## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information								
For calenda	ar plan year 2018 or f	iscal plan year beginning 01/01/2	018	and ending 12	2/31/2018					
A This ret	turn/report is for:	🛚 a single-employer plan		lan (not multiemployer) ( mployer information in ac						
		a one-participant plan	a foreign plan							
<b>B</b> This retu	urn/report is	the first return/report	ort the final return/report							
		an amended return/report	a short plan year return/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	ım				
		special extension (enter descri	_							
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name		one, an requested in			<b>1b</b> Three-dig	it				
	NCE MARINE GROUF	P, INC. 401K PLAN			plan numb					
					1c Effective of	date of plan 01/01/2015				
2a Plan si	ponsor's name (emplo	oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number				
Mailing	g address (include roo	om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		tructions)	(EIN)	91-2074788				
•	ICE MARINE GROUP		ai code (ii ioreign, see insi	iructions)		telephone number 09-758-9189				
					2d Business	code (see instructions)				
908 PORT DRIVE CLARKSTON, WA 99403						336610				
020.0.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
3a Plan a	dministrator's name a	nd address 🛛 Same as Plan Spon	nsor.		<b>3b</b> Administra	ator's EIN				
					<b>3c</b> Administra	ator's telephone number				
						•				
4 If the r	name and/or FIN of th	e plan sponsor or the plan name ha	es changed since the last	return/report filed for	<b>4b</b> EIN					
		onsor's name, EIN, the plan name a								
•	or's name				4d PN					
C Plan N	iame									
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	96				
		s at the end of the plan year			5b	97				
		account balances as of the end of t		·	5c	69				
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	86				
d(2) Total number of active participants at the end of the plan year					5d(2)	83				
		terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable car	use is establish	ed.				
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a polete.								
SIGN		d/valid electronic signature.	10/04/2019	GERALD WOOLEY						
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as pla	an administrator				
SIGN	Filed with authorized	d/valid electronic signature.	10/04/2019	GERALD WOOLEY						
HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spon									

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C If the pian is a defined benefit plan, is a covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							X Yes	
7	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[	Yes No	ш	
a Total plan assets	Pa	rt III Financial Information	-							
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	8	17752				964971	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 105411 (2) Participants. 8a(2) 170201 (3) Others (including rollovers)	b	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants	<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	8	17752			964971		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) <sup>7</sup>	Γotal	
(3) Other s(including rollovers)	<u>а</u>		8a(1)	1	05411					
b Other income (loss)   C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   Benefits paid (including direct rollovers and insurance premiums to provide benefits)   C Certain deemed and/or corrective distributions (see instructions)   Be		(2) Participants	8a(2)	1	70201					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)		271					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<u>b</u>	Other income (loss)	8b		73685					
to provide benefits)	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						202198	
f Administrative service providers (salaries, fees, commissions)	d		. 8d		53311					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		1668					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		0	_				
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						54979	
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:  2E 2J 2K 2F 2G 3D 2T 3H  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 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty?  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 10391  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10g X 36618  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).  10h X	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						147219	
Part V   Compliance Questions	<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0					
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	Pai	t IV Plan Characteristics								
Part V Compliance Questions  10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	9a		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:	
10 During the plan year:  a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	tic Cod	des in the instr	uctions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  • 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.)  • Has the plan failed to provide any benefit when due under the plan?  • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b		•		10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?							97	000
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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	sed by the plan's fidelity bond, that was caused				X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	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				X			10	391
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the plan?								
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)						36	618	
· · · · · · · · · · · · · · · · · · ·	h	2520.101-3.)	· ·····		10h		Χ			
	i	·			10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	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?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	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			
С	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 of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0
	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 the control of the PBGC?			Yes X	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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	dar plan year 2018 or f	iscal plan year beginning (	)1/01/2018	and ending	12/3:	1/2018			
A This re	eturn/report is for:	X a single-employer plan		olan (not multiemployer) e mployer information in ac		ng this box must attach a h the form instructions.)			
D 71.:	tour tour and	a one-participant plan	a foreign plan			•			
<b>D</b> Inis re	turn/report is	r-1	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension		DFVC pro	ogram			
	1 =	special extension (enter descrip		·	**************************************				
Part II		ormation—enter all requested info	mation	***************************************					
<b>1a</b> Name Rena		ne Group, Inc. 401k Pl	an		1b Three- plan no (PN)	umber			
***************************************						ve date of plan 01/2015			
Mailin	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Вох)			yer Identification Number 91-2074788			
Rena	aissance Marir	e, country, and ZIP or foreign postal ae Group, Inc.	code (if foreign, see ins	tructions)	2c Spons	or's telephone number 758-9189			
908	Port Drive				<del></del>	ss code (see instructions)			
Clai	Clarkston WA 99403								
3a Plan a	idministrator's name a	nd address X Same as Plan Spons	Or.		336610  3b Administrator's EIN				
		E como do Fian opono.			- Administrator o Em				
					3c Admini	strator's telephone number			
4 If the this p	name and/or EIN of the lan, enter the plan spo	e plan sponsor or the plan name has nsor's name, EIN, the plan name and	changed since the last i	return/report filed for	4b EIN				
a Spons	or's name	,,		and total trace to	4d PN				
C Plan N	lame								
5a Total	number of participants	at the beginning of the plan year	***************************************	,	5a	96			
<b>b</b> Total	number of participants	at the end of the plan year	***************************************	• • • • • • • • • • • • • • • • • • • •	5b	97			
comp	lete this item)	account balances as of the end of the	***************************************		5c	69			
		ticipants at the beginning of the plan		2	5d(1)	86			
		rticipants at the end of the plan year.			5d(2)	83			
than	per of participants who 100% vested	5e	0						
Caution: A	penalty for the late of	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ıse is establi	shed.			
SB or Sche	edule MB completed ar irue, correct, and comp	ner penalties set forth in the instruction nd signed by an enrolled actuary, as noted.	ns, I declare that I have well as the electronic ve	examined this return/report	port, including t, and to the b	i, if applicable, a Schedule est of my knowledge and			
SIGN	Muh	1 hy	10-4-19	Gerald Wooley					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	plan administrator			
SIGN HERE	Mu	7	10-4-19	Gerald Wooley					
Signature of employer plan sponsor Date Enter name of					ial signing as	employer or plan sponsor			

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b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cans if the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and cond not use F	endent qualified public itions.) orm 5500-SF and mus	accoun st inste	tant (IC	QPA) e Forr	X Yes No	
	If "Yes" is checked, enter the My PAA confirmation number from the							
Pa	rt III Financial Information			<del></del>	<del></del>			
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year	
a	Total plan assets	. 7a		817,	752		964,971	
<u>b</u>	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		817,	752		964,971	
88	Income, Expenses, and Transfers for this Plan Year		(a) Amoui	nt			(b) Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		105,				
	(2) Participants	8a(2)		170,	201			
******************	(3) Others (including rollovers)	8a(3)			271			
<u>b</u>	Other income (loss)	8b		-73,	685			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		- 183			202,198	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		53,	311			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		1,	668			
g	Other expenses	8g			0			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			A MA		54,979	
	Net income (loss) (subtract line 8h from line 8c)	8i					147,219	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j	0					
L.	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 2T 3H  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the compliance Questions							
10	During the plan year:				Yes	No	1	
a		oluntary f	iduciary Correction	10a	res	X	Amount	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		Х		
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х		97,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused			Х		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person	s by an insurance the benefits under	10e	х		10,391	
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
g		-		10g	Х		36,618	
	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 2520.10	ne required 1-3	d notice or one of the	10i				

ete Scl	nedule S	B	Yes No			
section	on 302 o	f	Yes X No			
ns, an			of the letter ruling Year			
•••••	12b					
	12c					
c Enter the amount contributed by the employer to the plan for this plan year						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
	-					
		Yes	X No			
• • • • • • • • • •	13a	1				
der the		Yes X No				
plan(s	) to					
13c(2)			13c(3) PN(s)			
***************************************	***************************************					
*************						
	<del></del>					
	a der the	11a r section 302 of ons, and enter Da 12b 12c a 12d	r section 302 of  ons, and enter the date Day  12b 12c a 12d Yes  13a der the  plan(s) to			