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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection |
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| | | | |
|--|--|---|--|
| Part I | Annual Report Identification Information | | |
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; | <input type="checkbox"/> a multiple-employer plan; or | |
| | <input checked="" type="checkbox"/> a single-employer plan; | <input type="checkbox"/> a DFE (specify) ____ | |
| B This return/report is: | <input type="checkbox"/> the first return/report; | <input type="checkbox"/> the final return/report; | |
| | <input checked="" type="checkbox"/> an amended return/report; | <input type="checkbox"/> a short plan year return/report (less than 12 months). | |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> | | |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; | <input type="checkbox"/> automatic extension; | <input type="checkbox"/> the DFVC program; |
| | <input type="checkbox"/> special extension (enter description) | | |

| | | | |
|---|--|--|--|
| Part II | Basic Plan Information —enter all requested information | | |
| 1a Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | 1b Three-digit plan number (PN) ► | 501 | |
| | 1c Effective date of plan | 05/01/1972 | |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) RECREATIONAL EQUIPMENT, INC. 6750 SOUTH 228TH STREET KENT, WA 98032-4803 | 2b Employer Identification Number (EIN) 91-0656890 | 2c Sponsor's telephone number 253-395-3780 | 2d Business code (see instructions) 451110 |
| | | | |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE | Filed with authorized/valid electronic signature. | 07/21/2011 | JANICE MINN |
| | 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 |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | |
|---|---|
| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RECREATIONAL EQUIPMENT, INC. 6750 SOUTH 228TH STREET KENT, WA 98032-4803 | 3b Administrator's EIN 91-0656890 3c Administrator's telephone number 253-395-3780 |
|---|---|

| | | |
|---|-----------------------------------|------|
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name | 4b EIN 4c PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 9185 |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d). | | |
| a Active participants..... | 6a | 9177 |
| b Retired or separated participants receiving benefits..... | 6b | 65 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 0 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 9242 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 9242 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4A 4B 4D 4E 4F 4H 4L 4Q

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor |
|---|---|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☒ **11** **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| | | |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | D Employer Identification Number (EIN) 91-0656890 | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 06-6033492 | 60054 | 393630 | 6433 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 90608 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

| |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
| MERCER HEALTH & BENEFITS LLC 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674 |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 90608 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☒ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 667649 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLANS INC.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 94-1340523 | 0000 | 226768 | 120 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 11221 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

| |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
| WILLIAM M. MERCER INCORPORATED 4565 PAYSPHERE CHICAGO, IL 60674-0045 |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 11221 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
 b ☐ Dental
 c ☒ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☒ Prescription drug
i ☐ Stop loss (large deductible)
 j ☒ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 358828 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|---|---|
| SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small> | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
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| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

| |
|--------------------------------|
| 1 Coverage Information: |
|--------------------------------|

| |
|--|
| (a) Name of insurance carrier AETNA LIFE INSURANCE COMPANY |
|--|

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 06-6033492 | 60054 | 393630 | 6069 | 05/01/2009 | 04/30/2010 |

| |
|---|
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---|

| | |
|---|---|
| (a) Total amount of commissions paid 107608 | (b) Total amount of fees paid 0 |
|---|---|

| |
|--|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--|

| |
|---|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MERCER HEALTH & BENEFITS LLC 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674 |
|---|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 107608 | | | 3 |

| |
|---|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☒ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 817742 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
CONTINENTAL CASUALTY COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 36-2114545 | 20443 | 10464 | 121 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 2196 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE MEISENBACK COMPANY MCM
1325 4TH AVENUE SUITE 2100
SEATTLE, WA 98101

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 2196 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☒ Other (specify) **▶ LONG TERM CARE**

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|-------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 43911 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs **▶**

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. **▶**

| | | |
|---|--|--|
| <div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

| | | |
|--|--|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | D Employer Identification Number (EIN) 91-0656890 | |

| | | |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

1 Coverage Information:

(a) Name of insurance carrier
MAGELLAN BEHAVIORAL HEALTH

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 52-2135463 | 0 | REII0-001 | 15688 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) **▶ EMPLOYEE ASSISTANCE PROGRAM**

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 192960 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

| | |
|--|---|
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | D Employer Identification Number (EIN) 91-0656890 |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier

KAISER FOUNDATION HEALTH PLAN OF COLORADO INC

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 84-0591617 | 95669 | 01282 | 180 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☒ Prescription drug
i ☐ Stop loss (large deductible)
j ☒ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 535428 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|--|
| <div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 91-6056925 | 47317 | 12149216 | 4250 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|--------|--------|
| a Premiums: (1) Amount received..... | 9a(1) | 411617 | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | 9a(4) | | 411617 |
| b Benefit charges (1) Claims paid..... | 9b(1) | 358104 | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | 13485 | |
| (3) Incurred claims (add (1) and (2))..... | 9b(3) | | 371589 |
| (4) Claims charged..... | 9b(4) | | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | 82323 | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | 9c(1)(H) | | 82323 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | 9c(2) | | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | 9d(1) | | |
| (2) Claim reserves..... | 9d(2) | | |
| (3) Other reserves..... | 9d(3) | | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | 9e | | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--|
| a Total premiums or subscription charges paid to carrier..... | 10a | |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |
| Specify nature of costs ▶ | | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
ZURICH AMERICAN INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 36-4233459 | 16535 | GTU 4847733 | 9185 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 627 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

| |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
| CONSOLIDATED SPECIAL RISKS MANAGERS 77 MARK DRIVE SAN RAFAEL, CA 94903 |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 627 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) **► GROUP BUSINESS TRAVEL**

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 4182 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ►

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ►

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLANS INC.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 94-1340523 | 0000 | 03513 | 370 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
 b ☐ Dental
 c ☒ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☒ Prescription drug
i ☐ Stop loss (large deductible)
 j ☒ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|---------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 1190939 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

| | | |
|--|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010 | | |
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | | |
| D Employer Identification Number (EIN) 91-0656890 | | |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
FREE & CLEAR

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 20-0231080 | 0000 | 3500 | 220 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0 | 0 |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|---------------------------------|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 120561 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|---|---|
| SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|---|---|---|

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

| | |
|--|---|
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500. RECREATIONAL EQUIPMENT, INC. | D Employer Identification Number (EIN) 91-0656890 |

| | |
|---------------|---|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|---|

1 Coverage Information:

(a) Name of insurance carrier
PRESBYTERIAN HEALTH PLAN INC.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 94-3037165 | 95330 | GR001187 | 62 | 05/01/2009 | 04/30/2010 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|--|------------------------------------|
| (a) Total amount of commissions paid 5970 | (b) Total amount of fees paid 0 |
|--|------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MERCER HEALTH & BENEFITS
4565 PAYSPHERE CIRCLE
CHICAGO, IL 60674

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 5668 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PHP EMPLOYEE COMMISSIONS
2501 BUENA VISTA SE
ALBUQUERQUE, NM 87105

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 302 | | | 3 |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|--------------|--|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | |
| 6 Contracts With Allocated Funds: | | |
| a State the basis of premium rates ▶ | | |
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |
| e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> | | |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | |
| a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | |
| b Balance at the end of the previous year | 7b | |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| (2) Dividends and credits | 7c(2) | |
| (3) Interest credited during the year | 7c(3) | |
| (4) Transferred from separate account | 7c(4) | |
| (5) Other (specify below) | 7c(5) | |
| | | |
| (6) Total additions | 7c(6) | |
| d Total of balance and additions (add b and c(6)). | 7d | |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| (2) Administration charge made by carrier | 7e(2) | |
| (3) Transferred to separate account | 7e(3) | |
| (4) Other (specify below) | 7e(4) | |
| | | |
| (5) Total deductions | 7e(5) | |
| f Balance at the end of the current year (subtract e(5) from d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☒ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☒ Prescription drug
i ☐ Stop loss (large deductible)
 j ☒ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|---|-----------------|-----------------|--|
| a Premiums: (1) Amount received..... | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid..... | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve..... | 9a(3) | | |
| (4) Earned ((1) + (2) - (3))..... | | 9a(4) | |
| b Benefit charges (1) Claims paid..... | 9b(1) | | |
| (2) Increase (decrease) in claim reserves..... | 9b(2) | | |
| (3) Incurred claims (add (1) and (2))..... | | 9b(3) | |
| (4) Claims charged..... | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions..... | 9c(1)(A) | | |
| (B) Administrative service or other fees..... | 9c(1)(B) | | |
| (C) Other specific acquisition costs..... | 9c(1)(C) | | |
| (D) Other expenses..... | 9c(1)(D) | | |
| (E) Taxes..... | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies..... | 9c(1)(F) | | |
| (G) Other retention charges..... | 9c(1)(G) | | |
| (H) Total retention..... | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement..... | | 9d(1) | |
| (2) Claim reserves..... | | 9d(2) | |
| (3) Other reserves..... | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)..... | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier..... | 10a | 111690 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | 10b | |

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|---|--|--|
| SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 |
| | | 2009 |
| | | This Form is Open to Public Inspection. |

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

| | |
|---|---|
| A Name of plan RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN | B Three-digit plan number (PN) ▶ 501 |
| | |
| C Plan sponsor's name as shown on line 2a of Form 5500 RECREATIONAL EQUIPMENT, INC. | D Employer Identification Number (EIN) 91-0656890 |

| | |
|---------------|--|
| Part I | Service Provider Information (see instructions) |
|---------------|--|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AETNA

06-6033492

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 | SERVICE PROVIDER | 695238 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

CERIDIAN/SYLINQ

59-3424469

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 | SERVICE PROVIDER | 99133 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

WASHINGTON DENTAL SERVICE

91-0621480

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 | SERVICE PROVIDER | 81264 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

GROUP HEALTH COOPERATIVE

91-1467158

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 | SERVICE PROVIDER | 65637 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

STOEL RIVES LLP

93-0408771

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 29 | SERVICE PROVIDER | 32819 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

MAGELLAN BEHAVIORAL HEALTH

52-2135463

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 | SERVICE PROVIDER | 30629 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

WORKSITE WELLNESS

20-1119906

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 13 | SERVICE PROVIDER | 19470 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

CLARK NUBER P.S.

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 10 | SERVICE PROVIDER | 7273 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(a) Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| | | |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
| | |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| | | |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
| | |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| | | |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
| | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--|-------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
| For calendar plan year 2009 or fiscal plan year beginning <u>05/01/2009</u> and ending <u>04/30/2010</u> | | |
| A Name of plan <u>RECREATIONAL EQUIPMENT, INC. GROUP LIFE AND MEDICAL PLAN</u> | | B Three-digit plan number (PN) <u>501</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>RECREATIONAL EQUIPMENT, INC.</u> | | D Employer Identification Number (EIN) <u>91-0656890</u> |

| Part I Asset and Liability Statement | | | |
|---|-----------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. | | | |
| Assets | | (a) Beginning of Year | (b) End of Year |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other..... | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1698585 | 0 |
| (2) U.S. Government securities..... | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other..... | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts..... | 1c(9) | | |
| (10) Value of interest in pooled separate accounts..... | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other | 1c(15) | | |

1d Employer-related investments:

| | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 1698585 | 0 |

Liabilities

| | | | |
|---|-----------|--|--|
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | | |

Net Assets

| | | | |
|---|-----------|---------|---|
| l Net assets (subtract line 1k from line 1f) | 1l | 1698585 | 0 |
|---|-----------|---------|---|

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

| | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 6547219 | |
| (B) Participants | 2a(1)(B) | 3090589 | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 9637808 |

b Earnings on investments:**(1) Interest:**

| | | | |
|--|-----------------|------|------|
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 4202 | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 4202 |

| | | | |
|---|-----------------|--|--|
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 9642010 |

Expenses

| | | | |
|--|--------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 193018 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 10193536 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 10386554 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 910054 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 43987 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 954041 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 11340595 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -1698585 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK NUBER P.S.

(2) EIN: 91-1194016

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | Yes | No | Amount |
|---|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)..... | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | | X | |
| e Was this plan covered by a fidelity bond?..... | X | | 2000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | | X | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN

Financial Statements and Supplemental Schedules
with Independent Auditors' Report

August 31, 2009
April 30, 2009 and April 30, 2008

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Independent Auditors' Report

To the Plan Administrators Recreational Equipment, Inc. Group Life and Medical Plan

Certified Public
Accountants
and Consultants

We were engaged to audit the accompanying statements of net assets available for plan benefits (cash basis) of the Recreational Equipment, Inc. Group Life and Medical Plan (the Plan) as of August 31, 2009, April 30, 2009 and April 30, 2008, and the related statements of changes in net assets available for plan benefits (cash basis) for the four month period ended August 31, 2009 and the year ended April 30, 2009, and the supplemental schedules (cash basis) for the four month period ended August 31, 2009 and as of and for the year ended April 30, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the Asset Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the Asset Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Asset Custodian as of August 31, 2009, April 30, 2009, and April 30, 2008 and for the four month period ended August 31, 2009 and the year ended April 30, 2009, that the information provided to the plan administrator by the Asset Custodian is complete and accurate.

As described in Note 2, the financial statements and supplemental schedules referred to above were prepared on the cash basis of cash receipts and disbursements, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

CLARK NUBER

Certified Public
Accountants
and Consultants

Because of the significance of the information in the accompanying financial statements and supplemental schedules we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules as of August 31, 2009, April 30, 2009 and April 30, 2008 or for the four month period ended August 31, 2009 or the year ended April 30, 2009. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Asset Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark Nuber P.S.

Certified Public Accountants
Bellevue, Washington
February 12, 2010

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN

Statements of Net Assets Available for Plan Benefits (Cash Basis)

| | <i>August 31,</i> <i>2009</i> | <i>April 30,</i> <i>2009</i> | <i>April 30,</i> <i>2008</i> |
|--|----------------------------------|---------------------------------|---------------------------------|
| Assets | | | |
| Money market fund - Wells Fargo Advantage Cash Investment Fund | \$ - | \$ 1,698,585 | \$ 161,843 |
| Net Assets Available for Plan Benefits | <u>\$ -</u> | <u>\$ 1,698,585</u> | <u>\$ 161,843</u> |

See accompanying notes to financial statements.

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN

Statements of Changes in Net Assets Available for Plan Benefits (Cash Basis)

| | <i>For the Four Month Period Ended August 31, 2009</i> | <i>For the Year Ended April 30, 2009</i> |
|--|--|--|
| Additions to Net Assets: | | |
| Employer contributions | \$ 6,547,219 | \$ 25,142,814 |
| Employee contributions | 3,003,621 | 7,595,942 |
| COBRA payments | 86,968 | 257,871 |
| Total contributions | 9,637,808 | 32,996,627 |
| Interest | 4,202 | 45,601 |
| Total Additions | 9,642,010 | 33,042,228 |
| Deductions from Net Assets: | | |
| Benefit payments to health care providers | 8,665,714 | 22,660,361 |
| Insurance premiums | 1,527,822 | 4,634,947 |
| Administration fees | 910,054 | 3,112,183 |
| Flex reimbursements to participants | 193,018 | 964,282 |
| Other fees and expenses | 43,987 | 133,713 |
| Total Deductions | 11,340,595 | 31,505,486 |
| (Decrease) Increase in Net Assets Available for Plan Benefits | (1,698,585) | 1,536,742 |
| Net Assets Available for Plan Benefits: | | |
| Beginning of year | 1,698,585 | 161,843 |
| End of Year | \$ - | \$ 1,698,585 |

See accompanying notes to financial statements.

**RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN**

Notes to Financial Statements (Cash Basis)

Note 1 - Description of the Plan

The following description of the Recreational Equipment, Inc. Group Life and Medical Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan covers all full-time and certain part-time employees of Recreational Equipment, Inc. (the Company) and their eligible dependants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - The Plan is funded by contributions from the Company and from the employees of the Company. Participant contributions are determined based on annually agreed-upon rate schedules. In addition, former employees are eligible to contribute COBRA payments for the purchase of health care coverage for a period of up to 18 months from the date of their separation from the sponsor.

Administration - Claims are processed by an independent administrator in accordance with the terms of the administration agreement. Administrative charges are paid by the Plan.

Plan Termination - The Company has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA.

On July 20, 2009, the Board of Directors proposed a resolution to terminate the Voluntary Employee Beneficiary Association (VEBA) Trust effective August 31, 2009. After the termination of the VEBA, the Plan began providing benefits and paying insurance premiums directly from the Company's general assets and employee contributions. At the termination date, the Plan administrator disposed of the Trust in a manner consistent with the Code and provisions of the Plan and Trust.

Forfeitures - Any amount remaining in the participant's dependent care or health care spending account after all allowable claims attributable to the coverage period have been paid shall be forfeited. Such forfeited amounts may be used by the Company to offset the reasonable expenses of administering the Plan or as otherwise permitted under Section 125 of the Internal Revenue Code (the Code) and other applicable law.

Note 2 - Significant Accounting Policies

Basis of Presentation - The Plan maintains its accounting records on the cash basis of accounting, whereby contributions are recognized when received and expenses are recognized when paid. Therefore, the financial statements do not purport to present the assets or changes in assets in conformity with accounting principles generally accepted in the United States of America.

Claim Payments - The Plan provides comprehensive health, life and disability benefits. Claims incurred prior to August 31, 2009, but reported subsequent to August 31, 2009, were estimated at approximately \$2,640,000. Claims incurred prior to April 30, 2009, but reported subsequent to April 30, 2009, were estimated at approximately \$2,982,000. Claims incurred prior to April 30, 2008, but reported subsequent to April 30, 2008 were estimated at \$2,452,000. Claim amounts in excess of Plan net assets are funded by the general assets of the Company.

**RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN**

Notes to Financial Statements (Cash Basis)

Note 2 - Continued

In addition, the Plan provides a Flexible Spending Account option consisting of health and dependent care expense reimbursements for participants. This option allows participants to withhold and contribute pretax dollars to one or both spending accounts, which may be used to reimburse participants for medical, dental or dependent care expenses not covered by insurance. These contributions are limited to amounts determined by the Internal Revenue Service. Claims incurred by April 30 and not requested for reimbursement purposes by July 31 are forfeited by the participants. For the years ended April 30, 2009 and 2008, there were forfeitures in the amounts of \$40,580 and \$22,276, respectively. Claims payable for active participants in the Plan were approximately \$196,000 and \$198,000 at April 30, 2009 and 2008, respectively.

The Plan year runs from May 1, 2008 through April 30, 2009 and May 1, 2009 through April 30, 2010. As of report date, the Plan year was not yet complete and as such, forfeited amounts and claims payable for the four month period ended August 31, 2009 could not yet be determined.

Valuation of Investments - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets in the statement of assets available for benefits and the additions and deductions in the statement of changes in assets available for benefits, as well as the amounts disclosed in the financial statement footnotes. Actual results could differ from those estimates.

Subsequent Events - The Plan has evaluated subsequent events through February 12, 2010, the date which the financial statements were available to be issued.

Note 3 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Statement No. 157, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under Statement 157 are described as follows:

- Level 1: unadjusted quoted prices available in active markets for identical assets or liabilities;
- Level 2: inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or
- Level 3: unobservable inputs that are significant to the fair value measurement.

**RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN**

Notes to Financial Statements (Cash Basis)

Note 3 - Continued

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

As of April 30, 2009 and 2008, all assets were invested in money market accounts which were valued at cost plus accrued interest, which approximates fair value, and are considered Level 1 as defined above.

Note 4 - Information Certified by the Asset Custodian

The Plan's management elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by Wells Fargo Bank, N.A. (the Asset Custodian) need not be subjected to independent audit.

The Plan's management has obtained certification from the Asset Custodian, that the following information provided by the Asset Custodian and information included in the Plan's financial statements and supplemental schedules are complete and accurate:

1. Fair value of investments as of August 31, 2009, April 30, 2009 and April 30, 2008,
2. Investment income earned for the four month period ended August 31, 2009 and for the year ended April 30, 2009,
3. Investment transactions for the four month period ended August 31, 2009 and for the year ended April 30, 2009.

Note 5 - Federal Income Taxes

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service dated December 1, 1994 stating that the Trust is tax exempt under the provisions of Section 501(c)(9) of the Code as a VEBA. Subsequent to this issuance of the exemption letter, the Plan and Trust were amended. Once qualified, the Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related Trust has not incurred unrelated business taxable income.

Note 6 - Party-In-Interest

The Plan invests in a money market fund managed by the Asset Custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. The Plan paid Wells Fargo \$1,458 for the four month period ended August 31, 2009 and \$5,453 for the year ended April 30, 2009.

SUPPLEMENTAL SCHEDULES

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN

Supplemental Schedule II

Attachment to Form 5500, Schedule H, Line 4(j)

Schedule of Reportable Transactions for the Period Ending August 31, 2009 (Cash Basis)

EMPLOYER: Recreational Equipment, Inc.
EIN: 91-0656890
Plan #: 501

| | (a) Identity of Party Involved | (b) Description of Asset | Number of Purchase Transactions | (c) Purchase Price | Number of Sales Transactions | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain |
|---|--|-----------------------------|---------------------------------------|--------------------------|------------------------------------|----------------------|----------------------|---|-----------------|
| Category (iii) - Series Plan assets transactions | | | | | | | | | |
| | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 7 | \$ 9,198,178 | | \$ - | \$ 9,198,178 | \$ 9,198,178 | \$ - |
| | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | 27 | 9,890,436 | 9,890,436 | 9,890,436 | |
| Category (i) - Series Plan assets transactions | | | | | | | | | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 698,525 | 698,525 | 698,525 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 2,316,651 | | | 2,316,651 | 2,316,651 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 483,097 | 483,097 | 483,097 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 506,659 | 506,659 | 506,659 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 484,411 | 484,411 | 484,411 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 285,928 | 285,928 | 285,928 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 300,105 | 300,105 | 300,105 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 467,302 | 467,302 | 467,302 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 85,817 | | | 85,817 | 85,817 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 177,968 | 177,968 | 177,968 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 3,434,994 | | | 3,434,994 | 3,434,994 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 215,313 | 215,313 | 215,313 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 237,427 | 237,427 | 237,427 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 415,110 | 415,110 | 415,110 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 473,488 | 473,488 | 473,488 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 278,679 | 278,679 | 278,679 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 333,352 | 333,352 | 333,352 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 262,332 | 262,332 | 262,332 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 251,971 | 251,971 | 251,971 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 2,420,290 | | | 2,420,290 | 2,420,290 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 402,160 | 402,160 | 402,160 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 405,526 | 405,526 | 405,526 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 373,457 | 373,457 | 373,457 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 714,155 | 714,155 | 714,155 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 312,211 | 312,211 | 312,211 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 163,545 | 163,545 | 163,545 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 206,863 | 206,863 | 206,863 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 386,045 | 386,045 | 386,045 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 261,351 | | | 261,351 | 261,351 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 375,732 | 375,732 | 375,732 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 332,652 | | | 332,652 | 332,652 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 346,423 | | | 346,423 | 346,423 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 299,543 | 299,543 | 299,543 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 379,532 | 379,532 | 379,532 | |
| ** | Party-in-interest | | | | | | | | |

Columns (e) and (f) have not been presented because this information is not applicable.

See auditors' report.

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN

Supplemental Schedule III

Attachment to Form 5500, Schedule H, Line 4(j)

Schedule of Reportable Transactions for the Year Ending April 30, 2009 (Cash Basis)

EMPLOYER: Recreational Equipment, Inc.

EIN: 91-0656890

Plan #: 501

| | (a) Identity of Party Involved | (b) Description of Asset | Number of Purchase Transactions | (c) Purchase Price | Number of Sales Transactions | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain |
|---|--|-----------------------------|---------------------------------------|--------------------------|------------------------------------|----------------------|----------------------|---|-----------------|
| Category (iii) - Series Plan assets transactions | | | | | | | | | |
| | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 59 | \$ 33,705,838 | | \$ - | \$ 33,705,838 | \$ 33,705,838 | \$ - |
| | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | 173 | 32,169,096 | 32,169,096 | 32,169,096 | |
| Category (i) - Series Plan assets transactions | | | | | | | | | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 2,051,261 | | | 2,051,261 | 2,051,261 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 371,416 | 371,416 | 371,416 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 70,692 | 70,692 | 70,692 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 21,037 | | | 21,037 | 21,037 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 334,858 | 334,858 | 334,858 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 38,898 | 38,898 | 38,898 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 279,571 | 279,571 | 279,571 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 75,762 | 75,762 | 75,762 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 49,731 | 49,731 | 49,731 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 612,804 | 612,804 | 612,804 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 27,456 | 27,456 | 27,456 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 230,192 | 230,192 | 230,192 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 196,841 | 196,841 | 196,841 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 1,834,075 | | | 1,834,075 | 1,834,075 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 359,454 | 359,454 | 359,454 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 181,204 | 181,204 | 181,204 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 44,995 | 44,995 | 44,995 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 1,022,176 | 1,022,176 | 1,022,176 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 31,110 | 31,110 | 31,110 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 43,397 | 43,397 | 43,397 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 2,053,110 | | | 2,053,110 | 2,053,110 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 23,458 | 23,458 | 23,458 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 265,048 | 265,048 | 265,048 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 512,507 | 512,507 | 512,507 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 182,029 | | | 182,029 | 182,029 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 227,761 | 227,761 | 227,761 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 520,104 | 520,104 | 520,104 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 3,272,067 | | | 3,272,067 | 3,272,067 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 108,117 | 108,117 | 108,117 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 47,300 | 47,300 | 47,300 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 22,647 | 22,647 | 22,647 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 272,720 | 272,720 | 272,720 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 38,453 | 38,453 | 38,453 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 39,521 | 39,521 | 39,521 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 13,846 | 13,846 | 13,846 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 300,474 | 300,474 | 300,474 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 32,833 | 32,833 | 32,833 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 13,734 | 13,734 | 13,734 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 420,336 | 420,336 | 420,336 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 78,811 | 78,811 | 78,811 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 228,179 | 228,179 | 228,179 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 370,047 | 370,047 | 370,047 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 32,921 | 32,921 | 32,921 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 386,480 | 386,480 | 386,480 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 2,509,598 | | | 2,509,598 | 2,509,598 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 35,925 | 35,925 | 35,925 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 42,764 | | | 42,764 | 42,764 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 227,550 | 227,550 | 227,550 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 21,265 | 21,265 | 21,265 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 80,436 | | | 80,436 | 80,436 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 625,451 | 625,451 | 625,451 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 29,286 | 29,286 | 29,286 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | | | 78,823 | 78,823 | 78,823 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 200,000 | | | 200,000 | 200,000 | |
| ** | Party-in-interest | | | | | | | | |

Columns (e) and (f) have not been presented because this information is not applicable.

See auditors' report.

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN
Supplemental Schedule III
Attachment to Form 5500, Schedule H, Line 4(j)
Schedule of Reportable Transactions for the Year Ending April 30, 2009 (Cash Basis)

EMPLOYER: Recreational Equipment, Inc.
EIN: 91-0656890
Plan #: 501

| | (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain |
|--|-----------------------------------|-----------------------------|-----------------------|----------------------|----------------------|---|-----------------|
|--|-----------------------------------|-----------------------------|-----------------------|----------------------|----------------------|---|-----------------|

Category (i) - Series Plan assets transactions

| | | | | | | | |
|----|--|-------------------|-----------|---------|-----------|-----------|--|
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 17,519 | 17,519 | 17,519 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 355,676 | 355,676 | 355,676 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 28,573 | 28,573 | 28,573 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 32,501 | 32,501 | 32,501 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 235,486 | 235,486 | 235,486 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 2,040,768 | | 2,040,768 | 2,040,768 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 401,209 | 401,209 | 401,209 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 298,895 | 298,895 | 298,895 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 35,614 | 35,614 | 35,614 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 36,304 | | 36,304 | 36,304 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 196,809 | 196,809 | 196,809 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 38,118 | 38,118 | 38,118 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 33,823 | 33,823 | 33,823 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 478,227 | 478,227 | 478,227 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 25,846 | 25,846 | 25,846 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 577,902 | 577,902 | 577,902 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 30,230 | 30,230 | 30,230 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 43,809 | 43,809 | 43,809 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 13,485 | 13,485 | 13,485 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 344,468 | 344,468 | 344,468 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 213,141 | 213,141 | 213,141 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 231,730 | 231,730 | 231,730 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 382,251 | 382,251 | 382,251 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 23,716 | 23,716 | 23,716 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 23,743 | | 23,743 | 23,743 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 15,986 | 15,986 | 15,986 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 347,946 | 347,946 | 347,946 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 31,551 | 31,551 | 31,551 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 147,120 | 147,120 | 147,120 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 2,347,240 | | 2,347,240 | 2,347,240 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 9,766 | 9,766 | 9,766 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 405,371 | 405,371 | 405,371 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 27,541 | | 27,541 | 27,541 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 27,541 | 27,541 | 27,541 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 27,541 | 27,541 | 27,541 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 241,047 | 241,047 | 241,047 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 18,302 | 18,302 | 18,302 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 27,876 | 27,876 | 27,876 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 8,268 | 8,268 | 8,268 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 419,394 | 419,394 | 419,394 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 20,476 | 20,476 | 20,476 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 286,203 | 286,203 | 286,203 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 611,299 | 611,299 | 611,299 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 97,778 | 97,778 | 97,778 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 269,639 | 269,639 | 269,639 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 231,774 | 231,774 | 231,774 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 2,493,475 | | 2,493,475 | 2,493,475 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 16,276 | | 16,276 | 16,276 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 286,315 | 286,315 | 286,315 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 30,622 | 30,622 | 30,622 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 374,542 | 374,542 | 374,542 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 242,056 | 242,056 | 242,056 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 22,658 | 22,658 | 22,658 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 440,475 | 440,475 | 440,475 | |
| ** | Party-in-interest | | | | | | |

Columns (e) and (f) have not been presented because this information is not applicable.

See auditors' report.

RECREATIONAL EQUIPMENT, INC.

GROUP LIFE AND MEDICAL PLAN

Supplemental Schedule III

Attachment to Form 5500, Schedule H, Line 4(j)

Schedule of Reportable Transactions for the Year Ending April 30, 2009 (Cash Basis)

EMPLOYER: Recreational Equipment, Inc.

EIN: 91-0656890

Plan #: 501

| | (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain |
|--|-----------------------------------|-----------------------------|--------------------------|----------------------|----------------------|---|-----------------|
|--|-----------------------------------|-----------------------------|--------------------------|----------------------|----------------------|---|-----------------|

Category (i) - Series Plan assets transactions

| | | | | | | | |
|----|--|-------------------|-----------|---------|-----------|-----------|--|
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 76,364 | | 76,364 | 76,364 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 180,207 | 180,207 | 180,207 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 750,000 | | 750,000 | 750,000 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 406,231 | 406,231 | 406,231 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 242,693 | 242,693 | 242,693 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 2,023,165 | | 2,023,165 | 2,023,165 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 76,481 | | 76,481 | 76,481 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 326,069 | 326,069 | 326,069 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 34,802 | 34,802 | 34,802 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 57,090 | | 57,090 | 57,090 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 526,066 | 526,066 | 526,066 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 36,924 | 36,924 | 36,924 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 269,637 | 269,637 | 269,637 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 556,295 | 556,295 | 556,295 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 17,016 | 17,016 | 17,016 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 367,505 | 367,505 | 367,505 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 200,000 | | 200,000 | 200,000 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 360,034 | 360,034 | 360,034 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 187,022 | 187,022 | 187,022 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 213,068 | 213,068 | 213,068 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 1,845,582 | | 1,845,582 | 1,845,582 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 19,837 | | 19,837 | 19,837 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 319,657 | 319,657 | 319,657 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 481,416 | 481,416 | 481,416 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 25,925 | 25,925 | 25,925 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 25,045 | 25,045 | 25,045 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 416,639 | 416,639 | 416,639 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 7,400 | 7,400 | 7,400 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 474,535 | 474,535 | 474,535 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 377,419 | 377,419 | 377,419 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 277,827 | 277,827 | 277,827 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 1,936,076 | | 1,936,076 | 1,936,076 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 42,548 | 42,548 | 42,548 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 439,288 | 439,288 | 439,288 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 20,866 | | 20,866 | 20,866 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 478,923 | 478,923 | 478,923 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 23,394 | 23,394 | 23,394 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 28,731 | 28,731 | 28,731 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 444,466 | 444,466 | 444,466 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 308,146 | 308,146 | 308,146 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 429,145 | 429,145 | 429,145 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 404,914 | 404,914 | 404,914 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 2,304,685 | | 2,304,685 | 2,304,685 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 37,491 | 37,491 | 37,491 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 18,713 | | 18,713 | 18,713 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 35,291 | 35,291 | 35,291 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 414,394 | 414,394 | 414,394 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 425,220 | 425,220 | 425,220 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 15,881 | | 15,881 | 15,881 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 15,881 | 15,881 | 15,881 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 80,898 | | 80,898 | 80,898 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 119,425 | | 119,425 | 119,425 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 759,877 | 759,877 | 759,877 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 532,363 | 532,363 | 532,363 | |
| ** | Party-in-interest | | | | | | |

Columns (e) and (f) have not been presented because this information is not applicable.

See auditors' report.

RECREATIONAL EQUIPMENT, INC.
GROUP LIFE AND MEDICAL PLAN
Supplemental Schedule III
Attachment to Form 5500, Schedule H, Line 4(j)
Schedule of Reportable Transactions for the Year Ending April 30, 2009 (Cash Basis)

EMPLOYER: Recreational Equipment, Inc.
EIN: 91-0656890
Plan #: 501

| | (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain |
|--|-----------------------------------|-----------------------------|--------------------------|----------------------|----------------------|---|-----------------|
|--|-----------------------------------|-----------------------------|--------------------------|----------------------|----------------------|---|-----------------|

Category (i) - Series Plan assets transactions

| | | | | | | | |
|----|--|-------------------|-----------|---------|-----------|-----------|--|
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 312,349 | 312,349 | 312,349 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 1,000,000 | | 1,000,000 | 1,000,000 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 33,659 | 33,659 | 33,659 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 102,938 | 102,938 | 102,938 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 2,516,761 | | 2,516,761 | 2,516,761 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 36,518 | 36,518 | 36,518 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 375,720 | 375,720 | 375,720 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 7,729 | | 7,729 | 7,729 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 14,127 | 14,127 | 14,127 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 407,527 | 407,527 | 407,527 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 163,968 | | 163,968 | 163,968 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 51,430 | 51,430 | 51,430 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 31,612 | 31,612 | 31,612 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 15,047 | 15,047 | 15,047 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 433,975 | 433,975 | 433,975 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 18,645 | | 18,645 | 18,645 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 59,634 | 59,634 | 59,634 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | 62,247 | | 62,247 | 62,247 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 223,090 | 223,090 | 223,090 | |
| ** | Wells Fargo Cash Investment Institutional Class #451 | Money Market Fund | | 334,009 | 334,009 | 334,009 | |
| ** | Party-in-interest | | | | | | |

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