For	rm 5500-SF	Short Form Annual Return/Report of Small Employee							
	rtment of the Treasury nal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee Retirement 2017						
	epartment of Labor enefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Public Inspection						
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the ins	tructions to the Form 55	00-SF.	Public Inspection			
For calend		dentification Information cal plan year beginning 01/01/2	017	and ending 12	/31/2017				
		x a single-employer plan		plan (not multiemployer) (F		ting this box must attach a			
A This ret	turn/report is for:	a one-participant plan		employer information in acc		-			
B This retu	urn/report is								
		the first return/report	the final return/report	ւ urn/report (less than 12 mo	onths)				
C Check	box if filing under:			· ·	-				
Check	box ir ming under.	Form 5558	automatic extension	L	DFVC p	rogram			
Part II	Basic Plan Infor	special extension (enter descr mation—enter all requested inf							
1a Name			onnation		1b Three	e-digit			
	NCE MARINE GROUP,	INC. 401K PLAN				number			
				-	(PN)	tive date of plan			
						01/01/2015			
Mailing	g address (include room	rer, if for a single-employer plan) n, apt., suite no. and street, or P.C opurtry, and ZIP or fearing poot			2b Empl (EIN)	oyer Identification Number 91-2074788			
	ICE MARINE GROUP,	e, country, and ZIP or foreign post INC.	ai code (ir foreign, see ins	structions)	2c Sponsor's telephone number 509-758-9189				
					2d Busir	ness code (see instructions)			
908 PORT D CLARKSTO	RIVE N, WA 99403					336610			
3a Plan a	dministrator's name and	d address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
		_		-	3c Admi	nistrator's telephone number			
					JC Aum	nistrator s telephone number			
		plan sponsor or the plan name ha			4b EIN				
•	an, enter the plan spon or's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN				
C Plan N									
5a Total	number of participants	at the beginning of the plan year			5a	87			
-		at the end of the plan year		Γ	5b	93			
C Numb	er of participants with a	account balances as of the end of	the plan year (only define	ed contribution plans	5c	60			
		ticipants at the beginning of the pl			5d(1)	82			
		ticipants at the end of the plan yea	•	F	5d(2)	83			
e Numb	per of participants who t	terminated employment during the	e plan year with accrued l	penefits that were less	5e	0			
than Caution: A	100% vested	r incomplete filing of this return	/report will be assesse	d unless reasonable cau					
Under pena SB or Sche	alties of perjury and oth edule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
SIGN	true, correct, and comp Filed with authorized/v	lete. valid electronic signature.	10/08/2018	GERALD WOOLEY					
HERE	Signature of plan ad	0	Date	Enter name of individu	al signing a	as plan administrator			
SIGN	· · · ·	valid electronic signature.	10/08/2018	GERALD WOOLEY					
HERE	Signature of employ		Date	Enter name of individu	al signing a	as employer or plan sponsor			
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	D-SF.			Form 5500-SF (2017) v.170203			

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No wider 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No X Yes Yes No								
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year (b)	End of Year					
а	Total plan assets	7a	496632	817752					
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	496632	817752					
~									

8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
<u> </u>	Contributions received or receivable from:		(a) Amount				
a	(1) Employers	8a(1)	93	3088			
	(2) Participants	8a(2)	152	2125			
	(3) Others (including rollovers)	8a(3)		0			
b	Other income (loss)	8b	93	3223			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					338436
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15	5857			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f	1	1459			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				17316	
i	Net income (loss) (subtract line 8h from line 8c)	8i					321120
j	Transfers to (from) the plan (see instructions)	8j		0			
Ра	rt IV Plan Characteristics				•		
9a	If the plan provides pension benefits, enter the applicable pension $2E$ 2J 2K 2F 2G 3D 2T	feature co	des from the List of Plar	n Char	acteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	Chara	cterist	ic Cod	es in the instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	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 F	iduciary Correction	10a		x	
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	? (Do not	include transactions	10b		Х	

	reported on line 10a.)	10b		~	
С	Was the plan covered by a fidelity bond?	10c	х		82000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	x		7410
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 amount as of year-end.)	10g	Х		26164
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th control of the PBGC?						Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

					and the second		
Form 5500-SF	loyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file		d 4065 of the Employee		2017		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	e Internal	This Form is Open to				
Pension Benefit Guaranty Corporation	Complete all entries in a	ecordance with the in	structions to the Form	5500-SF.	Public Inspection		
Part I Annual Report I	dentification Information		****		**********		
For calendar plan year 2017 or fisc	cal plan year beginning	01/01/2017	and ending	12/3	1/2017		
A This return/report is for:	X a single-employer plan				ing this box must attach a the form instructions.)		
	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report	t				
Ì.	an amended return/report	a short plan year ret	um/report (less than 12 i	nonths)			
C Check box if filing under:	X Form 5558	automatic extension	1	DFVC p	rogram		
	special extension (enter descri		-				
	mation-enter all requested info	ormation					
1a Name of plan				1b Three			
Renaissance Marine Gro	oup, Inc. 401k Plan			plan (PN)	number 001		
				1c Effect	live date of plan		
2a Plan sponsor's name (employe	r if for a single amployer plan				1/2015		
Mailing address (include room,	, apt., suite no. and street, or P.O.	Box)			oyer Identification Number 91-2074788		
City or town, state or province, Renaissance Marine Gr	country, and ZIP or foreign posta	l code (if foreign, see in	structions)	2c Spon	sor's telephone number		
				509-758-9189			
908 Port Drive				2d Business code (see Instructions) 336610			
Clarkston	WA 99403						
3a Plan administrator's name and	address 🕅 Same as Plan Spons	sor.	**************************************	3b Admir	histrator's EIN		
				3c Admir	listrator's telephone number		
4 If the name and/or EIN of the p	lan sponsor or the plan name has	changed since the last	return/report filed for	4b EIN	ร้า วสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาว		
this plan, enter the plan sponse	or's name, EIN, the plan name an	d the plan number from	the last return/report.				
 a Sponsor's name c Plan Name 				4d PN			
5a Total number of participants at	the beginning of the plan year		······	5a	87		
	the end of the plan year]	93		
C Number of participants with acc	count balances as of the end of th	e plan year (only define	d contribution plans	5c	***************************************		
complete this item) d(1) Total number of active partic	ipants at the beginning of the plan			5d(1)	<u> </u>		
d(2) Total number of active partic				5d(2)	83		
e Number of participants who ter	minated employment during the p	lan year with accrued b	enefits that were less	5e	03		
than 100% vested		*******	************	10.100	0		
Caution: A penalty for the late or I Under penalties of perjury and other SB or Schedule MB completed and s	penalties set forth in the instruction signed by an enrolled actuary, as	ons. I declare that I have	examined this return/re	oort, including	if applicable a Schedule		
sign Mu W	e	10-8-18	Gerald Wooley		<u> </u>		
HERE Signature of plan adm	inistrator	Date	Enter name of individ	ial elanica co	Alan administrator		
sign 44 h		10-8-18	Gerald Wooley	ଏକା ଚାନ୍ତା ୩୩ମି ସହ	Pion doministrator		
HERE Signature of employed					1 		
For Paperwork Reduction Act Notice, s	and the second	Date F.		ual signing as	employer or plan sponsor Form 5500-SF (2017)		

om	55	00-S	F	(20	17)
		2	v.1	702	03

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See. 1	1.5
Pag	e 🖌
,	W. 200

 6a
 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)
 X
 Yes
 No

 b
 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)
 X
 Yes
 No

 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 use Form 5500-SF and must instead use Form 5500.
 No
 Not determined

 c
 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?
 Yes
 No

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year______. (Se

_____. (See instructions.)

Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ır		(b) End of Year	
а	Total plan assets	7a		496	,632		817,752	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	an an an Anna an Anna an Anna	496	, 632		817,752	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		93,	088			
	(2) Participants	8a(2)		152,	125			
	(3) Others (including rollovers)	8a(3)			0			
b	Other income (loss)	8b		93,	223			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			T I	nigini kanalaha	338,436	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		15,	857			
е	Certain deemed and/or corrective distributions (see instructions)	8e		·	0			
f	Administrative service providers (salaries, fees, commissions)	8f		1,	459			
g	Other expenses	8g			o			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					17,316	
i	Net income (loss) (subtract line 8h from line 8c)	8i				321		
j	Transfers to (from) the plan (see instructions)	8]		0				
Pa	t IV Plan Characteristics	<u>-</u>			£			
inine initial	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T	feature co	des from the List of P	lan Cha	iracteri	stic C	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	ature cod	es from the List of Pla	in Char	acteris	tic Co	des in the instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	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.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	x	:	82,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?	īdelity bon	d, that was caused	10d		x		
e	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e	x		7,410	
f	Has the plan failed to provide any benefit when due under the plan			10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-er	id.)	10g	x		26,164	
	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	*****		10h		x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101				

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Page			

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	ŝB	Î Î Ŷ	'es 🗌 No
11a	Enter the unpaid minimum required contributions 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 ERISA?	on 302 c	f	ΓY	'es 🔀 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			L	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter Da		of the letter Year	r ruling [*]
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
d	Enter the minimum required contribution for this plan year	12b			
	Enter the amount contributed by the employer to the plan for this plan year	1			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No [] N/A
Part '	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	[Yes	X No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	Γ		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Yes 🕅 No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)	Í	13c(3)	PN(s)
			T		
					
				······	
-			L		