Form 550	0-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
Department of the Tr Internal Revenue S		This form is required to be filed	4065 of the Employee R	etirement		2015			
Department of La Employee Benefits Security Pension Benefit Guaranty	Administration	Income Security Act of 1974 ((ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the e).	This Form is Open to Public Inspection				
-		Complete all entries in a entification Information	ccordance with the ins	tructions to the Form 55	500-SF.				
For calendar plan year			015	and ending 12	2/31/2015	5			
A This return/report i	s for:	a single-employer plan a one-participant plan		plan (not multiemployer) mployer information in ac		-			
B This return/report is	; [the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)				
C Check box if filing	under:	Form 5558	automatic extension		Γ	DFVC prog	ram		
		special extension (enter descri							
	Plan Inforn	nation—enter all requested info	ormation		4 b b				
1a Name of plan REDDEN MARINE SUI	PPLY, INC. 40	01(K) PROFIT SHARING PLAN			pla	aree-digit an number N) ▶	001		
					1c Ef	fective date o	f plan 1/1996		
Mailing address (i	nclude room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.				nployer Identi	fication Number		
City or town, state REDDEN MARINE SUP		country, and ZIP or foreign posta	I code (if foreign, see ins	tructions)	2c S ₁		hone number 33-0250		
1411 ROEDER AVE.					2d Bu		(see instructions)		
BELLINGHAM, WA 982	25-2916					4539	990		
3a Plan administrato	r's name and a	address XSame as Plan Sponso	or.		3b Ac	ministrator's	EIN		
							telephone number		
		lan sponsor has changed since the from the last return/report.	he last return/report filed	for this plan, enter the	4b EI 4c Pi				
	participants at	the beginning of the plan year			5a		90		
		the end of the plan year			5b		110		
C Number of partici	pants with acc	count balances as of the end of th	he plan year (defined ber	nefit plans do not	5c		89		
	,	ipants at the beginning of the pla			5d(1)		93		
.,	•	pants at the end of the plan yea	•		5d(2)		92		
e Number of partic	ipants that ter	minated employment during the	plan year with accrued b	enefits that were less	5e		10		
Caution: A penalty for	or the late or	incomplete filing of this return, penalties set forth in the instruct	/report will be assessed	l unless reasonable cau			able, a Schedule		
	ompleted and	signed by an enrolled actuary, as							
SIGN Filed with HERE	authorized/val	lid electronic signature.	06/03/2016	ALAN R. CHIABAI					
SIGN Signatur	e of plan adn	ninistrator	Date	Enter name of individ	ual signir	ig as plan adr	ninistrator		
HERE	e of employe	r/plan sponsor	Date	Enter name of individ	ual signir	g as employe	er or plan sponsor		
Preparer's name (inclu	uding firm nam	ne, if applicable) and address (ind	clude room or suite numb	er)	Prepare	r's telephone	number		
			in doubtle set to a						
For Paperwork Reduction	on Act Notice a	ind OMB Control Numbers, see the	instructions for Form 550	J-SF.			Form 5500-SF (2015)		

6a Were all of the plan's assets during the plan year invested in elb Are you claiming a waiver of the annual examination and report	-	· ,					Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligibi				•	,		X Yes No
If you answered "No" to either line 6a or line 6b, the plan c	annot use For	m 5500-SF and must	instea	id use	Form	5500.	
C If the plan is a defined benefit plan, is it covered under the PBG	C insurance pr	ogram (see ERISA se	ction 4	021)?		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a Total plan assets	7a		2584	071			2633937
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c		2584	071			2633937
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
a Contributions received or receivable from:	80(4)		26	279			
(1) Employers				964			
(2) Participants			170	504			
(3) Others (including rollovers)			-40	927			
b Other income (loss)			-40	521	_		162316
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premium: 	1 1				_		102310
to provide benefits)			108	779			
e Certain deemed and/or corrective distributions (see instructions) 8e		3	671			
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						112450
i Net income (loss) (subtract line 8h from line 8c)	8i						49866
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 2T 3D	ion feature coo	les from the List of Pla	an Chai	racteris	stic Co	odes in	the instructions:
B If the plan provides welfare benefits, enter the applicable welfa	re feature code	es from the List of Plar	n Chara	acterist	ic Co	des in th	he instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary Fi	duciary Correction	10a		х		
b Were there any nonexempt transactions with any party-in-intereported on line 10a.)	,		10b		х		
C Was the plan covered by a fidelity bond?			10c	х			275000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		х		
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides the plan? (See instructions.)	some or all of t	he benefits under	10e	x			18531
${f f}$ Has the plan failed to provide any benefit when due under the	plan?		10f		х		
g Did the plan have any participant loans? (If "Yes," enter amou	nt as of year er	nd.)	10g	Х			72818
h If this is an individual account plan, was there a blackout perio	•		10h		Х		
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required	notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income? .			10j				

	· · · · · · · · · · · · · · · · · · ·
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form
	5500) and line 11a below)
11a	Enter the unpaid minimum required contribution 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 Code or section 302 of ERISA?

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-								
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.			
b	Enter	the minimum required contribution for this plan year		12b				
-		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 ative 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?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
D		e PBGC?				Yes 🗙	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trusťs E	IN		
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Y	es	No	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Y€	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A	

					r					
Form 55 Department of th		Short Form Annu	ual Return/Repo Benefit Plan	rt of Small Emplo	yee	OMB Nos. 1210-01 1210-00				
Internal Revenue		d 4065 of the Employee Ret	irement	2015						
Department o Employee Benefits Secu		057(b) and 6058(a) of the Ir de)	nternal	This Form is Open to						
Pension Benefit Guara			Revenue Code (the Co	structions to the Form 550	Public Inspection					
Part I Annu	ual Repor	t Identification Information		Structions to the Porth 550	U-3r.					
		iscal plan year beginning 01/01/20		and ending 12/31/	2015					
A This return/repo	rt is for:	X a single-employer plan		plan (not multiemployer) (Feenployer information in acco						
	15	a one-participant plan	a foreign plan							
B This return/report	t is	the first return/report	the final return/repor	t						
		an amended return/report	a short plan year ret	urn/report (less than 12 mor	iths)					
C Check box if filin	ng under:	Form 5558	automatic extension		Πρ	FVC program				
		special extension (enter desc								
Part II Basic	: Plan Infe	ormation—enter all requested in		· · ·						
1a Name of plan				•	1b Three	e-digit				
EDDEN MARINE S	UPPLY, INC	. 401(k) PROFIT SHARING PLAN			plan r (PN)	001				
	~			F.	C Effect	ive date of plan /1996				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		2	2b Emplo	yer Identification Number				
	ate or provinc	e, country, and ZIP or foreign post		tructions)		91-0697321 sor's telephone number				
						(360) 733-0250				
411 ROEDER AVE.					2d Business code (see instructions) 453990					
				5	10000	•				
ELLINGHAM, WA 9					-					
3a Plan administrat	tor's name a	nd address X Same as Plan Spons	ior.	3	b Admin	istrator's EIN				
				3	C Admin	istrator's telephone number				
		3		45 -		·				
4 If the name and	/or EIN of the	plan sponsor has changed since t	the last return/report filed	for this plan, enter the	b EIN					
name, EIN, and	I the plan nu	nber from the last return/report.								
a Sponsor's name										
		at the beginning of the plan year			5a	90				
		at the end of the plan year			5b	110				
		account balances as of the end of t			5c	89				
d(1) Total number	of active par	ticipants at the beginning of the pla	in year	<u>₹</u>	5d(1)	93				
d(2) Total number	of active par	ticipants at the end of the plan yea	٢		id(2)	92				
		terminated employment during the			5e	10				
Caution: A penalty	for the late of	or incomplete filing of this return	/report will be assessed	unless reasonable cause	is establi	shed.				
Inder penalties of pe	erjury and ot	er penalties set forth in the instruct of signed by an enrolled actuary, as	tions, I declare that I have	examined this return/report	, including	, if applicable, a Schedule				
elief, it is true, cone			shili	XJ ALAN R. (HIAD	>/				
$\frac{ X }{ ERE }$		Nac	13/20/10							
	re of plan a	Iministrator	Date	Enter name of individual	signing as	pian administrator				
IGN										
Signatu		(er/plan sponsor	Date			employer or plan sponsor				
reparers name (Inc	iaang irrit na	ame, if applicable) and address (inc	aude room of suite numb	51 <i>)</i> Pr	eparers te	elephone number				
	Ξ.	×		39						
an Daman and Davids	A -4 M -4!	and OND Control Number								
or Manerwork Réducti	IDTI ACT NOTICE	and OMB Control Numbers, see the	Instructions for Form 5500	SF.		Form 5500-SE (2)				

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 6a Were all of the plan's assets during the plan year invested in eligil b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility 	f an indepe	ndent qualified public	accou	ntant (lu	OPA)		
If you answered "No" to either line 6a or line 6b, the plan can	not u s e Fo	orm 5500-SF and mu	ist inst	ead us	e Forr	n 5500.	. – –
C If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA :	section	4021)?	·	Yes	No Not determined
Part III Financial Information	a territor V	1					
7 Plan Assets and Liabilities		(a) Beginnir					(b) End of Year
a Total plan assets			25840	071			2633937
b Total plan liabilities					-		
C Net plan assets (subtract line 7b from line 7a)	. 7c		25840	071			2633937
8 Income, Expenses, and Transfers for this Plan Year	a satisfier	(a) Amo	ount				(b) Total
Contributions received or receivable from: (1) Employers	. 8a(1)		262	79			
(2) Participants	1		1769				
(3) Others (including rollovers)	. 8a(3)				-		
b Other income (loss)			-409	27	1.1		
			-408	21		1-1-1	100010
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c				-		162316
to provide benefits)	8d		1087	79	1		
e Certain deemed and/or corrective distributions (see instructions)	8e		36	71			
f Administrative service providers (salaries, fees, commissions)	8f						
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)		CORDEWED BUILD	20.75	(hiệ)			112450
i Net income (loss) (subtract line 8h from line 8c)			1 7 1 4 1				49866
j Transfers to (from) the plan (see instructions)							49000
Part IV Plan Characteristics	8				1	<u> </u>	
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D B If the plan provides welfare benefits, enter the applicable welfare for 							
Part V Compliance Questions							
10 During the plan year:		· · · · ·		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		x		
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not ir	nclude transactions	10b		x		
C Was the plan covered by a fidelity bond?			10c	X		1191-1	275000
d Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х		
e Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of t	he benefits under	10e	x			18531
f Has the plan failed to provide any benefit when due under the plan			10f		х	71.1	
g Did the plan have any participant loans? (If "Yes," enter amount as	of vear er	nd.)	10g	x			72818
h If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	tions and 29 CFR	10y		x		72010
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				
j Did the plan trust incur unrelated business taxable income?			10j				Canada an a su a de anna a che a su a su de anna a la consta da consta da consta da consta da
Part VI Pension Funding Compliance			IVJ	L1			
 Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below) 	ents? (If "Ye	es," see instructions a	and con	nplete S	Sched	ule SB ((Form
11a Enter the unpaid minimum required contribution for all years from S						11a	
12 Is this a defined contribution plan subject to the minimum funding r							RISA? Yes X No

Form 5500-SF 2015 Page 3 - 1	1						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver.	Month	l enter the Day	e date of t	he letter Year	ruling		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to line 13.						
b Enter the minimum required contribution for this plan year		12b		-			
C 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 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							
13a Has a resolution to terminate the plan been adopted in any plan year?		1	1 Yes	X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, o				_			
of the PBGC?		ontrol		Yes 🛛	No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), which assets or liabilities were transferred. (See instructions.)	, identify the plan(s) to	0					
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part VIII Trust Information							
14a Name of trust		44b -	rust's EIN				
		140 1	rust's Ein				
14c Name of trustee or custodian		444 7					
	14d Trustee's or custodian's telephone number						
Part IX IRS Compliance Questions							
15a Is the plan a 401(k) plan?		Yes		No			
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferra matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	als and employer	bas bar		ADF test			
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using t	the "ourset yes-	-	thod				
testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii))?	nd 1.401(m)-	U Yes		No No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under	.,	Rat pero test	centage		erage lefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by this plan with any other plans under the permissive aggregation rules?	y combining	Yes		No			
17a Has the plan been timely amended for all required tax law changes?		Yes		No	∏ N/A		
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	plicable	code	(See in:	structions		
7c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitte advisory letter, enter the date of that favorable letter and the letter's so	serial number				or		
7d If the plan is an individually-designed plan and received a favorable determination letter from the IR determination letter		the plan's	i last favoi	able			
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. V	2(i)(2) has been /irgin Islands)?	Yes		No			
9 Were in-service distributions made during the plan year?		Yes		No			
If "Yes," enter amount		19		_			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless retired), as required under section 401(a)(9)?	of whether or not	Yes		No	N/A		
				-	<u> </u>		

21 - 31