	Form 5500-SF		eturn/l Benefit	Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employed	2	2	2011
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public
Р	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	h the instructions to the Form 5500	)-SF.	Ins	pection
-		lentification Information					
For	calendar plan year 2011 or fisca	_	1	and ending 1	2/31/2	2011	
Α	This return/report is for:	a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-particip	pant plan
B	This return/report is:	the first return/report	the final r	eturn/report			
		x an amended return/report	a short pla	an year return/report (less than 12 mo	onths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m
		special extension (enter description					
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation		_		
	Name of plan				1b	Three-digit plan number	
RIVE	RHAWK FAST SEA FRAMES L	LC 401K PLAN				(PN)	001
					1c	Effective date o	fplan
						04/01	•
2a RIVE	Plan sponsor's name and addre	ess; include room or suite number (e LC	mployer, if	for a single-employer plan)	2b	Employer Identi (EIN) 26-21	fication Number 41142
5251	W TYSON AVE				2c	Sponsor's telep 813-42	
	PA, FL 33611				2d	Business code ( 33661	
	Plan administrator's name and RHAWK FAST SEA FRAMES L		ON AVE	;")	3b	Administrator's 26-21	EIN 41142
		TAMPA, FL 3	3611		3c	Administrator's 813-422	elephone number 2-4095
4		lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan numb Sponsor's name	ber from the last return/report.			4c	PN	
	1	the beginning of the plan year			5a		18
-		the end of the plan year			5b		20
С		count balances as of the end of the p	• •	•			12
60	1 /				5c		
		luring the plan year invested in eligible ne annual examination and report of a					X Yes No
		See instructions on waiver eligibility a					🗙 Yes 🗌 No
De		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.		
	rt III   Financial Informa	ation				<i></i>	
7	Plan Assets and Liabilities		7.	(a) Beginning of Year 54392		(b) End	<u>of Year</u> 149559
a b	•			01002			
c		/b from line 7a)	70 70	54392			149559
8	Income, Expenses, and Transf	,	10	(a) Amount		(b) 1	otal
a	Contributions received or recei					(5)	otai
	(1) Employers		8a(1)	39562			
	(2) Participants		8a(2)	73681			
	(3) Others (including rollovers)	)	8a(3)		_		
b	( )			-7034	_		
C		8a(2), 8a(3), and 8b)	8c		_		106209
d		rollovers and insurance premiums	8d	10992			
е	• •	ive distributions (see instructions)					
f		rs (salaries, fees, commissions)		50			
g							
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)					11042
i		e 8h from line 8c)					95167
_j	Transfers to (from) the plan (se	ee instructions)	8j				
1							

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## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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2E 2F 2G 2J 2K 3D
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**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V	Compliance Questions						
10	Durir	ng the plan year:		Yes	No	ŀ	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		х			
C	Was	s the plan covered by a fidelity bond?	10c	Х				6000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		x			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				0
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Ye	s No
lf y	If a w grant <b>/ou co</b> Enter Enter Subt	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ing the waiver	of a	[ 				
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Y	res X No		
	lf "Y€	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
	of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Ye	s 🗙 No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1			
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(	<b>3)</b> PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab		ISA İS	establ	ished		
		t penalty for the late of meoniplete ning of this returnineport will be assessed diffess reasonab						bodulo

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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/08/2015	STEPHEN WHEELOCK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

TO: Page 4 of 5

Department of the Treasury Internal Revenue Servery Environment of Labor Environment of Labor Environme	Form 5500-SF	672996FH RF11 Short Form Annual Return/Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089	
Department of Labor       Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).       This Form is Open to Public Inspection         Pension Bandfi Guaranty Corporation <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul> This Form is Open to Public Inspection         Part I       Annual Report Identification Information              1/2/31/2011             and ending             12/31/2011             andecide             andmathy endintereturn/	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe	30	2	2011	
Part I       Annual Report Identification Information         For calendar plan year 2011 or fiscal plan year beginning       01/01/2011       and ending       12/31/2011         A This return/report is for:       a single-employer plan       a multiple-employer plan (less than 12 months)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report (less than 12 months)       a one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         special extension (enter description)       Part II       Basic Plan Information—enter all requested information         1a Name of plan       Ib Three-digit plan number (PN)       001         401K PLAN       1b Three-digit plan number (PN)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EN) 26-2141142         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EN) 24-2141142         2a Plan sponsor's name and address; (include room or suite number (EN) 25-2141142       2c Sponsor's telephone number (EN) 26-2141142         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         3a Plan administrator's name and address (if same as plan	Employee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).	8(a) of			. • *
For calendar plan year 2011 or fiscal plan year beginning       01/01/2011       and ending       12/31/2011         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report       a one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Special extension (enter description)       automatic extension       DFVC program         Part II       Basic Plan Informationenter all requested information       1b       Three-digit plan number (PN) ▶         401K PLAN       001       1c       Effective date of plan 04/01/2010       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (813) 422-4095         5251 W TYSON AVE       TAMPA       FL 33611       3b       Administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number (813) 422-4095         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number (813) 422-4095         3d Alan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number (81	Service and an and an		10-SF.		*****	
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer)       a one-participant plan         B This return/report is:       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         special extension (enter description)       Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN)         401K PLAN       1b       Three-digit plan number (PN)       001         2a       Plan sponsor's name and address; include room or sulte number (employer, if for a single-employer plan)       2b       Employer Identification Number (813) 422-4095         2251 W TYSON AVE       TAMPA       FL 33611       3b       Administrator's telephone number (813) 422-4095         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number (813) 422-4095         3d Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number (810) 336610			****	10/01/00		
A missive dum/report is:       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         B This return/report is:       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         C Check box if filing under:       Form 5558       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         Part II       Basic Plan Information—enter all requested information       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         1a Name of plan       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         401k PLAN       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         401k PLAN       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         5251 W TYSON AVE       Image dum/report       Image of missive dum/report       Image of missive dum/report       Image of missive dum/report         3				9395 		·
an amended return/report       a short plan year return/report (less than 12 months) automatic extension         C Check box if filing under:       Form 5558 special extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan RIVERHAWK FAST SEA FRAMES LLC       1b Three-digit plan number (PN)         401K PLAN       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RIVERHAWK FAST SEA FRAMES LLC       2b Employer Identification Number (EIN) 26-2141142         2c Sponsor's telephone number (813) 422-4095       2d Business code (see instructions) 336610         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number (813) 422-4095         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number (813)         4 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	A This return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer)	-	a one-partici	pant plan	
C       Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN) ▶         1a       Name of plan       1       Three-digit plan number (PN) ▶       001         401k       PLAN       1c       Effective date of plan 04/01/2010       001         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 26 - 2141142         2c       Sponsor's tabe phone number (813) 422-4095       2d       Business code (see instructions) 336610         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number (813) 422-4095         4       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	B This return/report is:	the first return/report the final return/report		a second second		
Part II       Basic Plan Information—enter all requested information         1a       Name of plan         RIVERHAWK FAST SEA FRAMES LLC       1b         401K PLAN       1c         Effective date of plan       001         1c       Effective date of plan         04/01/2010       2b         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         RIVERHAWK FAST SEA FRAMES LLC       2b         Employer Identification Number (EIN) 26-2141142         2c       Sponsor's tabephone number (813) 422-4095         5251 W TYSON AVE       2d         TAMPA       FL 33611         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME         3a       Plan administrator's telephone number (813) 422-4095         3b       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the		an amended return/report	nonths)			
Image: Special extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN) ▶         401K PLAN       1c Effective date of plan 04/01/2010         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 26 - 2141142         2c Sponsor's table phone number (813) 422-4095       2d Business code (see instructions) 336610         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME       3b Administrator's telephone number         4       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	C Check box if filing under:	Form 5558 automatic extension		DFVC progra	am is it is a	
Part II       Basic Plan Information—enter all requested information         1a       Name of plan         RIVERHAWK FAST SEA FRAMES LLC.       1b         401K PLAN       1c         Effective date of plan       001         1c       Effective date of plan         04/01/2010       2b         Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b         RIVERHAWK FAST SEA FRAMES LLC       2c         Sponsor's telephone number (813) 422-4095       2c         5251 W TYSON AVE       2d         TAMPA       FL       33611         3b       Administrator's name and address (if same as plan sponsor, enter "Same")       3b         SAME       3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b		tand tank tank tank tank tank tank tank tank	5. F. F. J	had		
1a       Name of plan         RIVERHAWK FAST SEA FRAMES LLC       1b         401K PLAN       1c         Effective date of plan       04/01/2010         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 26-2141142         2c       Sponsor's telephone number (813)       422-4095         5251 W TYSON AVE       2d       Business code (see instructions)         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's telephone number         4       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	Part II Resic Plan Info		POCINE INCOMED AND A		24380433990000000000000000000000000000000	. ه
RIVERHAWK FAST SEA FRAMES LLC       plan number (PN) ▶       001         401K PLAN       1c Effective date of plan 04/01/2010       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RIVERHAWK FAST SEA FRAMES LLC       2b Employer Identification Number (EIN) 26-2141142         2c Sponsor's telephone number (813) 422-4095       2c Sponsor's telephone number (813) 422-4095         5251 W TYSON AVE TAMPA       FL 33611       336610         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME       3b Administrator's telephone number         4 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	สี่สุดการสารสารสารสารสารสารสารสารสารสารสารสารสา		11h	Three digit	l	•
401K PLAN       (PN) ▶       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EIN) 26-2141142         2c Sponsor's telephone number (813)       422-4095         5251 W TYSON AVE       2d Business code (see instructions)         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number         3c Administrator's telephone number       4 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	· · · · · · · · · · · · · · · · · · ·	FRAMES LLC				
1C       Effective date of plan 04/01/2010         2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) RIVERHAWK FAST SEA FRAMES LLC       2b       Employer Identification Number (EIN) 26-2141142         2c       Sponsor's telephone number (813) 422-4095       2c         5251 W TYSON AVE TAMPA       FL 33611       36610         3a       Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME       3b       Administrator's EIN         4       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				(PN) 🕨	001	
RIVERHAWK FAST SEA FRAMES LLC       (EIN) 26-2141142         2c       Sponsor's telephone number (813) 422-4095         5251 W TYSON AVE TAMPA       FL 33611         3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME       FL 33611         3b Administrator's telephone number         4 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	40IK ELAN	The Second Se Second Second Se Second Second Sec	1c			
5251 W TYSON AVE       2c Sponsor's telephone number (813) 422-4095         TAMPA       FL 33611         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         SAME       3c Administrator's telephone number         4 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						
5251 W TYSON AVE       (813) 422-4095         TAMPA       FL 33611 <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") <b>3b</b> Administrator's EIN         SAME <b>3c</b> Administrator's telephone number <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the <b>4b</b> EIN	RIVERHAWK FAST SEA	FRAMES LLC		(EIN) 26-214	1142	
TAMPA       FL 33611       336610         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         SAME       3c Administrator's telephone number         4       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	EGES IN INVOLVE AND		2¢			
3a       Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b       Administrator's EIN         SAME       3c       Administrator's telephone number         4       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		FL 33611	2d		see instructions)	
A diministrator'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 <b>4b</b> EIN			3b	Administrator's	EIN	1 m.
		[10] A. C. Market and M. Market and M Market and M. Market a Market and M. Market and Market and M. Market and	30	Administrator's	telephone number	
			1			
	4 If the name and/or EIN of the	plan sponsor has changed since the last return/report filed for this plan, enter the	46	EIN	90.00000000000000000000000000000000000	۰.
			4b 4c	******	90000000000000000000000000000000000000	

2013-07-18 17:06:20 (GMT)

18015157601 From: Stephen Wheelock

and the second	see a second a second			eponsor's telephone number 813) 422-4095
5251 W TYSON AVE		an a		usiness code (see instructions)
ТАМРА		FL 33611		336610
Plan administrator's name and address (if same as plan sponso SAME	r, enter "Same")	and the second	3b A	dministrator's EIN
a da anti-anti-anti-anti-anti-anti-anti-anti-		~	3c A	dministrator's telephone number
If the name and/or EIN of the plan sponsor has changed since t	he last return/rep	ort filed for this plan, enter the	4b E	in the second
name, EIN, and the plan number from the last return/report. Sponsor's name	the second	and the second	4c F	****
Total number of participants at the beginning of the plan year	*****	2022/2014/10/10/10/10/10/10/10/10/10/10/10/10/10/	<u>14</u> C ⊦ 5a	18 18
Total number of participants at the end of the plan year			5b	2.0
Number of participants with account balances as of the end of the				62. 44 
complete this item).			<u>5c</u>	12
If you answered "No" to either 6a or 6b, the plan cannot us int III Financial Information Plan Assets and Liabilities			T	
Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End of Year
Total plan assets	7a	54,3	92	149,559
Total plan liabilities	7b			
Net plan assets (subtract line 7b from line 7a)		54,39	32	149,559
การสร้างสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส		Int Runnauma		
Income, Expenses, and Transfers for this Plan Year		(a) Amount	l	(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	8-/41	***************************************	52	(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	freeman and a starting to be	39,5(	NOR .	(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u>8a(2)</u>	***************************************	NOR .	(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	<u>8a(2)</u> <u>8a(3)</u>	39,5(	31	(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers).	<u>8a(2)</u> <u>8a(3)</u> <u>8b</u>	39,5( 73,6)	31	(b) Total 106,209
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8a(2) 8a(3) 8b 8c	39,5( 73,6( (7,034	31 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(2) 8a(3) 8b 8c 8c 8d	39,5( 73,6)	31 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
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	Form 5500-SF 2011 Page 2 -		minister				
Part	V Plan Characteristics		direction courses			1999 (1999) (199	
9a lf	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 3D	racteri	stic Cc	des in	the instri	uctions:	
ь н	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Cod	les in t	he instru	ctions:	
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incompany interesting of the	C Compliance Questions	0353658658668883	Yes	No			metresseration
a	Nas there a failure to transmit to the plan any participant contributions within the time period described in				h	Amou	* 16.
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	<u>10a</u>		X	h	722829797979797979797999	
	in line 10a.)	10b		Х			****
1.1	Was the plan covered by a fidelity bond?	10c	Х				6,00
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	100		х			
0.1	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,		1			******	
	nsurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	100		Х			
<b>f</b> )	tas the plan failed to provide any benefit when due under the plan?	10f	,	Х			
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR (520.101-3.)	10h		x	long Nell T		
	10h was answered "Yes," check the box if you either provided the required notice or one of the					(;	
	xceptions to providing the notice applied under 29 CFR 2520.101-3	101	L		L		
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August 23, 2012

ADP 401k Retirement Services

Attention: IRS

Subject: Tax payer 26-2141142, Form 5500SF 2011, Reasonable Cause Letter

Dear Sir or Madam:

We received a letter from you regarding our 2011 From 5500 SF. We believe we have reasonable cause for the late filing.

We use ADP to file for us. Our updates were submitted to ADP on April 26, 2012.

The individual responsible for interfacing with ADP left and I took over her duties. However I did not receive the automated updates from ADP concerning filing status, deadlines like she did. This is a nice service which ADP provides. I speculate that they did not have the correct contact information for me and perhaps the email notices kept going to the former individual responsible? Perhaps ADP did not have my contact information until well after the deadline. Once I started receiving the email updates I became aware of the delinquency of our 5500 and called ADP immediately. That was in December 2012.

According to ADP they never received our reasonable cause letter when we sent everything to them in December 2012. So, we resent everything to ADP. Filing was still unsuccessful. I called ADP and they told me they could not read my fax. Resent. Again unsuccessful. Couldn't read it again. Resent. Finally it was filed but there remains an issue. Interestingly 2012 was sent using the same format/technology and it was filed successfully on the first try.

I am currently working with ADP to resolve this and I trust that it will be completed immediately. They have been extremely professional and understanding. I am finally talking to the right folks to get this resolved.

We respectfully request removal of the penalty. We feel the breakdown in communication due to turnover between us and ADP was no one's fault and was addressed immediately once it was known. We feel it is an honest mistake that unfortunately can happen in small companies. All prior years and 2012 were completed on time. Your consideration would be greatly appreciated.

Sincerely

Steve Wheelock Chief Financial Officer RiverHawk Fast Sea Frames 912-313-9672 steve.wheelock@rhfsf.com

RiverHawk Fast Sea Frames 5251 W. Tyson Avenue Tampa, FL 33611