Fo	orm 5500-SF	Short Form Annual Re	•	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury ernal Revenue Service	This form is required to be filed u	enefit Plan under sections 104 ar	nd 4065 of the Employee	e	2	2012
	Department of Labor Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form i	s Open to Public
Pension	Benefit Guaranty Corporation	Complete all entries in accorda		,	)-SF.	Ins	pection
Part I		entification Information					
For calen	dar plan year 2012 or fisca	al plan year beginning 01/01/2012		and ending 1	2/31/2	2012	
A This re	eturn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report the	ne final return/report				
		an amended return/report	short plan year return	/report (less than 12 mo	onths	)	
C Check	box if filing under:	] Form 5558   a	utomatic extension			DFVC progra	ım
		special extension (enter description)	)				
Part II	Basic Plan Inform	nation—enter all requested informati	on				
<b>1a</b> Name	•				1b	Three-digit	
RIVERHAV	VK FAST SEA FRAMES L	LC 401K PLAN				plan number (PN) ▶	001
					1c	Effective date of	
					10	04/01/	•
	sponsor's name and addre WK FAST SEA FRAMES L	ess; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 26-21	fication Number 41142
5251 W TY					2c	Sponsor's telep 912-313	
TAMPA, FI					2d	Business code ( 33661	,
3a Plan	administrator's name and	address XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	Administrator's	
					3C	Administrator's I	elephone number
		lan sponsor has changed since the las per from the last return/report.	st return/report filed fo	r this plan, enter the	4b	EIN	
	sor's name				4c	PN	
5a Tota	I number of participants at	the beginning of the plan year			5a		20
		the end of the plan year			5b		22
C Num	ber of participants with ac	count balances as of the end of the pla	an year (defined bene	fit plans do not	•		
					5c		14
6a Wer	e all of the plan's assets d	luring the plan year invested in eligible	assets? (See instruct	ions.)			X Yes No
		e annual examination and report of an					X Yes 🗌 No
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot					
		incomplete filing of this return/repo					
		r penalties set forth in the instructions,					able, a Schedule
SB or Sch		signed by an enrolled actuary, as well					
SIGN	Filed with authorized/va	lid electronic signature.	09/08/2015	STEPHEN WHEELOC	К		
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator
SIGN							
HERE	Signature of employe		Date	Enter name of individu	ual sig	gning as employe	r or plan sponsor
Preparer's	s name (including firm nan	ne, if applicable) and address; include	room or suite number	(optional)			number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

7 Plan Assets and Liabilities						
		(a) Beginning of Yea	r		(t	o) End of Year
a Total plan assets	7a	14955	9			294385
<b>b</b> Total plan liabilities	7b					
<b>C</b> Net plan assets (subtract line 7b from line 7a)	7c	14955	9			294385
B Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)	4700	7			
(1) Employers		4709 7763				
(2) Participants		1103	5	_		
(3) Others (including rollovers)		2024	0	_		
<b>b</b> Other income (loss)		2021	9	_		4.4.054
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	8c					144951
to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions).	8e					
f Administrative service providers (salaries, fees, commissions)	8f	12	5			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					125
i Net income (loss) (subtract line 8h from line 8c)	8i					144826
j Transfers to (from) the plan (see instructions)	···· 8j					
Part IV Plan Characteristics						
b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions						
<b>10</b> During the plan year:				Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contril 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fi			10a		x	
<b>b</b> Were there any nonexempt transactions with any party-in-intere on line 10a.)			10b		x	
<b>C</b> Was the plan covered by a fidelity bond?			10c	X		15000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		x	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or or insurance service or other organization that provides some or a instructions.)	other persons by II of the benefits	y an insurance carrier, under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the p	olan?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount	t as of year end	.)	10q	Х		21249
<ul> <li>If this is an individual account plan, was there a blackout period 2520.101-3.)</li> </ul>	? (See instruction	ons and 29 CFR	10h		x	21210
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required no	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)						
					11a	
11a Enter the amount from Schedule SB line 39						
<b>11a</b> Enter the amount from Schedule SB line 39		of section 412 of the Code	or se			SA? Yes X No
<ul><li>11a Enter the amount from Schedule SB line 39</li><li>12 Is this a defined contribution plan subject to the minimum funding</li></ul>	ng requirements		or se			SA? Yes 🗙 No
<b>11a</b> Enter the amount from Schedule SB line 39	ng requirements w, as applicable eing amortized	e.) in this plan year, see instruc	ctions,			
<ul> <li>Enter the amount from Schedule SB line 39</li> <li>Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo</li> <li>a If a waiver of the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding standard for a prior year is been and the minimum funding stand</li></ul>	ng requirements w, as applicable eing amortized	e.) in this plan year, see instruc Mon	ctions,		enter the d	ate of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		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?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

## To: Page 3 of 5

	orm 5500-SF		rt of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089	
h	epartment of the Treasury Internal Revenue Service	This form is required to	Benefit Plan o be filed under sections 1	04 and 4065 of the Employ	/ee		2012
Department of Labor Employee Benefits Security Anninistration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the						This Form	is Open to Public
Part I		ientification Information	on				000.000.000.000.000.000.000.000.000.00
	ndar plan year 2012 or fisc	al plan year beginning	01/01/2012	and ending		12/31/20	12
	return/report is for: return/report is:	the first return/report an amended return/report	the final return/re	ver plan (not multiemployer port return/report (less than 12		) a one-partic	sipant plan
C Chec	k box if filing under:	Form 5558 special extension (enter de		ion		DFVC prog	ram
Part II		nation-enter all requested	I information		******	******	
RIV	neofplan ERHAWK FAST SEA	FRAMES LLC			1b	Three-digit plan number (PN)	001
	K PLAN			Maria Barangan Kabupatén Kabupatén Kabupatén Kabupatén Kabupatén Kabupatén Kabupatén Kabupatén Kabupatén Kabup Kabupatén Kabupatén K Kabupatén Kabupatén K	1c	Effective date of 04/01/201	of plan
<b>∠a</b> Plan RIV	sponsor's name and addr ERHAWK FAST SEA	ess; include room or suite nur FRAMES LLC	mber (employer, if for a sin	igle-employer plan)			ification Number 11142
525	1 W TYSON AVE					Sponsor's telep (912) 313	-9672
TAM	PA			FL 33611	20	Business code 336610	(see instructions)
	administrator's name and	address XISame as Plan Sn	anear Nama Coma an t	Edd 20011	196	Administrator's	2774 I
							telephone number
nam	e, EIN, and the plan numb	lan sponsor has changed sinc er from the last return/report.				Administrator's	
nam a Spon	e, EIN, and the plan numb sor's name	lan sponsor has changed sinc er from the last return/report.	be the last return/report file	d for this plan, enter the	3c 4b 4c	Administrator's EIN	
nam a Spon 5a Tota	e, EIN, and the plan numb sor's name I number of participants at	lan sponsor has changed sinc er from the last return/report. the beginning of the plan yea	ce the last return/report file	d for this plan, enter the	3c 4b 4c 5a	Administrator's EIN	telephone number
a Spon 5a Tota b Tota c Num	e, EIN, and the plan number sor's name i number of participants at i number of participants at ber of participants with acc	lan sponsor has changed sinc er from the last return/report. the beginning of the plan yea the end of the plan year	ce the last return/report file	of for this plan, enter the	3c 4b 4c 5a	Administrator's EIN	felephone number
a Spon 5a Tota b Tota c Num com	e, EIN, and the plan numbers of sname inumber of participants at number of participants at ber of participants with accollete this item)	lan sponsor has changed sind er from the last return/report. the beginning of the plan year the end of the plan year	ce the last return/report file r of the plan year (defined b	of for this plan, enter the enefit plans do not	3c 4b 4c 5a 5b 5c	Administrator's EIN PN	telephone number 20 22 14
a Spon 5a Total b Total c Num com b Are unde if yo caution: Jnder per	e, EIN, and the plan numbi- isor's name. I number of participants at I number of participants at ber of participants with acco olete this item). e all of the plan's assets du you claiming a waiver of the rr 29 CFR 2520.104-46? (S u answered "No" to eithe A penalty for the late or i alties of periury and other	lan sponsor has changed sind er from the last return/report. the beginning of the plan yea the end of the plan year count balances as of the end of uring the plan year invested ir e annual examination and rep see instructions on waiver elig er time 6a or time 6b, the plan ncomplete filing of this return periatilies set forth in the instr	the last return/report file r	ed for this plan, enter the enefit plans do not iructions.)	3c 4b 4c 5a 5b 5c PA) Form 1 use is e	Administrator's EIN PN 5500. stablished.	telephone number 20 22 14 Ves No Ves No
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a Spon a Spon 5a Total b Total c Num comj 5a Wer b Are y unde If you 2aution: Inder per B or Sch elief, it is IGN IERE IGN IERE	e, EIN, and the plan numb sor's name I number of participants at I number of participants at ber of participants with acc oldet this item)	Ian sponsor has changed since er from the last return/report. the beginning of the plan year the end of the plan year invested in count balances as of the end of uning the plan year invested in an or plan year invested in sound balances as of the end of uning the plan year invested in the plan year invested in recomplete filing of this return penalties set forth in the instr signed by an enrolled actuary e.	of the plan year (defined b n eligible assets? (See inst oort of an independent qua gibility and conditions.)	enefit plans do not enefit plans do not fructions.)	3c 4b 4c 5a 5b 5c Form 1 rse is e port, incl i, and to Uhce ual sign	Administrator's EIN PN 5500. stablished. Nuding, if applica the best of my efact ing as plan adm	telephone number

Form 5500-SF 2012							
		Page 2				~	
Part III Financial Information							010000000000000000000000000000000000000
7 Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	anosserve coulosserve to
a Total plan assets	7a	]. 4	9,5	59	241000001a1a1a	2	94,385
b Total plan liabilities	. 76						
Net plan assets (subtract line 7b from line 7a)	70		9,5	59	-	2	94,385
Income, Expenses, and Transfers for this Plan Year     Contributions received or receivable from:	╉────┼	(a) Amount	and the second second		wei	(b) Total	
(1) Employers	8a(1)	4	7,0	97			
(2) Participants	8a(2)	7	7,6	35			
(3) Others (including rollovers)	8a(3)				90120344444		
b Other income (loss)	8b	2	0,2	19			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)      d Benefits paid (including direct rollovers and insurance premiums	8c			-		1	44,951
to provide benefits)	8d	×		<b>Contract</b>			
Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	8f		14	25			
g Other expenses	89		******				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				********		125
Net income (loss) (subtract line 8h from line 8c)     Transfers to (from) the plan (see instructions)	81			-	****	1	14,826
Part IV Plan Characteristics	<u>8j</u>	*******			******		
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Chara	cteris		odes in les in t		****
Part V Compliance Questions 10 During the plan year:			cterisi				00000000000000000000000000000000000000
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within t	ne time period described in tion Program)	cterisi 10a	ic Coc	les in t	he instructions:	
Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest	tions within t iciary Correc ? (Do not inc	he time period described in tion Program)	<u>10a</u>	ic Coc	les in t No X	he instructions:	
Part V Compliance Questions During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.)	tions within t iciary Correc ? (Do not inc	te time period described in tion Program) lude transactions reported	10a 10b	ic Coc	les in t	he instructions:	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 29 Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan.	tions within ti ociary Correc ? (Do not inc	te time period described in tion Program) lude transactions reported	<u>10a</u>	ic Coc	les in t No X	he instructions:	L5,000
Part V         Compliance Questions           10         During the plan year:         a           a         Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 29 CFR 2510.3-102?)           b         Were there any nonexempt transactions with any party-in-interest on line 10a.)           c         Was the plan covered by a fidelity bond?           d         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	tions within t iciary Correc ? (Do not inc fidelity bond,	the time period described in tion Program) lude transactions reported that was caused by fraud	10a 10b	ic Coc	les in t No X	he instructions:	2000 2000 2000 2000 2000 2000 2000 200
Part V         Compliance Questions           10         During the plan year:           a         Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidular)           b         Were there any nonexempt transactions with any party-in-interest on line 10a.)           c         Was the plan covered by a fidelity bond?           d         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesity?           e         Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or and insurance service or other organization that provides some or and insurance service or other organization that provides some or and its plan.	tions within t iciary Correc ? (Do not inc fidelity bond, fidelity bond, the benefit	te time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, surder the clan2 (Seco	10a 10b 10c	ic Coc	les in t No X	he instructions:	L <u>5,000</u>
Part V         Compliance Questions           10         During the plan year:           a         Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b           b         Were there any nonexempt transactions with any party-in-interest on line 10a.)           c         Was the plan covered by a fidelity bond?           d         Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?           e         Were any fees or commissions haid to any brokers, agents, or the	tions within t ciary Correc ? (Do not inc fidelity bond, fidelity bond, of the benefit	te time period described in tion Program) lude transactions reported that was caused by fraud y an insurance carrier, s under the plan? (See	10a 10b 10c 10d	ic Coc	les in t No X X X	he instructions:	L5,000
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c Enter the amount contributed by the employer to the plan for this plan year. d Subtract the amount in line 12c from the amount in line 12b. Enter the result (actor a minute plan to be been applied).	12¢			temido .
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left or negative amount)				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A	utteren .
Part VII Plan Terminations and Transfers of Assets		underen anderen der	udmennessessessisticsemmesses	600899;
13a Has a resolution to terminate the plan been adopted in any plan year?	Y	res X No	)	MADO
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 un of the PBGC?	nder the control		Yes 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.)	plan(s) to	MER-COST-chandesectory	11.00 14100	лны <sup>1</sup> .
13c(1) Name of plan(s):	13c(2) EIN	N(s)	13c(3) PN(s)	NUMB .
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Part VIII Trust Information (optional)			1	
14a Name of trust	14b Tr.	ust's EIN	······	-
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