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

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information		
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	and ending 12/31	/2013
A This return/report is for:	er plan (not multiemployer)	a one-participant plan
B This return/report is: ☐ the first return/report ☐ the final return/rep	oort	
an amended return/report a short plan year re	eturn/report (less than 12 month	s)
C Check box if filing under:	on	DFVC program
special extension (enter description)		
Part II Basic Plan Information—enter all requested information		
1a Name of plan	1k	Three-digit
DEFIANCE BOATS, LLC 401(K) PLAN & TRUST		plan number
	4.	(PN) 001
	10	Effective date of plan 07/01/2012
2a Plan sponsor's name and address; include room or suite number (employer, if for a sin	ole-employer plan) 2h	Employer Identification Number
DEFIANCE BOATS, LLC	g.c cp.c you p.dy	(EIN) 61-1592218
	20	Sponsor's telephone number
7510 BREE DRIVE		360-813-3600
BREMERTON, WA 98312	20	Business code (see instructions)
	01	336610
3a Plan administrator's name and address ∑Same as Plan Sponsor Name ∑Same as I	Plan Sponsor Address 3k	Administrator's EIN
	30	Administrator's telephone number
		·
4 If the name and/or EIN of the plan sponsor has changed since the last return/report file	ad for this plan, optor the	S FINI
name, EIN, and the plan number from the last return/report.	tu for this plan, enter the	EIN
a Sponsor's name	40	PN
5a Total number of participants at the beginning of the plan year	5a	16
b Total number of participants at the end of the plan year	5k	28
C Number of participants with account balances as of the end of the plan year (defined b	·	
complete this item)	•	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See ins		<u> </u>
b Are you claiming a waiver of the annual examination and report of an independent qua 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 cannot use Form 5500-		
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (s	see ERISA section 4021)?	Yes No Not determined
Caution: A penalty for the late or incomplete filing of this return/report will be assess	sed unless reasonable cause i	s established
Under penalties of perjury and other penalties set forth in the instructions, I declare that I ha		
SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic		
belief, it is true, correct, and complete.		
SIGN Filed with authorized/valid electronic signature.		
HERE Signature of plan administrator Date	Enter name of individual s	signing as plan administrator
SIGN		
HERE Signature of employer/plan sponsor Date	Enter name of individual s	signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite nur		eparer's telephone number (optional)

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear	
a	Total plan assets	7a	804				(0) =		20974	4
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	804	5					20974	4
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
	Contributions received or receivable from:		(a) ranount				(2)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)	1192	25						
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	206	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							13988	3
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	105	9						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							105	9
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1292	9
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 3D 3H	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instru	ctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
C	insurance service, or other organization that provides some or all	•	,			Χ				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	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						
Part										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Tr	Yes	X No
112	Enter the unpaid minimum required contribution for current year fr					11a		<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding						EDICV3	Tr	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oi se	CUUII	JUZ UI	LNIOA!		1 63	110
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instru		and e	enter th	ne date of	the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule			1111		⊔ay		1 6	A1	
	Enter the minimum required contribution for this plan year	•	•			12b				

Page	3 -		1
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С	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 left of a negative 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?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2013

Em	player Benedia Security Administration	ine in	ternal Revenue Code (the	Code).			is Open to Public	
F	Pension Benefit Guaranty Corporation	➤ Complete all entries in ac	cordance with the Instri	ections to the Form 550	0.8F	in.	spection	
P	Annual Report Id	entification information			<u> </u>			
	calendar plan year 2013 or fisca		01/01/2013	and ending	12	/31/2013		
A	This return/report is for:	a single-employer plan	a multiple-employer r	ian (not multiemployer)	Г	a one-particip	nant nion	
	This return/report is:	the first return/report	the final return/report		_	J a ono-paracip	pant plan	
_	Tina teminireportia.	<u>'</u>	H .					
	يا	an amended return/report	a short plan year retu	im/report (less than 12 m	onths)	-		
C	Check box if filing under:	x Form 5558	automatic extension		L	DFVC progra	ım	
		apecial extension (enter descri	ption)					
	Basic Plan Inform	mation — enter all requested (nformation		********			
1a	Name of plan					hree-digit		
	Defiance Boats, LLC	401(k) Plan & Trust				lan number PN) ►	001	
						ffective date of		
					i	7/01/2012		
2a	Plan sponsor's name and addr	ress; include room or suite numbe	or (employer, if for a single	-employer plan)	2b E	mployer Identi	fication Number	
	Defiance Boats, LLC				1	EIN) 61-15		
					2c s	Sponsor's telepi	hone number	
	7510 Bree Drive				((360) 813-	3600	
							(see instructions)	
	Bremerton	WA 98312				36610		
3 a	Plan administrator's name and	address X Same as Plan Spo	nsor Name Same as	Plan Sponsor Address	3b A	dministrator's i	EIN	
					3c /	dministrator's t	telephone number	
					44			
A	- 16 thus manus madden [718] - 6 thus m							
4	If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since t or from the last return/report.	he last return/report filed f	or this plan, enter the	4b 8	:IN		
•	name, EIN, and the plan numb	alan sponsor has changed since t er from the last return/report.	he last return/report filed f	or this plan, enter the				
_a	name, EtN, and the plan numb Sponsor's name	er from the last return/report.			4c F		15	
_a	name, EIN, and the plan numb Sponsor's name Total number of participants at	er from the last return/report.	·	***************************************	4c F 5a		16	
<u>a</u> 5a	name, EtN, and the plan numb Sponsor's name Total number of perticipants at Total number of participants at Number of participants with so	the beginning of the plan year	he plan year (defined ben	efit plans do not	4c F		16 28	
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Pe	ffili Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
<u>a</u>	Total plan assets	7a	8,0	45			20,974
b	Total plan liabilities	7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	8,0	45			20,974
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	4-(4)					
-	(1) Employers	8a(1)	11,9	25	-	7	
-	(2) Participants	82(2)	11,3	23	1		
	(3) Others (including rollovers)	8a(3)	2.0				
	Other income (loss)	8b 8c	2,0	63 		4:	
	Benefits paid (including direct rollovers and insurance premiums	ac			NAME OF THE PERSON NAME OF THE P	rent de trois de	13,988
	to provide benefits)	8d	1,0	59		i Caprilla	
•	Certain deemed and/or corrective distributions (see Instructions)	8e				r; u	
f	Administrative service providers (salaries, fees, commissions)	81					
9	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1,059
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	61					12,929
j_	Transfers to (from) the plan (see Instructions)	8]				1	
Pa	rtilV Plan Characteristics						
9a	if the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Charact	eristic	Code	s in th	ne instructions:
	2E 2G 2J 3D 3H						
Ь	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Characte	ristic	Codes	in the	Instructions:
P	rt V Compliance Questions						
10	During the plan year:				Yes	No	A
a		ions within	the time period described in	T	105	NO	Amount
	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduc	ary Corre	ction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	nclude transactions reported	10b		х	
C	Was the plan covered by a fidelity bond?		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10c		x	
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?	idelity bon	d, that was caused by fraud	10d		ж	
8		er persons	by an insurance carrier,				
	insurance service, or other organization that provides some or all o	of the bene	fits under the plan? (See	l] [
	Instructions.)			10e	 	×	
f	the particular in particularly bottom thront and and the part	· · · · · · · · · · · · · · · · · · ·		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		x	
h 	If this is an Individual account plan, was there a blackout period? (52520.101-3.)		ctions and 29 CFR	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101			
Pai	t VI Pension Funding Compliance						
11	is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	es," see instructions and comp	ete S	ichedu	le SB	(Form
118	Enter the unpaid minimum required contribution for current year fro					11a	
12							RISA? Yes X No
	(If "Yes," complete line 12s or lines 12b, 12c, 12d, and 12e below,						
a	If a walver of the minimum funding standard for a prior year is beingranting the waiver	g amortize	d in this plan year, see instruct	ons, a	and en	ter the	e date of the letter ruling
lf	you completed line 12s, complete lines 3, 9, and 10 of Schedule						
	Enter the minimum required contribution for this plan year					12b	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				·····		

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С	Enter the amount contributed by the employer to the	olan for this plan year	*************	12c		
d	Subtract the amount in line 12c from the amount in line negative amount)	•	i	12d		
е	Will the minimum funding amount reported on line 12	d be met by the funding deadline?	***************	<u> </u>	Yes No	□ N/A
Part	VII Plan Terminations and Transfers	of Assets				
13a	Has a resolution to terminate the plan been adopted i	n any plan year?	*************	☐ Yes	X No	
	If "Yes," enter the amount of any plan assets that reve	erted to the employer this year		13a		
b	Were all the plan assets distributed to participants or of the PBGC?	· · · · · · · · · · · · · · · · · · ·			□ Y¢	es X No
C	If during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instru		the plan(s) to			
1	3c(1) Name of plan(s):		13c	(2) EIN(s) 13	c(3) PN(s)
Part	VIII Trust Information (optional)	<u></u>		'		
14a r	iame of trust			14b Tru	ıst's EIN	· · · · · ·
			i			