and/or corrective distributions (see instructions)			56,	441			1 3/4		
f Administrative service providers (salaries, fees, commissions)	. 8f		4,742						
g Other expenses		0						'	
h Total expenses (add lines 8d, 8e, 8f, and 8g)					512,9			12,928	
i Net income (loss) (subtract line 8h from line 8c)	8i				····		-45	57,478	
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									***************************************
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	n feature c	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	feature co	des from the List of Pla	n Char	acteris	tic Co	des in t	he instru	ctions:	
Part V Compliance Questions		1							
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contrib	utions with	in the time period							
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	voluntary	Fiduciary Correction	10a		Х				
b Were there any nonexempt transactions with any party-in-interes	st? (Do not	include transactions			х				
reported on line 10a.) C Was the plan covered by a fidelity bond?			10b	Х					CO 000
			10c	^					62,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		Х				
e Were any fees or commissions paid to any brokers, agents, or ot									
carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	f the benefits under	10e	х					1,684
f Has the plan failed to provide any benefit when due under the pla		Alexander and a second a second and a second a second and	10f		Х	37 397 A)			•
g Did the plan have any participant loans? (If "Yes," enter amount a		***	10g		Х				
h If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR			х				···
i If 10h was answered "Yes," check the box if you either provided t			10h	igwdown					
exceptions to providing the notice applied under 29 CFR 2520.10	01-3	u notice or one of the	10i				×		

	Form 5500-SF 2016 Page 3 -							
	No. (b)	,						
Part						T -		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruct (Form 5500) and line 11a below)	lions and	complete S	cnedule			Yes	s No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 41	2 of the C	Code or sec	tion 302			Yes	X No
	ERISA?(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 ye granting the waiver.				r the date av	of the le		uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and sk				ay	10	A1	
b	Enter the minimum required contribution for this plan year	.,,.,		12t	,			
C	Enter the amount contributed by the employer to the plan for this plan year			120	;			
d 	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)							
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?		**********		X Ye	s 🗌	No	
	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 pla control of the PBGC?					X Yes	· [] 1	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another pla which assets or liabilities were transferred. (See instructions.)				1	·		
1	3c(1) Name of plan(s):		130	(2) EIN(N(s)			
Part	VIII Trust Information							
14a	Name of trust			14k	Trust's	EIN		
14c	Name of trustee or custodian			140	Trustee telepho	's or cus ine numb		's
Parl	IX IRS Compliance Questions		·					
15a	Is the plan a 401(k) plan? If "No," skip b		\ \ \ \ \ \ \	s		No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under sec	tion		sign-bas e harbor		"Prio test	r year	" ADP
	401(k)(3) for the plan year? Check all that apply:	***********	П "Сі	ırrent ye P test		N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for year? Check all that apply:		Ra	itio rcentage		verage enefit te	 st [N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 4 for the plan year by combining this plan with any other plan under the permissive aggregation	101(a)(4) rules?	Ye	s		No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favour the letter and the serial number			ter or ac	visory let	ter, ente	r the d	late of
	If the plan is an individually-designed plan that received a favorable determination letter from letter	he IRS, e	enter the da	te of the	most rec	ent dete	rminat	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 ha service?	d not sep	earated fron	ı 🛮 Y	'es [No		
	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan			П ў	'es	No		