Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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

2015

This Form is Open to Public Inspection

	arti			entification information								
Fo	r calenda	r plan year 2015 or f	isca	plan year beginning 01/01/2	2015		and ending 12	2/31/2	015			
A	This ret	urn/report is for:	X	a single-employer plan a one-participant plan	lis		an (not multiemployer) ployer information in ac		_			
В	This retu	rn/report is		the first return/report an amended return/report	=	final return/report	/report (less than 12 mo	onths)			
С	Check b	ox if filing under:		Form 5558 special extension (enter descriptions)	ш	tomatic extension			DFVC progr	am		
P	art II	Rasic Plan Info	_	nation—enter all requested in		on.						
1a	Name o				ioimauc	וונ			Three-digit plan number (PN)	001		
								1c	Effective date of	•		
2a	Mailing	address (include roo	m, a	, if for a single-employer plan) apt., suite no. and street, or P.C	,			2b	Employer Identif	1/2012 ication Number 592218		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)								2c Sponsor's telephone number 360-813-3600				
40		ND1) (E						2d	Business code (s	see instructions)		
	BREE D MERTON	DRIVE N, WA 98312							3399	000		
3a	Plan ac	Iministrator's name a	nd a	address XSame as Plan Spons	sor.			3b	Administrator's E	EIN		
								3с	Administrator's to	elephone number		
4				an sponsor has changed since	the last	return/report filed fo	r this plan, enter the	4b	EIN			
9		EIN, and the plan nu or's name	ımbe	er from the last return/report.				40	PN			
				the beginning of the plan year				5		31		
				the beginning of the plan year				5		45		
C	Numbe	er of participants with	acc	the end of the plan yearount balances as of the end of	the plar	n year (defined benef	fit plans do not		c	25		
d		,		pants at the beginning of the pl				5d	(1)	26		
				pants at the end of the plan ye	-			5d		38		
	Numb	er of participants tha	t terr	minated employment during the	e plan ye	ear with accrued ben	efits that were less		e	3		
Ca	ution: A	penalty for the late	or i	ncomplete filing of this return	n/repor	t will be assessed ι	ınless reasonable cau	ıse is	established.			
Un SB	der pena or Sche	Ities of perjury and o	ther and s	penalties set forth in the instructions	ctions, I	declare that I have e	examined this return/rep	oort, i	ncluding, if applic			
SIC		Filed with authorized	l/vali	d electronic signature.		07/08/2016	STANLEY PALMER	R				
HE	RE	Signature of plan	adm	inistrator		Date	Enter name of individu	dual signing as plan administrator				

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and condition ot use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		<u> </u>	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	rogram (see ERISA se	ection 4	021)? .		Yes	No	No	t deterr	mined
Part III Financial Information	1				-					
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		46	643					647	39
b Total plan liabilities	7b		40	0.40					0.47	00
C Net plan assets (subtract line 7b from line 7a)	7c			643	-				647	39
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total		
(1) Employers	8a(1)		11	371						
(2) Participants	8a(2)		22	743						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		-3	210						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								309	04
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		11	516						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f		1	292						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								128	08
i Net income (loss) (subtract line 8h from line 8c)	8i								180	96
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 3D 3H	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	the insti	uction	s:	
B If the plan provides welfare benefits, enter the applicable welfare fe	oatura cad	as from the List of Pla	n Char	octorict	ic Coc	loc in th	o inetru	etions		
in the plan provides wellare benefits, effer the applicable wellare is	eature cou	es nom the List of Fia	ii Cilaia	aciensi	ic Coc	162 111 111	ie ilistitu	ictions.	•	
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		An	ount	
Was there a failure to transmit to the plan any participant contributed 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					V					
reported on line 10a.)			10b		X					
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 by fraud or dishonesty?			10d		X					
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 t	the benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Χ					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g		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	ne required	notice or one of the	10ii							
j Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance			10)	<u> </u>	<u> </u>		I			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes	X No
11a Enter the unpaid minimum required contribution for all years from						11a		1		
12 Is this a defined contribution plan subject to the minimum funding							RISA?		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

Tension Benefit Guaranty Corporation	ŀ	I IIIs Form is Open to Publi								
Partity Annual Report Identification Information	00-SF.	Inspection								
For calendar plan year 2015 or fiscal plan year beginning										
and enging	12,	/31/2015								
This return/report is: a one-participant plan the first return/report a one-participant plan the first return/report a one-participant plan the first return/report a list of participating employer information in accordance with the form instructions) the first return/report										
D 12 reconstruction 12 m	nonths)									
C Check box if filing under: Form 5558		DFVC program								
Parent Basic Plan Information arter all asserts the second sec										
										
Defiance Boats, LLC 401(k) Plan & Trust	pl	aree-digit an number N) ► 001								
28 Plan sponger's acres (and	1C Ef	fective date of plan								
2a Plan sponsor's name (employer, if for a single-employer plan) Malling Address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see Instructions) Defiance Boats, J.C.	2b Er	7/01/2012 Inployer Identification Number IN) 61~1592218								
Defiance Boats, LLC	2c Sp	onsor's telephone number 150) 813-3600								
7510 Bree Drive	2d Bu	siness code (see instructions)								
US Bremerton WA 98312	33	9900								
3a Pian administrator's name and address X Same as Pian Sponsor Name										
and the state of t	Iministrator's EIN									
	3c Adi	ministrator'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 name, EIN, and the plan number from the last return/report. a Sponsor's name	4b EIN									
	4c PN									
5a Total number of participants at the beginning of the plan year b Total number of participants at the cont of the plan year	5a	31								
C Number of participants with account between the control of the c	5b	45								
complete this Item)	5c									
or about paracipalities at the beginning of the plan year	5d(1)	25								
U(2) Total number of active participants at the and of the plants.		26								
e Iduniber of participants that terminated employment during the plan year with accrued benefits that were	5d(2) 5e	38								
Caution: A penalty for the late or incomplete filling of this		3								
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report belief, it is true, carried, and complete.	e is estai ort, includi and to the	blished. ng. if applicable, a Schedule best of my knowledge and								
Sign Que Diralmer										
Signature of plan administrator Date - Signature of plan administrator										
Bate / Butter name of individual	signing as	plan administrator								
Signature of employer/plan sponsor		(i)								
Preparer's name (including firm name, if applicable) and address: Include some and including firm name of individual s	signing as	s employer or plan sponsor								
Preparer's telephone number										
	n.									
or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.95										

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						X Yes	П
_	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							_		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							x Yes	□No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst			_			_	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1 402	1)?		Yes	∐ No	∐ Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	<u> </u>	_		(b) End		
<u>a</u>	Total plan assets	7a	4	6,6	43	+			64,	739
<u>b</u>	Total plan liabilities	7b				+				
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	6,6	43	+		(b) T		739
a	Contributions received or receivable from:		(a) Amount					(0) 1	Otai	
	(1) Employers	8a(1)		1,3						
	(2) Participants	8a(2)	2	2,7	43					
_	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	(3	,21	0)					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							30,	904
u	to provide benefits)	8d	1	1,5	16					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,2	92					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			12,	808
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			18,	096
<u>_i</u> _	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instruction	ons:	
-	2E 2F 2G 2J 3D 3H									
b	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instruction	ns:	
	rt V Compliance Questions					I				
10	During the plan year:		dia Carana da d		Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)	-	·	10a		x				
b	Were there any nonexempt transactions with any party-in-interest?									
	reported on line 10a.)			10b		х				
				10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•		10d		x				
е										
	carrier, insurance service, or other organization that provides some	•	,							
	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	1?	•••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h 	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			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			10i						
j	Did the plan trust incur unrelated business taxable income?	••••••	•••••••••••••••••••••••••••••••	10j						
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes	s 🗶 No
11:	a Enter the unpaid minimum required contribution for current year fro						11a			
12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					RISA?	Yes	x No

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(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, see instrugranting the waiver. Month	ctions, and e		of the letter ruling Year
If you completed 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	
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 to the left		12d	
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	•••••••••	163	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 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 of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)		<u> </u>	
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's	EIN
14c Name of trustee or custodian		14d Trustee telephone	or custodian's 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 deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No
If Yes, enter amount	••••••	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A